

Governance Information (Authority-Related)

| Question | Response | URL (if applicable) |
|--|----------|---|
| 1. Has the Authority prepared its annual report on operations and accomplishments for the reporting period as required by section 2800 of PAL? | Yes | http://media.wix.com/ugd/9cc5a9_e4dacdf55935400e837d3ed31c4fd7d4.pdf |
| 2. As required by section 2800(9) of PAL, did the Authority prepare an assessment of the effectiveness of its internal controls? | Yes | http://media.wix.com/ugd/9cc5a9_adadb85a47694dcbaa9aa00d7845fb8f.pdf |
| 3. Has the lead audit partner for the independent audit firm changed in the last five years in accordance with section 2802(4) of PAL? | No | N/A |
| 4. Does the independent auditor provide non-audit services to the Authority? | No | N/A |
| 5. Does the Authority have an organization chart? | Yes | http://media.wix.com/ugd/9cc5a9_2b799e8e43d64bdba2508a45b02e0f63.pdf |
| 6. Are any Authority staff also employed by another government agency? | No | |
| 7. Has the Authority posted their mission statement to their website? | Yes | http://www.benlic.org/#!about/cjn9 |
| 8. Has the Authority's mission statement been revised and adopted during the reporting period? | No | N/A |
| 9. Attach the Authority's measurement report, as required by section 2824-a of PAL and provide the URL. | | http://media.wix.com/ugd/9cc5a9_99e51ee426b44da89335f9e13717ba11.pdf |

Governance Information (Board-Related)

| Question | Response | URL |
|---|----------|---|
| 1. Has the Board established a Governance Committee in accordance with Section 2824(7) of PAL? | Yes | N/A |
| 2. Has the Board established an Audit Committee in accordance with Section 2824(4) of PAL? | Yes | N/A |
| 3. Has the Board established Finance Committee in accordance with Section 2824(8) of PAL? | No | N/A |
| 4. Provide a URL link where a list of Board committees can be found (including the name of the committee and the date established): | | http://media.wix.com/ugd/9cc5a9_6269812e08434fada86f8375ad4fc862.pdf |
| 5. Does the majority of the Board meet the independence requirements of Section 2825(2) of PAL? | Yes | N/A |
| 6. Provide a URL link to the minutes of the Board and committee meetings held during the covered fiscal year | | http://www.benlic.org/#!/meeting-minutes/c24wb |
| 7. Has the Board adopted bylaws and made them available to Board members and staff? | Yes | http://media.wix.com/ugd/9cc5a9_056ca43ee9514d528b8855af737c83bd.pdf |
| 8. Has the Board adopted a code of ethics for Board members and staff? | Yes | http://media.wix.com/ugd/9cc5a9_c3a2a918f93e419eb4839d66479e50d9.pdf |
| 9. Does the Board review and monitor the Authority's implementation of financial and management controls? | Yes | N/A |
| 10. Does the Board execute direct oversight of the CEO and management in accordance with Section 2824(1) of PAL? | Yes | N/A |
| 11. Has the Board adopted policies for the following in accordance with Section 2824(1) of PAL? | | |
| Salary and Compensation | Yes | N/A |
| Time and Attendance | Yes | N/A |
| Whistleblower Protection | Yes | N/A |
| Defense and Indemnification of Board Members | Yes | N/A |
| 12. Has the Board adopted a policy prohibiting the extension of credit to Board members and staff in accordance with Section 2824(5) of PAL? | No | N/A |
| 13. Are the Authority's Board members, officers, and staff required to submit financial disclosure forms in accordance with Section 2825(3) of PAL? | No | N/A |
| 14. Was a performance evaluation of the board completed? | Yes | N/A |
| 15. Was compensation paid by the Authority made in accordance with employee or union contracts? | No | N/A |
| 16. Has the board adopted a conditional/additional compensation policy governing all employees? | No | |
| | | |

Board of Directors Listing

| | | | |
|---|---|---|-----------------------|
| Name | Whyte, Maria R | Name | Orsi, Christina |
| Chair of Board | Yes | Chair of Board | No |
| If yes, Chair designated By. | Elected by Board | If yes, Chair designated By. | |
| Term Start Date | 06/15/2012 | Term Start Date | 06/15/2012 |
| Term Expiration Date | Ex-Officio | Term Expiration Date | Ex-Officio |
| Title | Commissioner, Dept. of Environment and Planning | Title | WNY Regional Director |
| Has the Board member appointed a designee? | No | Has the Board member appointed a designee? | No |
| Designee Name | | Designee Name | |
| Ex-officio | Yes | Ex-officio | Yes |
| Nominated By | Ex-Officio | Nominated By | Ex-Officio |
| Appointed By | Ex-Officio | Appointed By | Ex-Officio |
| Confirmed by Senate? | | Confirmed by Senate? | |
| Has the Board member/designee signed the acknowledgement of fiduciary duty? | Yes | Has the Board member/designee signed the acknowledgement of fiduciary duty? | Yes |
| Complied with training requirement of Section 2824? | Yes | Complied with training requirement of Section 2824? | Yes |
| Does the Board member/designee also hold an elected or appointed State gove | No | Does the Board member/designee also hold an elected or appointed State gove | Yes |
| Does the Board member/designee also hold an elected or appointed municipal government position? | Yes | Does the Board member/designee also hold an elected or appointed municipal government position? | No |

