

Annual Report for Troy Community Land Bank Corporation

Fiscal Year Ending: 12/31/2023

Run Date: 02/27/2025

Status: CERTIFIED

Certified Date: 01/17/2025

**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	<a href="https://troycommunitylandbank.org/reports/">https://troycommunitylandbank.org/reports/</a>
2.	As required by section 2800(9) of PAL, did the Authority prepare an assessment of the effectiveness of its internal controls?	Yes	<a href="https://troycommunitylandbank.org/reports/">https://troycommunitylandbank.org/reports/</a>
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	<a href="https://troycommunitylandbank.org/our-board/">https://troycommunitylandbank.org/our-board/</a>
6.	Are any Authority staff also employed by another government agency?	No	
7.	Has the Authority posted their mission statement to their website?	Yes	<a href="https://troycommunitylandbank.org/our-board/">https://troycommunitylandbank.org/our-board/</a>
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.		<a href="https://troycommunitylandbank.org/reports/">https://troycommunitylandbank.org/reports/</a>

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**Governance Information (Board-Related)**

Question	Response	URL (If Applicable)
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 a Finance Committee in accordance with Section 2824(8) of PAL?	Yes	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):		<a href="https://troycommunitylandbank.org/tclb-committees/">https://troycommunitylandbank.org/tclb-committees/</a>
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		<a href="https://troycommunitylandbank.org/meeting-minutes-agendas/">https://troycommunitylandbank.org/meeting-minutes-agendas/</a>
7. Has the Board adopted bylaws and made them available to Board members and staff?	Yes	<a href="https://troycommunitylandbank.org/policies/">https://troycommunitylandbank.org/policies/</a>
8. Has the Board adopted a code of ethics for Board members and staff?	Yes	<a href="https://troycommunitylandbank.org/policies/">https://troycommunitylandbank.org/policies/</a>
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	No	N/A
Time and Attendance	No	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?	Yes	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?	Yes	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	

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**Board of Directors Listing**

<b>Name</b>	Barker, Brian	<b>Nominated By</b>	Local
<b>Chair of the Board</b>	No	<b>Appointed By</b>	Local
<b>If yes, Chair Designated by</b>		<b>Confirmed by Senate?</b>	N/A
<b>Term Start Date</b>	11/19/2014	<b>Has the Board Member/Designee Signed the Acknowledgement of Fiduciary Duty?</b>	No
<b>Term Expiration Date</b>	10/31/2027	<b>Complied with Training Requirement of Section 2824?</b>	Yes
<b>Title</b>		<b>Does the Board Member/Designee also Hold an Elected or Appointed State Government Position?</b>	No
<b>Has the Board Member Appointed a Designee?</b>		<b>Does the Board Member/Designee also Hold an Elected or Appointed Municipal Government Position?</b>	No
<b>Designee Name</b>		<b>Ex-Officio</b>	

<b>Name</b>	Connolly, Bob	<b>Nominated By</b>	Local
<b>Chair of the Board</b>	No	<b>Appointed By</b>	Local
<b>If yes, Chair Designated by</b>		<b>Confirmed by Senate?</b>	N/A
<b>Term Start Date</b>	10/15/2024	<b>Has the Board Member/Designee Signed the Acknowledgement of Fiduciary Duty?</b>	Yes
<b>Term Expiration Date</b>	10/31/2026	<b>Complied with Training Requirement of Section 2824?</b>	Yes
<b>Title</b>		<b>Does the Board Member/Designee also Hold an Elected or Appointed State Government Position?</b>	No
<b>Has the Board Member Appointed a Designee?</b>		<b>Does the Board Member/Designee also Hold an Elected or Appointed Municipal Government Position?</b>	No
<b>Designee Name</b>		<b>Ex-Officio</b>	

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<b>Name</b>	Cooper, Andrew	<b>Nominated By</b>	Local
<b>Chair of the Board</b>	No	<b>Appointed By</b>	Local
<b>If yes, Chair Designated by</b>		<b>Confirmed by Senate?</b>	N/A
<b>Term Start Date</b>	3/11/2016	<b>Has the Board Member/Designee Signed the Acknowledgement of Fiduciary Duty?</b>	Yes
<b>Term Expiration Date</b>	10/31/2027	<b>Complied with Training Requirement of Section 2824?</b>	Yes
<b>Title</b>		<b>Does the Board Member/Designee also Hold an Elected or Appointed State Government Position?</b>	No
<b>Has the Board Member Appointed a Designee?</b>		<b>Does the Board Member/Designee also Hold an Elected or Appointed Municipal Government Position?</b>	No
<b>Designee Name</b>		<b>Ex-Officio</b>	

<b>Name</b>	DeMartino, Tamara	<b>Nominated By</b>	Local
<b>Chair of the Board</b>	No	<b>Appointed By</b>	Local
<b>If yes, Chair Designated by</b>		<b>Confirmed by Senate?</b>	N/A
<b>Term Start Date</b>	11/7/2024	<b>Has the Board Member/Designee Signed the Acknowledgement of Fiduciary Duty?</b>	Yes
<b>Term Expiration Date</b>	10/31/2027	<b>Complied with Training Requirement of Section 2824?</b>	Yes
<b>Title</b>		<b>Does the Board Member/Designee also Hold an Elected or Appointed State Government Position?</b>	No
<b>Has the Board Member Appointed a Designee?</b>		<b>Does the Board Member/Designee also Hold an Elected or Appointed Municipal Government Position?</b>	No
<b>Designee Name</b>		<b>Ex-Officio</b>	

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<b>Name</b>	Donnelly, Seamus	<b>Nominated By</b>	Local
<b>Chair of the Board</b>	No	<b>Appointed By</b>	Local
<b>If yes, Chair Designated by</b>		<b>Confirmed by Senate?</b>	N/A
<b>Term Start Date</b>	6/1/2024	<b>Has the Board Member/Designee Signed the Acknowledgement of Fiduciary Duty?</b>	Yes
<b>Term Expiration Date</b>	10/31/2026	<b>Complied with Training Requirement of Section 2824?</b>	Yes
<b>Title</b>		<b>Does the Board Member/Designee also Hold an Elected or Appointed State Government Position?</b>	No
<b>Has the Board Member Appointed a Designee?</b>		<b>Does the Board Member/Designee also Hold an Elected or Appointed Municipal Government Position?</b>	Yes
<b>Designee Name</b>		<b>Ex-Officio</b>	

<b>Name</b>	Kurzejeski, Monica	<b>Nominated By</b>	Local
<b>Chair of the Board</b>	No	<b>Appointed By</b>	Local
<b>If yes, Chair Designated by</b>		<b>Confirmed by Senate?</b>	N/A
<b>Term Start Date</b>	7/25/2024	<b>Has the Board Member/Designee Signed the Acknowledgement of Fiduciary Duty?</b>	Yes
<b>Term Expiration Date</b>	10/31/2026	<b>Complied with Training Requirement of Section 2824?</b>	Yes
<b>Title</b>		<b>Does the Board Member/Designee also Hold an Elected or Appointed State Government Position?</b>	No
<b>Has the Board Member Appointed a Designee?</b>		<b>Does the Board Member/Designee also Hold an Elected or Appointed Municipal Government Position?</b>	No
<b>Designee Name</b>		<b>Ex-Officio</b>	

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<b>Name</b>	Magur, Jamie	<b>Nominated By</b>	Local
<b>Chair of the Board</b>	Yes	<b>Appointed By</b>	Local
<b>If yes, Chair Designated by</b>	Elected by Board	<b>Confirmed by Senate?</b>	N/A
<b>Term Start Date</b>	10/31/2022	<b>Has the Board Member/Designee Signed the Acknowledgement of Fiduciary Duty?</b>	Yes
<b>Term Expiration Date</b>	10/31/2027	<b>Complied with Training Requirement of Section 2824?</b>	Yes
<b>Title</b>		<b>Does the Board Member/Designee also Hold an Elected or Appointed State Government Position?</b>	No
<b>Has the Board Member Appointed a Designee?</b>		<b>Does the Board Member/Designee also Hold an Elected or Appointed Municipal Government Position?</b>	No
<b>Designee Name</b>		<b>Ex-Officio</b>	