Board of Directors Listing

| | | | |
|---|---------------------|---|--|
| Name | Siragusa, Michael A | Name | Comerford, James |
| Chair of Board | No | Chair of Board | No |
| If yes, Chair designated By. | | If yes, Chair designated By. | |
| Term Start Date | 06/15/2012 | Term Start Date | 06/15/2012 |
| Term Expiration Date | Ex-Officio | Term Expiration Date | Ex-Officio |
| Title | County Attorney | Title | Commissioner - Permit and Inspection Services |
| Has the Board member appointed a designee? | No | Has the Board member appointed a designee? | No |
| Designee Name | | Designee Name | |
| Ex-officio | Yes | Ex-officio | Yes |
| Nominated By | Ex-Officio | Nominated By | Ex-Officio |
| Appointed By | Ex-Officio | Appointed By | Ex-Officio |
| Confirmed by Senate? | | Confirmed by Senate? | |
| Has the Board member/designee signed the acknowledgement of fiduciary duty? | Yes | Has the Board member/designee signed the acknowledgement of fiduciary duty? | Yes |
| Complied with training requirement of Section 2824? | Yes | Complied with training requirement of Section 2824? | Yes |
| Does the Board member/designee also hold an elected or appointed State gove | No | Does the Board member/designee also hold an elected or appointed State gove | No |
| Does the Board member/designee also hold an elected or appointed municipal government position? | Yes | Does the Board member/designee also hold an elected or appointed municipal government position? | Yes |

Board of Directors Listing

| | | | |
|--|---|--|--------------------|
| Name | Estrich, Donna J | Name | Krakowski, Frank E |
| Chair of Board | No | Chair of Board | No |
| If yes, Chair designated By. | | If yes, Chair designated By. | |
| Term Start Date | 01/01/2013 | Term Start Date | 06/15/2012 |
| Term Expiration Date | Ex-Officio | Term Expiration Date | Ex-Officio |
| Title | Commissioner of Admin, Finance, Policy, Urban Affa | Title | Assessor |
| Has the Board member appointed a designee? | No | Has the Board member appointed a designee? | No |
| Designee Name | | Designee Name | |
| Ex-officio | Yes | Ex-officio | Yes |
| Nominated By | Ex-Officio | Nominated By | Ex-Officio |
| Appointed By | Ex-Officio | Appointed By | Ex-Officio |
| Confirmed by Senate? | | Confirmed by Senate? | |
| Has the Board member/designee signed the acknowledgement of fiduciary duty? | Yes | Has the Board member/designee signed the acknowledgement of fiduciary duty? | Yes |
| Complied with training requirement of Section 2824? | Yes | Complied with training requirement of Section 2824? | Yes |
| Does the Board member/designee also hold an elected or appointed State gove | No | Does the Board member/designee also hold an elected or appointed State gove | No |
| Does the Board member/designee also hold an elected or appointed municipal government position? | Yes | Does the Board member/designee also hold an elected or appointed municipal government position? | Yes |

Board of Directors Listing

| | | | |
|---|---------------------|---|--------------------------------------|
| Name | Ball, Timothy | Name | Maciejewski, Joseph |
| Chair of Board | No | Chair of Board | No |
| If yes, Chair designated By. | | If yes, Chair designated By. | |
| Term Start Date | 06/15/2012 | Term Start Date | 06/15/2012 |
| Term Expiration Date | Ex-Officio | Term Expiration Date | Ex-Officio |
| Title | Corporation Counsel | Title | Director, Real Property Tax Services |
| Has the Board member appointed a designee? | No | Has the Board member appointed a designee? | No |
| Designee Name | | Designee Name | |
| Ex-officio | Yes | Ex-officio | Yes |
| Nominated By | Ex-Officio | Nominated By | Ex-Officio |
| Appointed By | Ex-Officio | Appointed By | Ex-Officio |
| Confirmed by Senate? | | Confirmed by Senate? | |
| Has the Board member/designee signed the acknowledgement of fiduciary duty? | Yes | Has the Board member/designee signed the acknowledgement of fiduciary duty? | Yes |
| Complied with training requirement of Section 2824? | Yes | Complied with training requirement of Section 2824? | Yes |
| Does the Board member/designee also hold an elected or appointed State gove | No | Does the Board member/designee also hold an elected or appointed State gove | No |
| Does the Board member/designee also hold an elected or appointed municipal government position? | Yes | Does the Board member/designee also hold an elected or appointed municipal government position? | Yes |