<b>Name</b>	Sano, Brian	<b>Nominated By</b>	Local
<b>Chair of the Board</b>	No	<b>Appointed By</b>	Local
<b>If yes, Chair Designated by</b>		<b>Confirmed by Senate?</b>	N/A
<b>Term Start Date</b>	7/25/2024	<b>Has the Board Member/Designee Signed the Acknowledgement of Fiduciary Duty?</b>	Yes
<b>Term Expiration Date</b>	10/31/2025	<b>Complied with Training Requirement of Section 2824?</b>	Yes
<b>Title</b>		<b>Does the Board Member/Designee also Hold an Elected or Appointed State Government Position?</b>	No
<b>Has the Board Member Appointed a Designee?</b>		<b>Does the Board Member/Designee also Hold an Elected or Appointed Municipal Government Position?</b>	No
<b>Designee Name</b>		<b>Ex-Officio</b>	

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<b>Name</b>	Spellen, Suzanne	<b>Nominated By</b>	Other
<b>Chair of the Board</b>	No	<b>Appointed By</b>	Other
<b>If yes, Chair Designated by</b>		<b>Confirmed by Senate?</b>	N/A
<b>Term Start Date</b>	11/19/2014	<b>Has the Board Member/Designee Signed the Acknowledgement of Fiduciary Duty?</b>	Yes
<b>Term Expiration Date</b>	11/20/2027	<b>Complied with Training Requirement of Section 2824?</b>	Yes
<b>Title</b>		<b>Does the Board Member/Designee also Hold an Elected or Appointed State Government Position?</b>	No
<b>Has the Board Member Appointed a Designee?</b>		<b>Does the Board Member/Designee also Hold an Elected or Appointed Municipal Government Position?</b>	No
<b>Designee Name</b>		<b>Ex-Officio</b>	

<b>Name</b>	Vacant	<b>Nominated By</b>	Local
<b>Chair of the Board</b>		<b>Appointed By</b>	Local
<b>If yes, Chair Designated by</b>		<b>Confirmed by Senate?</b>	
<b>Term Start Date</b>		<b>Has the Board Member/Designee Signed the Acknowledgement of Fiduciary Duty?</b>	
<b>Term Expiration Date</b>		<b>Complied with Training Requirement of Section 2824?</b>	
<b>Title</b>		<b>Does the Board Member/Designee also Hold an Elected or Appointed State Government Position?</b>	
<b>Has the Board Member Appointed a Designee?</b>		<b>Does the Board Member/Designee also Hold an Elected or Appointed Municipal Government Position?</b>	
<b>Designee Name</b>		<b>Ex-Officio</b>	

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<b>Name</b>	Vacant	<b>Nominated By</b>	Local
<b>Chair of the Board</b>		<b>Appointed By</b>	Local
<b>If yes, Chair Designated by</b>		<b>Confirmed by Senate?</b>	
<b>Term Start Date</b>		<b>Has the Board Member/Designee Signed the Acknowledgement of Fiduciary Duty?</b>	
<b>Term Expiration Date</b>		<b>Complied with Training Requirement of Section 2824?</b>	
<b>Title</b>		<b>Does the Board Member/Designee also Hold an Elected or Appointed State Government Position?</b>	
<b>Has the Board Member Appointed a Designee?</b>		<b>Does the Board Member/Designee also Hold an Elected or Appointed Municipal Government Position?</b>	
<b>Designee Name</b>		<b>Ex-Officio</b>	



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**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	Overtime paid by Authority	Performance Bonus	Extra Pay	Other Compensati on/Allowanc es/Adjustme nts	Total Compensati on paid by Authority	Individual also paid by another entity to perform the work of the Authority	If yes, Is the payment made by a State or local governme nt
Donnelly, Paul	Project Manager	Managerial				PT	No	\$52,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	No	
Lewis, Brad	Executive Director	Executive				PT	No	\$65,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	No	

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**Benefit Information**

During the fiscal year, did the Authority continue to pay for any of the above mentioned benefits for former staff or individuals affiliated With the Authority after those individuals left the Authority?	No
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**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
Barker, Brian	Board of Directors												X	
Connolly, Bob	Board of Directors												X	
Cooper, Andrew	Board of Directors												X	
DeMartino, Tamara	Board of Directors												X	
Donnelly, Seamus	Board of Directors												X	
Kurzejeski, Monica	Board of Directors												X	
Magur, Jamie	Board of Directors												X	
Sano, Brian	Board of Directors												X	
Spellen, Suzanne	Board of Directors												X	
Vacant	Board of Directors												X	
Vacant	Board of Directors												X	

**Staff**

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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
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**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 Authority and not independently filing reports in PARIS?	No