Board of Directors Listing

| | | | |
|---|--|---|---------------------|
| Name | Mehaffy, Brendan R | Name | Joseph, Hogenkamp M |
| Chair of Board | No | Chair of Board | No |
| If yes, Chair designated By. | | If yes, Chair designated By. | |
| Term Start Date | 06/15/2012 | Term Start Date | 06/15/2012 |
| Term Expiration Date | Ex-Officio | Term Expiration Date | Ex-Officio |
| Title | Executive Director, Office of Strategic Planning | Title | Treasurer |
| Has the Board member appointed a designee? | No | Has the Board member appointed a designee? | No |
| Designee Name | | Designee Name | |
| Ex-officio | Yes | Ex-officio | Yes |
| Nominated By | Ex-Officio | Nominated By | Ex-Officio |
| Appointed By | Ex-Officio | Appointed By | Ex-Officio |
| Confirmed by Senate? | | Confirmed by Senate? | |
| Has the Board member/designee signed the acknowledgement of fiduciary duty? | Yes | Has the Board member/designee signed the acknowledgement of fiduciary duty? | Yes |
| Complied with training requirement of Section 2824? | Yes | Complied with training requirement of Section 2824? | Yes |
| Does the Board member/designee also hold an elected or appointed State gove | No | Does the Board member/designee also hold an elected or appointed State gove | No |
| Does the Board member/designee also hold an elected or appointed municipal government position? | Yes | Does the Board member/designee also hold an elected or appointed municipal government position? | Yes |

Board of Directors Listing

| | |
|---|--------------------|
| Name | Comerford, David P |
| Chair of Board | No |
| If yes, Chair designated By. | |
| Term Start Date | 06/15/2012 |
| Term Expiration Date | Ex-Officio |
| Title | General Manager |
| Has the Board member appointed a designee? | No |
| Designee Name | |
| Ex-officio | Yes |
| Nominated By | Ex-Officio |
| Appointed By | Ex-Officio |
| Confirmed by Senate? | |
| Has the Board member/designee signed the acknowledgement of fiduciary duty? | Yes |
| Complied with training requirement of Section 2824? | Yes |
| Does the Board member/designee also hold an elected or appointed State gove | No |
| Does the Board member/designee also hold an elected or appointed municipal government position? | Yes |

Staff Listing

| Name | Title | Group | Department / Subsidiary | Union Name | Bargaining Unit | Full Time/ Part Time | Exempt | Base Annualized Salary | Actual salary paid to the Individual | Over time paid by Authority | Performance Bonus | Extra Pay | Other Compensation/Allowances/Adjustments | Total Compensation | Individual also paid by another entity to perform the work of the Authority | If yes, Is the payment made by a State or local government |
|-----------------|-------------------------------|-------------|-------------------------|------------|-----------------|----------------------|--------|------------------------|--------------------------------------|-----------------------------|-------------------|-----------|---|--------------------|---|--|
| Carducci, Alex | Assistant Program Coordinator | Operational | | | | FT | No | 27,000.00 | 11,611.37 | 0 | 0 | 0 | 1,648.8 | 13,260.17 | No | |
| Gordon, Jocelyn | Executive Director | Executive | | | | FT | No | 75,000.00 | 75,000 | 0 | 0 | 0 | 14,922 | 89,922 | No | |

Benefit Information

During the fiscal year, did the Authority continue to pay for any of the above mentioned benefits for

No

Board Members

| Name | Title | Severance Package | Payment for Unused Leave | Club Memberships | Use of Corporate Credit Cards | Personal Loans | Auto | Transportation | Housing Allowance | Spousal / Dependent Life Insurance | Tuition Assistance | Multi-Year Employment | None of These Benefits | Other |
|---------------------|--------------------|-------------------|--------------------------|------------------|-------------------------------|----------------|------|----------------|-------------------|------------------------------------|--------------------|-----------------------|------------------------|-------|
| Mehaffy, Brendan R | Board of Directors | | | | | | | | | | | | X | |
| Krakowski, Frank E | Board of Directors | | | | | | | | | | | | X | |
| Maciejewski, Joseph | Board of Directors | | | | | | | | | | | | X | |
| Ball, Timothy | Board of Directors | | | | | | | | | | | | X | |
| Comerford, David P | Board of Directors | | | | | | | | | | | | X | |
| Comerford, James | Board of Directors | | | | | | | | | | | | X | |
| Joseph, Hogenkamp M | Board of Directors | | | | | | | | | | | | X | |
| Orsi, Christina | Board of Directors | | | | | | | | | | | | X | |
| Estrich, Donna J | Board of Directors | | | | | | | | | | | | X | |
| Siragusa, Michael A | Board of Directors | | | | | | | | | | | | X | |
| Whyte, Maria R | Board of Directors | | | | | | | | | | | | X | |