Name of Subsidiary/Component Unit	Status
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**Request Subsidiary/Component Unit Change**

Name of Subsidiary/Component Unit	Status	Requested Changes
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**Request Add Subsidiaries/Component Units**

Name of Subsidiary/Component Unit	Establishment Date	Purpose of Subsidiary/Component Unit
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**Request Delete Subsidiaries/Component Units**

Name of Subsidiary/Component Unit	Termination Date	Reason for Termination	Proof of Termination Document Name
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**Summary Financial Information**

**SUMMARY STATEMENT OF NET ASSETS**

			Amount
<b>Assets</b>			
<b>Current Assets</b>			
	Cash and cash equivalents		\$342,007.00
	Investments		\$818,399.00
	Receivables, net		\$0.00
	Other assets		\$8,000.00
	Total current assets		\$1,168,406.00
<b>Noncurrent Assets</b>			
	Restricted cash and investments		\$0.00
	Long-term receivables, net		\$0.00
	Other assets		\$0.00
<b>Capital Assets</b>			
		Land and other nondepreciable property	\$0.00
		Buildings and equipment	\$5,060.00
		Infrastructure	\$0.00
		Accumulated depreciation	\$0.00
		Net Capital Assets	\$5,060.00
	Total noncurrent assets		\$5,060.00
<b>Total assets</b>			<b>\$1,173,466.00</b>
<b>Liabilities</b>			
<b>Current Liabilities</b>			
	Accounts payable		\$14,490.00
	Pension contribution payable		\$0.00
	Other post-employment benefits		\$0.00
	Accrued liabilities		\$100,000.00
	Deferred revenues		\$257,119.00
	Bonds and notes payable		\$120,000.00
	Other long-term obligations due within one year		\$0.00
	Total current liabilities		\$491,609.00
<b>Noncurrent Liabilities</b>			

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	Pension contribution payable		\$0.00
	Other post-employment benefits		\$0.00
	Bonds and notes payable		\$0.00
	Long term leases		\$0.00
	Other long-term obligations		\$0.00
	Total noncurrent liabilities		\$0.00
<b>Total liabilities</b>			\$491,609.00
<b>Net Asset (Deficit)</b>			
<b>Net Assets</b>			
	Invested in capital assets, net of related debt		\$5,060.00
	Restricted		\$0.00
	Unrestricted		\$676,797.00
	Total net assets		\$681,857.00

**SUMMARY STATEMENT OF REVENUE, EXPENSES AND CHANGES IN NET ASSETS**

			Amount
<b>Operating Revenues</b>			
	Charges for services		\$0.00
	Rental and financing income		\$0.00
	Other operating revenues		\$395,453.00
	Total operating revenue		\$395,453.00
<b>Operating Expenses</b>			
	Salaries and wages		\$0.00
	Other employee benefits		(\$262.00)
	Professional services contracts		\$60,970.00
	Supplies and materials		\$4,584.00
	Depreciation and amortization		\$1,933.00
	Other operating expenses		\$304,006.00
	Total operating expenses		\$371,231.00
<b>Operating income (loss)</b>			\$24,222.00
<b>Nonoperating Revenues</b>			
	Investment earnings		\$231.00
	State subsidies/grants		\$0.00
	Federal subsidies/grants		\$0.00
	Municipal subsidies/grants		\$0.00
	Public authority subsidies		\$0.00

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	Other nonoperating revenues		\$0.00
	Total nonoperating revenue		\$231.00
<b>Nonoperating Expenses</b>			
	Interest and other financing charges		\$10,258.00
	Subsidies to other public authorities		\$0.00
	Grants and donations		\$0.00
	Other nonoperating expenses		\$0.00
	Total nonoperating expenses		\$10,258.00
	Income (loss) before contributions		\$14,195.00
<b>Capital contributions</b>			\$0.00
<b>Change in net assets</b>			\$14,195.00
<b>Net assets (deficit) beginning of year</b>			\$667,662.00
<b>Other net assets changes</b>			\$0.00
<b>Net assets (deficit) at end of year</b>			\$681,857.00

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**Current Debt**

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

**New Debt Issuances**



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**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 Obligation	State Supported						
State Obligation	State Contingent Obligation						
State Obligation	State Moral Obligation						
Other State-Funded	Other State-Funded						
Authority Debt - General Obligation	Authority Debt - General Obligation						
Authority Debt - Revenue	Authority Debt - Revenue						
Authority Debt - Other	Authority Debt - Other		0.00	120,000.00	0.00	0.00	120,000.00
Conduit		Conduit Debt					
Conduit		Conduit Debt - Pilot Increment Financing					
<b>TOTALS</b>			0.00	120,000.00	0.00	0.00	120,000.00

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**Real Property Acquisition/Disposal List**

This Authority has indicated that it had no real property acquisitions or disposals during the reporting period.