Staff

| Name | Title | Severance Package | Payment for Unused Leave | Club Memberships | Use of Corporate Credit Cards | Personal Loans | Auto | Transportation | Housing Allowance | Spousal / Dependent Life Insurance | Tuition Assistance | Multi-Year Employment | None of These Benefits | Other |
|---|-------|-------------------|--------------------------|------------------|-------------------------------|----------------|------|----------------|-------------------|------------------------------------|--------------------|-----------------------|------------------------|-------|
| No Data has been entered by the Authority for this section in PARIS | | | | | | | | | | | | | | |

Subsidiary/Component Unit Verification

Is the list of subsidiaries, as assembled by the Office of the State Comptroller, correct? Yes
 Are there other subsidiaries or component units of the Authority that are active, not included in the PARIS reports submitted by this Aut No

| Name of Subsidiary/Component Unit | Status | Requested Changes |
|-----------------------------------|--------|-------------------|
|-----------------------------------|--------|-------------------|

Subsidiary/Component Unit Creation

| Name of Subsidiary/Component Unit | Establishment Date | Entity Purpose |
|-----------------------------------|--------------------|----------------|
|-----------------------------------|--------------------|----------------|

Subsidiary/Component Unit Termination

| Name of Subsidiary/Component Unit | Termination Date | Termination Reason | Proof of Termination |
|-----------------------------------|------------------|--------------------|----------------------|
|-----------------------------------|------------------|--------------------|----------------------|

No Data has been entered by the Authority for this section in PARIS

Summary Financial Information

SUMMARY STATEMENT OF NET ASSETS

| <u>Assets</u> | |
|--|------------------|
| Current Assets | |
| Cash and cash equivalents | \$711,457 |
| Investments | \$0 |
| Receivables, net | \$0 |
| Other assets | \$0 |
| Total Current Assets | \$711,457 |
| Noncurrent Assets | |
| Restricted cash and investments | \$2,944 |
| Long-term receivables, net | \$0 |
| Other assets | \$223,258 |
| Capital Assets | |
| Land and other nondepreciable property | \$0 |
| Buildings and equipment | \$0 |
| Infrastructure | \$0 |
| Accumulated depreciation | \$0 |
| Net Capital Assets | \$0 |
| Total Noncurrent Assets | \$226,202 |
| Total Assets | \$937,659 |

Summary Financial Information

SUMMARY STATEMENT OF NET ASSETS

Liabilities

Current Liabilities

| | |
|---|------------------|
| Accounts payable | \$509,397 |
| Pension contribution payable | \$0 |
| Other post-employment benefits | \$0 |
| Accrued liabilities | \$29 |
| Deferred revenues | \$105,387 |
| Bonds and notes payable | \$0 |
| Other long-term obligations due within one year | \$0 |
| Total Current Liabilities | \$614,813 |

Noncurrent Liabilities

| | |
|-------------------------------------|------------------|
| Pension contribution payable | \$0 |
| Other post-employment benefits | \$0 |
| Bonds and notes payable | \$0 |
| Long Term Leases | \$0 |
| Other long-term obligations | \$102,171 |
| Total Noncurrent Liabilities | \$102,171 |

Total Liabilities **\$716,984**

Net Asset (Deficit)

Net Asset

| | |
|---|------------------|
| Invested in capital assets, net of related debt | \$0 |
| Restricted | \$2,944 |
| Unrestricted | \$217,731 |
| Total Net Assets | \$220,675 |

Summary Financial InformationSUMMARY STATEMENT OF REVENUE, EXPENSES AND CHANGE IN NET ASSETSOperating Revenues

| | |
|--------------------------------|------------------|
| Charges for services | \$0 |
| Rental & financing income | \$0 |
| Other operating revenues | \$119,211 |
| Total Operating Revenue | \$119,211 |

Operating Expenses

| | |
|---------------------------------|--------------------|
| Salaries and wages | \$93,559 |
| Other employee benefits | \$6,563 |
| Professional services contracts | \$10,261 |
| Supplies and materials | \$260 |
| Depreciation & amortization | \$0 |
| Other operating expenses | \$92,441 |
| Total Operating Expenses | \$1,103,084 |

Operating Income (Loss) **(\$983,873)**

Nonoperating Revenues

| | |
|-----------------------------------|--------------------|
| Investment earnings | \$212 |
| State subsidies/grants | \$1,111,135 |
| Federal subsidies/grants | \$0 |
| Municipal subsidies/grants | \$0 |
| Public authority subsidies | \$0 |
| Other nonoperating revenues | \$790 |
| Total Nonoperating Revenue | \$1,112,137 |

Summary Financial InformationSUMMARY STATEMENT OF REVENUE, EXPENSES AND CHANGE IN NET ASSETSNonoperating Expenses

| | |
|---|------------------|
| Interest and other financing charges | \$0 |
| Subsidies to other public authorities | \$0 |
| Grants and donations | \$0 |
| Other nonoperating expenses | \$2,832 |
| Total Nonoperating Expenses | \$2,832 |
| Income (Loss) Before Contributions | \$125,432 |
| Capital Contributions | \$0 |
| Change in net assets | \$125,432 |
| Net assets (deficit) beginning of year | \$95,243 |
| Other net assets changes | \$0 |
| Net assets (deficit) at end of year | \$220,675 |