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**Personal Property**

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

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**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	<a href="https://troycommunitylandbank.org/current-properties/">https://troycommunitylandbank.org/current-properties/</a>
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	<a href="https://troycommunitylandbank.org/policies/">https://troycommunitylandbank.org/policies/</a>
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	N/A

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**Grant Information**

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

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**Loan Information**

<b>Source of Loan Funds</b>	Private	<b>Original Amount of Loan</b>	\$120,000.00
<b>Name of Loan Recipient</b>	Troy Community Land Bank	<b>Date Loan Awarded</b>	3/1/2020
<b>Address Line1</b>	415 River Street Suite 101	<b>Interest Rate (%)</b>	5
<b>Address Line2</b>		<b>Length of Loan(# of years to repay)</b>	5
<b>City</b>	TROY	<b>Amount of Loan Principal Repaid to Date</b>	\$0.00
<b>State</b>	NY	<b>Purpose of Loan</b>	Residential Property Construction/Acquisition/Rehabilitation/Improvement
<b>Postal Code</b>	12180	<b>Was the loan expected to result in new jobs being created?</b>	No
<b>Plus4</b>		<b>If Yes, how many jobs were planned to be created?</b>	
<b>Province/Region</b>		<b>If Yes, how many jobs have been created to date?</b>	
<b>Country</b>	United States	<b>Have the terms of the loan been completed?</b>	No

Annual Report for Troy Community Land Bank Corporation

Fiscal Year Ending: 12/31/2023

Run Date: 02/27/2025

Status: CERTIFIED

Certified Date: 01/17/2025

**Bond Information**

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

Annual Report for Troy Community Land Bank Corporation

Fiscal Year Ending: 12/31/2023

Run Date: 02/27/2025

Status: CERTIFIED

Certified Date: 01/17/2025

**Additional Comments**



Certified Financial Audit for Troy Community Land Bank Corporation  
 Fiscal Year Ending: 12/31/2023

Run Date: 03/14/2025  
 Status: CERTIFIED  
 Certified Date : 01/17/2025

**Financial Documents**

Question	Response
1. Attach the independent audit of the Authority's financial statements.	N/A

URL (If Applicable)	Attachments
<a href="https://troycommunitylandbank.org/reports/">https://troycommunitylandbank.org/reports/</a>	Attachment Included

Question	Response
2. Has the Authority's independent auditor issued a management letter to the Authority in connection with its audit of the Authority's financial statements?	Yes

URL (If Applicable)	Attachments
<a href="https://troycommunitylandbank.org/reports/">https://troycommunitylandbank.org/reports/</a>	Attachment Included

Question	Response
3. Has the Authority's independent auditor issued a Report on Internal Controls Over Financial Reporting to the Authority?	Yes

URL (If Applicable)	Attachments
<a href="https://troycommunitylandbank.org/reports/">https://troycommunitylandbank.org/reports/</a>	Attachment Included

Question	Response
4. Attach any other communication required or allowed by government auditing standards issued by the Comptroller General of the United States to be issued by the Authority's independent auditor in connection with its annual audit of the Authority's financial statements.	

URL (If Applicable)	Attachments

**Additional Comments**

Investment Report for Troy Community Land Bank Corporation

Fiscal Year Ending: 12/31/2023

Run Date : 03/14/2025

Status: CERTIFIED

Certified Date: 01/17/2025

**Investment Information**

Question	Response	URL (If Applicable)
1. Has the Authority prepared an Annual Investment Report for the reporting period as required by Section 2925 (6) of PAL?	Yes	<a href="https://troycommunitylandbank.org/policies/">https://troycommunitylandbank.org/policies/</a>
2. Are the Authority's investment guidelines reviewed and approved annually?	Yes	
3. Did the Authority have an independent audit of investments as required by Section 2925(3)(f) of PAL?	Yes	<a href="https://troycommunitylandbank.org/reports/">https://troycommunitylandbank.org/reports/</a>
4. Has the Authority's independent auditor issued a management letter to the Authority in connection with its annual audit of investments?	Yes	<a href="https://troycommunitylandbank.org/reports/">https://troycommunitylandbank.org/reports/</a>

**Additional Comments**

Procurement Report for Troy Community Land Bank Corporation

Fiscal Year Ending: 12/31/2023

Run Date: 03/14/2025

Status: CERTIFIED

Certified Date : 01/17/2025

**Procurement Information:**

Question	Response	URL (If Applicable)
1. Does the Authority have procurement guidelines?	Yes	<a href="https://troycommunitylandbank.org/policies/">https://troycommunitylandbank.org/policies/</a>
2. Are the procurement guidelines reviewed annually, amended if needed, and approved by the Board?	Yes	
3. Does the Authority allow for exceptions to the procurement guidelines?	No	
4. Does the Authority assign credit cards to employees for travel and/or business purchases?	Yes	
5. Does the Authority require prospective bidders to sign a non-collusion agreement?	Yes	
6. Does the Authority incorporate a summary of its procurement policies and prohibitions in its solicitation of proposals, bid documents, or specifications for procurement contracts?	Yes	
7. Did the Authority designate a person or persons to serve as the authorized contact on a specific procurement, in accordance with Section 139-j(2)(a) of the State Finance Law, "The Procurement Lobbying Act"?	Yes	
8. Did the Authority determine that a vendor had impermissible contact during a procurement or attempted to influence the procurement during the reporting period, in accordance with Section 139-j(10) of the State Finance Law?	No	
8a. If Yes, was a record made of this impermissible contact?		
9. Does the Authority have a process to review and investigate allegations of impermissible contact during a procurement, and to impose sanctions in instances where violations have occurred, in accordance with Section 139-j(9) of the State Finance Law?	Yes	

Procurement Report for Troy Community Land Bank Corporation

Fiscal Year Ending: 12/31/2023

Run Date: 03/14/2025

Status: CERTIFIED

Certified Date : 01/17/2025

**Procurement Transactions Listing:**

<b>1. Vendor Name</b>	ACE Cleanouts	<b>Address Line1</b>	528 3rd ave extension
<b>Type of Procurement</b>	Design and Construction/Maintenance	<b>Address Line2</b>	
<b>Award Process</b>	Authority Contract - Competitive Bid	<b>City</b>	RENSSELAER
<b>Award Date</b>	10/27/2022	<b>State</b>	NY
<b>End Date</b>		<b>Postal Code</b>	12144
<b>Fair Market Value</b>		<b>Plus 4</b>	
<b>Amount</b>	\$14,550.00	<b>Province/Region</b>	
<b>Amount Expended For Fiscal Year</b>	\$14,550.00	<b>Country</b>	United States
<b>Explain why the Fair Market Value is Less than the Amount</b>		<b>Procurement Description</b>	clean out buildings

<b>2. Vendor Name</b>	Bonadio & Co.	<b>Address Line1</b>	6 wembley court
<b>Type of Procurement</b>	Financial Services	<b>Address Line2</b>	
<b>Award Process</b>	Authority Contract - Competitive Bid	<b>City</b>	ALBANY
<b>Award Date</b>	1/1/2022	<b>State</b>	NY
<b>End Date</b>	1/1/2025	<b>Postal Code</b>	12205
<b>Fair Market Value</b>		<b>Plus 4</b>	
<b>Amount</b>	\$18,035.00	<b>Province/Region</b>	
<b>Amount Expended For Fiscal Year</b>	\$18,035.00	<b>Country</b>	United States
<b>Explain why the Fair Market Value is Less than the Amount</b>		<b>Procurement Description</b>	Audit services

Procurement Report for Troy Community Land Bank Corporation

Fiscal Year Ending: 12/31/2023

Run Date: 03/14/2025

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<b>3. Vendor Name</b>	City of Troy	<b>Address Line1</b>	433 River Street suite 5
<b>Type of Procurement</b>	Design and Construction/Maintenance	<b>Address Line2</b>	
<b>Award Process</b>	Non Contract Procurement/Purchase Order	<b>City</b>	TROY
<b>Award Date</b>		<b>State</b>	NY
<b>End Date</b>		<b>Postal Code</b>	12180
<b>Fair Market Value</b>		<b>Plus 4</b>	
<b>Amount</b>		<b>Province/Region</b>	
<b>Amount Expended For Fiscal Year</b>	\$10,248.34	<b>Country</b>	United States
<b>Explain why the Fair Market Value is Less than the Amount</b>		<b>Procurement Description</b>	various expenses related to property in the city

<b>4. Vendor Name</b>	Hedgeman Law Firm	<b>Address Line1</b>	po box 177
<b>Type of Procurement</b>	Legal Services	<b>Address Line2</b>	
<b>Award Process</b>	Authority Contract - Non-Competitive Bid	<b>City</b>	SLINGERLANDS
<b>Award Date</b>	1/1/2022	<b>State</b>	NY
<b>End Date</b>		<b>Postal Code</b>	12159
<b>Fair Market Value</b>	\$50,862.76	<b>Plus 4</b>	
<b>Amount</b>	\$50,862.76	<b>Province/Region</b>	
<b>Amount Expended For Fiscal Year</b>	\$50,862.76	<b>Country</b>	United States
<b>Explain why the Fair Market Value is Less than the Amount</b>		<b>Procurement Description</b>	Attorney

Procurement Report for Troy Community Land Bank Corporation

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Run Date: 03/14/2025

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<b>5. Vendor Name</b>	Lee and Mason	<b>Address Line1</b>	719 ny-30
<b>Type of Procurement</b>	Financial Services	<b>Address Line2</b>	
<b>Award Process</b>	Non Contract Procurement/Purchase Order	<b>City</b>	NORTHVILLE
<b>Award Date</b>		<b>State</b>	NY
<b>End Date</b>		<b>Postal Code</b>	12134
<b>Fair Market Value</b>		<b>Plus 4</b>	
<b>Amount</b>		<b>Province/Region</b>	
<b>Amount Expended For Fiscal Year</b>	\$12,640.94	<b>Country</b>	United States
<b>Explain why the Fair Market Value is Less than the Amount</b>		<b>Procurement Description</b>	insurance

<b>6. Vendor Name</b>	Trip Realty Management	<b>Address Line1</b>	419 river street
<b>Type of Procurement</b>	Design and Construction/Maintenance	<b>Address Line2</b>	
<b>Award Process</b>	Non Contract Procurement/Purchase Order	<b>City</b>	TROY
<b>Award Date</b>		<b>State</b>	NY
<b>End Date</b>		<b>Postal Code</b>	12180
<b>Fair Market Value</b>		<b>Plus 4</b>	
<b>Amount</b>		<b>Province/Region</b>	
<b>Amount Expended For Fiscal Year</b>	\$6,595.56	<b>Country</b>	United States
<b>Explain why the Fair Market Value is Less than the Amount</b>		<b>Procurement Description</b>	maintenance

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<b>7. Vendor Name</b>	center for community progress	<b>Address Line1</b>	111 east court street suite 2c-1
<b>Type of Procurement</b>	Other Professional Services	<b>Address Line2</b>	
<b>Award Process</b>	Non Contract Procurement/Purchase Order	<b>City</b>	FLINT
<b>Award Date</b>		<b>State</b>	MI
<b>End Date</b>		<b>Postal Code</b>	48502
<b>Fair Market Value</b>		<b>Plus 4</b>	
<b>Amount</b>		<b>Province/Region</b>	
<b>Amount Expended For Fiscal Year</b>	\$8,000.00	<b>Country</b>	United States
<b>Explain why the Fair Market Value is Less than the Amount</b>		<b>Procurement Description</b>	board training

<b>8. Vendor Name</b>	dryden mutual insurance company	<b>Address Line1</b>	12 Ellis Dr
<b>Type of Procurement</b>	Financial Services	<b>Address Line2</b>	
<b>Award Process</b>	Non Contract Procurement/Purchase Order	<b>City</b>	DRYDEN
<b>Award Date</b>		<b>State</b>	NY
<b>End Date</b>		<b>Postal Code</b>	13053
<b>Fair Market Value</b>		<b>Plus 4</b>	
<b>Amount</b>		<b>Province/Region</b>	
<b>Amount Expended For Fiscal Year</b>	\$5,000.00	<b>Country</b>	United States
<b>Explain why the Fair Market Value is Less than the Amount</b>		<b>Procurement Description</b>	insurance

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<b>9. Vendor Name</b>	ilium properties	<b>Address Line1</b>	49 second street
<b>Type of Procurement</b>	Design and Construction/Maintenance	<b>Address Line2</b>	
<b>Award Process</b>	Non Contract Procurement/Purchase Order	<b>City</b>	TROY
<b>Award Date</b>		<b>State</b>	NY
<b>End Date</b>		<b>Postal Code</b>	12180
<b>Fair Market Value</b>		<b>Plus 4</b>	
<b>Amount</b>		<b>Province/Region</b>	
<b>Amount Expended For Fiscal Year</b>	\$7,750.00	<b>Country</b>	United States
<b>Explain why the Fair Market Value is Less than the Amount</b>		<b>Procurement Description</b>	snow removal

<b>10. Vendor Name</b>	me studio	<b>Address Line1</b>	53 3rd st
<b>Type of Procurement</b>	Design and Construction/Maintenance	<b>Address Line2</b>	
<b>Award Process</b>	Authority Contract - Non-Competitive Bid	<b>City</b>	TROY
<b>Award Date</b>	9/16/2022	<b>State</b>	NY
<b>End Date</b>		<b>Postal Code</b>	12180
<b>Fair Market Value</b>	\$19,656.95	<b>Plus 4</b>	
<b>Amount</b>	\$19,656.95	<b>Province/Region</b>	
<b>Amount Expended For Fiscal Year</b>	\$19,656.95	<b>Country</b>	United States
<b>Explain why the Fair Market Value is Less than the Amount</b>		<b>Procurement Description</b>	architectural services



Procurement Report for Troy Community Land Bank Corporation

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<b>11. Vendor Name</b>	positive communities llc	<b>Address Line1</b>	9 fieldstone dr.
<b>Type of Procurement</b>	Design and Construction/Maintenance	<b>Address Line2</b>	
<b>Award Process</b>	Authority Contract - Non-Competitive Bid	<b>City</b>	CLIFTON PARK
<b>Award Date</b>	1/1/2022	<b>State</b>	NY
<b>End Date</b>	8/31/2023	<b>Postal Code</b>	12065
<b>Fair Market Value</b>	\$43,928.45	<b>Plus 4</b>	
<b>Amount</b>	\$43,928.45	<b>Province/Region</b>	
<b>Amount Expended For Fiscal Year</b>	\$43,928.45	<b>Country</b>	United States
<b>Explain why the Fair Market Value is Less than the Amount</b>		<b>Procurement Description</b>	property construction and maintenance

<b>12. Vendor Name</b>	ten eyck group	<b>Address Line1</b>	1924 western ave
<b>Type of Procurement</b>	Financial Services	<b>Address Line2</b>	
<b>Award Process</b>	Authority Contract - Non-Competitive Bid	<b>City</b>	ALBANY
<b>Award Date</b>	1/1/2023	<b>State</b>	NY
<b>End Date</b>		<b>Postal Code</b>	12203
<b>Fair Market Value</b>	\$38,639.13	<b>Plus 4</b>	
<b>Amount</b>	\$38,639.13	<b>Province/Region</b>	
<b>Amount Expended For Fiscal Year</b>	\$38,639.13	<b>Country</b>	United States
<b>Explain why the Fair Market Value is Less than the Amount</b>		<b>Procurement Description</b>	insurance

Procurement Report for Troy Community Land Bank Corporation

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<b>13. Vendor Name</b>	upstate custom remodels	<b>Address Line1</b>	15 trieble ave
<b>Type of Procurement</b>	Design and Construction/Maintenance	<b>Address Line2</b>	
<b>Award Process</b>	Non Contract Procurement/Purchase Order	<b>City</b>	BALLSTON SPA
<b>Award Date</b>		<b>State</b>	NY
<b>End Date</b>		<b>Postal Code</b>	12020
<b>Fair Market Value</b>		<b>Plus 4</b>	
<b>Amount</b>		<b>Province/Region</b>	
<b>Amount Expended For Fiscal Year</b>	\$15,059.50	<b>Country</b>	United States
<b>Explain why the Fair Market Value is Less than the Amount</b>		<b>Procurement Description</b>	maintenance

Additional Comments