Current Debt

| Question | Response |
|---|----------|
| 1. Did the Authority have any outstanding debt, including conduit debt, at any point during the reporting period? | No |
| 2. If yes, has the Authority issued any debt during the reporting period? | |

New Debt Issuances List by Type of Debt and Program

No Data has been entered by the Authority for this section in PARIS

Schedule of Authority Debt

| Type of Debt | Statutory Authorization (\$) | Outstanding Start of Fiscal Year (\$) | New Debt Issuances (\$) | Debt Retired (\$) | Outstanding End of Fiscal Year (\$) |
|--|------------------------------|---------------------------------------|-------------------------|-------------------|-------------------------------------|
| State Obligation | | | | | |
| State Guaranteed | | | | | |
| State Supported | | | | | |
| State Contingent Obligation | | | | | |
| State Moral Obligation | | | | | |
| Other State Funded | | | | | |
| Authority Obligation | | | | | |
| General Obligation | | | | | |
| Revenue | | | | | |
| Other Non-State Funded | | | | | |
| Conduit | | | | | |
| Conduit Debt | | | | | |
| Conduit Debt - Pilot Increment Financing | | | | | |

Real Property Acquisition/Disposal List

1. Address Line1: 45-55 Pyle Court
Address Line2:
City: TONAWANDA
State: NY
Postal Code: 14150
Plus4:
Province/Region:
Country: USA
Property Description: Vacant Lot/Undeveloped Land
Estimated Fair Market Value: \$32,000
How was the Fair Market Other
Value Determined?:
Transaction Type: ACQUISITION
If Other, Explain:

Transaction Date: 10/18/2013
Purchase Sale Price: \$67,000.00
Lease Data (If applicable)
Market Rate(\$/square foot):
Lease Rate(\$/square foot):
Lease Period (months):
Seller/Purchaser/Tenant Data:
Organization: Buffalo Erie Niagara Land Improvement Corp
Last Name:
First Name:

Address Line1: 95 Franklin St
Address Line2: 10th Floor
City: BUFFALO
State: NY
Postal Code: 14202
Plus4:
Province/Region:
Country: USA
Relation With Board
member/senior authority
management? No

2. Address Line1: 235 West Royal Parkway
Address Line2:
City: AMHERST
State: NY
Postal Code: 14221
Plus4:
Province/Region:
Country: USA
Property Description: Residential Building
Estimated Fair Market Value: \$159,900
How was the Fair Market Other
Value Determined?:
Transaction Type: ACQUISITION
If Other, Explain:

Transaction Date: 09/24/2014
Purchase Sale Price: \$34,000.00
Lease Data (If applicable)
Market Rate(\$/square foot):
Lease Rate(\$/square foot):
Lease Period (months):
Seller/Purchaser/Tenant Data:
Organization: Buffalo Erie Niagara Land Improvement Corp
Last Name:
First Name:

Address Line1: 95 Franklin St
Address Line2: 10th Floor
City: BUFFALO
State: NY
Postal Code: 14202
Plus4:
Province/Region:
Country: USA
Relation With Board
member/senior authority
management? No

Real Property Acquisition/Disposal List

3. Address Line1: 257 Callodine Ave
Address Line2:
City: AMHERST
State: NY
Postal Code: 14226
Plus4:
Province/Region:
Country: USA
Property Description: Residential Building
Estimated Fair Market Value: \$77,400
How was the Fair Market Other
Value Determined?:
Transaction Type: ACQUISITION
If Other, Explain:

Transaction Date: 09/24/2014
Purchase Sale Price: \$23,000.00
Lease Data (If applicable)
Market Rate(\$/square foot):
Lease Rate(\$/square foot):
Lease Period (months):
Seller/Purchaser/Tenant Data:
Organization: Buffalo Erie Niagara Land Improvement Corp
Last Name:
First Name:

Address Line1: 95 Franklin St
Address Line2: 10th Floor
City: BUFFALO
State: NY
Postal Code: 14202
Plus4:
Province/Region:
Country: USA
Relation With Board
member/senior authority
management? No

4. Address Line1: 8820 State Road
Address Line2:
City: COLDEN
State: NY
Postal Code: 14033
Plus4:
Province/Region:
Country: USA
Property Description: Vacant Lot/Undeveloped Land
Estimated Fair Market Value: \$17,800
How was the Fair Market Other
Value Determined?:
Transaction Type: ACQUISITION
If Other, Explain:

Transaction Date: 09/24/2014
Purchase Sale Price: \$84,000.00
Lease Data (If applicable)
Market Rate(\$/square foot):
Lease Rate(\$/square foot):
Lease Period (months):
Seller/Purchaser/Tenant Data:
Organization: Buffalo Erie Niagara Land Improvement Corp
Last Name:
First Name:

Address Line1: 95 Franklin St
Address Line2: 10th Floor
City: BUFFALO
State: NY
Postal Code: 14202
Plus4:
Province/Region:
Country: USA
Relation With Board
member/senior authority
management? No

Real Property Acquisition/Disposal List

5. Address Line1: 290 Atlantic Avenue
Address Line2:
City: SLOAN
State: NY
Postal Code: 14212
Plus4:
Province/Region:
Country: USA
Property Description: Residential Building
Estimated Fair Market Value: \$44,400
How was the Fair Market Other
Value Determined?:
Transaction Type: ACQUISITION
If Other, Explain:

Transaction Date: 09/24/2014
Purchase Sale Price: \$20,000.00
Lease Data (If applicable)
Market Rate(\$/square foot):
Lease Rate(\$/square foot):
Lease Period (months):
Seller/Purchaser/Tenant Data:
Organization: Buffalo Erie Niagara Land Improvement Corp
Last Name:
First Name:

Address Line1: 95 Franklin St
Address Line2: 10th Floor
City: BUFFALO
State: NY
Postal Code: 14202
Plus4:
Province/Region:
Country: USA
Relation With Board
member/senior authority
management? No

6. Address Line1: 53 West Main Street
Address Line2:
City: SPRINGVILLE
State: NY
Postal Code: 14141
Plus4:
Province/Region:
Country: USA
Property Description: Vacant Lot/Undeveloped Land
Estimated Fair Market Value: \$40,000
How was the Fair Market Other
Value Determined?:
Transaction Type: ACQUISITION
If Other, Explain:

Transaction Date: 09/24/2014
Purchase Sale Price: \$205,000.00
Lease Data (If applicable)
Market Rate(\$/square foot):
Lease Rate(\$/square foot):
Lease Period (months):
Seller/Purchaser/Tenant Data:
Organization: Buffalo Erie Niagara Land Improvement Corp
Last Name:
First Name:

Address Line1: 95 Franklin St
Address Line2:
City: BUFFALO
State: NY
Postal Code: 14202
Plus4:
Province/Region:
Country: USA
Relation With Board
member/senior authority
management? No

Real Property Acquisition/Disposal List

7. Address Line1: 100 Sawyer
Address Line2:
City: TONAWANDA
State: NY
Postal Code: 14150
Plus4:
Province/Region:
Country: USA
Property Description: Vacant Lot/Undeveloped Land
Estimated Fair Market Value: \$3,500
How was the Fair Market Other
Value Determined?:
Transaction Type: ACQUISITION
If Other, Explain:

Transaction Date: 09/24/2014
Purchase Sale Price: \$5,000.00
Lease Data (If applicable)
Market Rate(\$/square foot):
Lease Rate(\$/square foot):
Lease Period (months):
Seller/Purchaser/Tenant Data:
Organization: Buffalo Erie Niagara Land Improvement Corp
Last Name:
First Name:

Address Line1: 95 Franklin St
Address Line2:
City: BUFFALO
State: NY
Postal Code: 14202
Plus4:
Province/Region:
Country: USA
Relation With Board
member/senior authority
management? No

8. Address Line1: 20-26 Whittier Place
Address Line2:
City: TONAWANDA
State: NY
Postal Code: 14150
Plus4:
Province/Region:
Country: USA
Property Description: Vacant Lot/Undeveloped Land
Estimated Fair Market Value: \$3,000
How was the Fair Market Other
Value Determined?:
Transaction Type: ACQUISITION
If Other, Explain:

Transaction Date: 09/24/2014
Purchase Sale Price: \$5,000.00
Lease Data (If applicable)
Market Rate(\$/square foot):
Lease Rate(\$/square foot):
Lease Period (months):
Seller/Purchaser/Tenant Data:
Organization: Buffalo Erie Niagara Land Improvement Corp
Last Name:
First Name:

Address Line1: 95 Franklin St
Address Line2: 10th Floor
City: BUFFALO
State: NY
Postal Code: 14202
Plus4:
Province/Region:
Country: USA
Relation With Board
member/senior authority
management? No

Real Property Acquisition/Disposal List

9. Address Line1: 28 Browning Avenue
Address Line2:
City: TONAWANDA
State: NY
Postal Code: 14150
Plus4:
Province/Region:
Country: USA
Property Description: Vacant Lot/Undeveloped Land
Estimated Fair Market Value: \$1,400
How was the Fair Market Other
Value Determined?:
Transaction Type: ACQUISITION
If Other, Explain:

Transaction Date: 09/24/2014
Purchase Sale Price: \$3,000.00
Lease Data (If applicable)
Market Rate(\$/square foot):
Lease Rate(\$/square foot):
Lease Period (months):
Seller/Purchaser/Tenant Data:
Organization: Buffalo Erie Niagara Land Improvement Corp
Last Name:
First Name:

Address Line1: 95 Franklin St
Address Line2: 10th Floor
City: BUFFALO
State: NY
Postal Code: 14202
Plus4:
Province/Region:
Country: USA
Relation With Board
member/senior authority
management? No

10. Address Line1: 3-7 Lardner Court
Address Line2:
City: TONAWANDA
State: NY
Postal Code: 14150
Plus4:
Province/Region:
Country: USA
Property Description: Residential Building
Estimated Fair Market Value: \$34,000
How was the Fair Market Other
Value Determined?:
Transaction Type: ACQUISITION
If Other, Explain:

Transaction Date: 09/24/2014
Purchase Sale Price: \$16,000.00
Lease Data (If applicable)
Market Rate(\$/square foot):
Lease Rate(\$/square foot):
Lease Period (months):
Seller/Purchaser/Tenant Data:
Organization: Buffalo Erie Niagara Land Improvement Corp
Last Name:
First Name:

Address Line1: 95 Franklin St
Address Line2: 10th Floor
City: BUFFALO
State: NY
Postal Code: 14202
Plus4:
Province/Region:
Country: USA
Relation With Board
member/senior authority
management? No

Real Property Acquisition/Disposal List

11. Address Line1: 32 Browning
Address Line2:
City: TONAWANDA
State: NY
Postal Code: 14150
Plus4:
Province/Region:
Country: USA
Property Description: Vacant Lot/Undeveloped Land
Estimated Fair Market Value: \$1,300
How was the Fair Market Other
Value Determined?:
Transaction Type: ACQUISITION
If Other, Explain:

Transaction Date: 09/24/2014
Purchase Sale Price: \$3,000.00
Lease Data (If applicable)
Market Rate(\$/square foot):
Lease Rate(\$/square foot):
Lease Period (months):
Seller/Purchaser/Tenant Data:
Organization: Buffalo Erie Niagara Land Improvement Corp
Last Name:
First Name:

Address Line1: 95 Franklin St
Address Line2: 10th Floor
City: BUFFALO
State: NY
Postal Code: 14202
Plus4:
Province/Region:
Country: USA
Relation With Board
member/senior authority
management? No

12. Address Line1: 58-64 Burnett Place
Address Line2:
City: TONAWANDA
State: NY
Postal Code: 14150
Plus4:
Province/Region:
Country: USA
Property Description: Vacant Lot/Undeveloped Land
Estimated Fair Market Value: \$5,800
How was the Fair Market Other
Value Determined?:
Transaction Type: ACQUISITION
If Other, Explain:

Transaction Date: 09/24/2014
Purchase Sale Price: \$3,000.00
Lease Data (If applicable)
Market Rate(\$/square foot):
Lease Rate(\$/square foot):
Lease Period (months):
Seller/Purchaser/Tenant Data:
Organization: Buffalo Erie Niagara Land Improvement Corp
Last Name:
First Name:

Address Line1: 95 Franklin St
Address Line2: 10th Floor
City: BUFFALO
State: NY
Postal Code: 14202
Plus4:
Province/Region:
Country: USA
Relation With Board
member/senior authority
management? No

Real Property Acquisition/Disposal List

13. Address Line1: 79 Ellen Drive

Address Line2:

City: CHEEKTOWAGA

State: NY

Postal Code: 14225

Plus4:

Province/Region:

Country: USA

Property Description: Residential Building

Estimated Fair Market Value: \$97,900

How was the Fair Market Other

Value Determined?:

Transaction Type: ACQUISITION

If Other, Explain:

Transaction Date: 10/01/2014

Purchase Sale Price: \$10.00

Lease Data (If applicable)

Market Rate(\$/square foot):

Lease Rate(\$/square foot):

Lease Period (months):

Seller/Purchaser/Tenant Data:

Organization: Buffalo Erie Niagara Land Improvement Corp

Last Name:

First Name:

Address Line1: 95 Franklin St

Address Line2: 10th Floor

City: BUFFALO

State: NY

Postal Code: 14202

Plus4:

Province/Region:

Country: USA

Relation With Board

member/senior authority

management? No

14. Address Line1: 1745 Abbott Road

Address Line2:

City: LACKAWANNA

State: NY

Postal Code: 14218

Plus4:

Province/Region:

Country: USA

Property Description: Residential Building

Estimated Fair Market Value: \$106,000

How was the Fair Market Other

Value Determined?:

Transaction Type: ACQUISITION

If Other, Explain:

Transaction Date: 10/01/2014

Purchase Sale Price: \$10,780.00

Lease Data (If applicable)

Market Rate(\$/square foot):

Lease Rate(\$/square foot):

Lease Period (months):

Seller/Purchaser/Tenant Data:

Organization: Buffalo Erie Niagara Land Improvement Corp

Last Name:

First Name:

Address Line1: 95 Franklin St

Address Line2: 10th Floor

City: BUFFALO

State: NY

Postal Code: 14202

Plus4:

Province/Region:

Country: USA

Relation With Board

member/senior authority

management? No

Real Property Acquisition/Disposal List

15. Address Line1: 272 Kohler Street
Address Line2:
City: TONAWANDA
State: NY
Postal Code: 14150
Plus4:
Province/Region:
Country: USA
Property Description: Residential Building
Estimated Fair Market Value: \$55,000
How was the Fair Market Other
Value Determined?:
Transaction Type: ACQUISITION
If Other, Explain:

Transaction Date: 11/11/2014
Purchase Sale Price: \$21,826.83
Lease Data (If applicable)
Market Rate(\$/square foot):
Lease Rate(\$/square foot):
Lease Period (months):
Seller/Purchaser/Tenant Data:
Organization: Buffalo Erie Niagara Land Improvement Corp
Last Name:
First Name:

Address Line1: 95 Franklin St
Address Line2: 10th Floor
City: BUFFALO
State: NY
Postal Code: 14202
Plus4:
Province/Region:
Country: USA
Relation With Board
member/senior authority
management? No

16. Address Line1: 465 Broad Street
Address Line2:
City: TONAWANDA
State: NY
Postal Code: 14150
Plus4:
Province/Region:
Country: USA
Property Description: Residential Building
Estimated Fair Market Value: \$59,000
How was the Fair Market Other
Value Determined?:
Transaction Type: ACQUISITION
If Other, Explain:

Transaction Date: 11/11/2014
Purchase Sale Price: \$26,473.79
Lease Data (If applicable)
Market Rate(\$/square foot):
Lease Rate(\$/square foot):
Lease Period (months):
Seller/Purchaser/Tenant Data:
Organization: Buffalo Erie Niagara Land Improvement Corp
Last Name:
First Name:

Address Line1: 95 Franklin St
Address Line2: 10th Floor
City: BUFFALO
State: NY
Postal Code: 14202
Plus4:
Province/Region:
Country: USA
Relation With Board
member/senior authority
management? No

Real Property Acquisition/Disposal List

17. Address Line1: 585 Morgan Street
Address Line2:
City: TONAWANDA
State: NY
Postal Code: 14150
Plus4:
Province/Region:
Country: USA
Property Description: Residential Building
Estimated Fair Market Value: \$74,000
How was the Fair Market Other
Value Determined?:
Transaction Type: ACQUISITION
If Other, Explain:

Transaction Date: 11/11/2014
Purchase Sale Price: \$19,132.03
Lease Data (If applicable)
Market Rate(\$/square foot):
Lease Rate(\$/square foot):
Lease Period (months):
Seller/Purchaser/Tenant Data:
Organization: Buffalo Erie Niagara Land Improvement Corp
Last Name:
First Name:

Address Line1: 95 Franklin St
Address Line2: 10th Floor
City: BUFFALO
State: NY
Postal Code: 14202
Plus4:
Province/Region:
Country: USA
Relation With Board
member/senior authority
management? No

18. Address Line1: 39 Fowler Ave
Address Line2:
City: TONAWANDA
State: NY
Postal Code: 14217
Plus4:
Province/Region:
Country: USA
Property Description: Residential Building
Estimated Fair Market Value: \$30,000
How was the Fair Market Appraisal
Value Determined?:
Transaction Type: DISPOSITION SALE
If Other, Explain:

Transaction Date: 11/14/2014
Purchase Sale Price: \$15,000.00
Lease Data (If applicable)
Market Rate(\$/square foot):
Lease Rate(\$/square foot):
Lease Period (months):
Seller/Purchaser/Tenant Data:
Organization:
Last Name: Krier
First Name: William

Address Line1: 33 A Embassy Square
Address Line2:
City: TONAWANDA
State: NY
Postal Code: 14150
Plus4:
Province/Region:
Country: USA
Relation With Board
member/senior authority
management? No

Personal Property

This Authority has indicated that it had no personal property disposals during the reporting period.

Property Documents

| Question | Response | URL (if applicable) |
|--|----------|---|
| 1. In accordance with Section 2896(3) of PAL, the Authority is required to prepare a report at least annually of all real property of the Authority. Has this report been prepared? | Yes | http://media.wix.com/ugd/9cc5a9_c37a176d24ad4c6e84a2997fc3f5d801.pdf |
| 2. Has the Authority prepared policies, procedures, or guidelines regarding the use, awarding, monitoring, and reporting of contracts for the acquisition and disposal of property? | Yes | http://media.wix.com/ugd/9cc5a9_ff3435d313ff409ca522c03d65ee98c9.pdf |
| 3. In accordance with Section 2896(1) of PAL, has the Authority named a contracting officer who shall be responsible for the Authority's compliance with and enforcement of such guidelines? | Yes | |

Grant Information

This Authority has indicated that it did not award any grants during the reporting period.

Loan Information

This Authority has indicated that it did not award any loans during the reporting period.

Bond Information

This Authority has indicated that it did not have any outstanding bonds during the reporting period.

Additional Comments: