Fiscal Year Ending: 12/31/2024

Run Date: 03/17/2025 Status: UNSUBMITTED

Certified Date: N/A

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 | https://troycommunitylandbank.org/reports/ |
| 2. | As required by section 2800(9) of PAL, did the Authority prepare an assessment of the effectiveness of its internal controls? | Yes | https://troycommunitylandbank.org/reports/ |
| 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 | https://troycommunitylandbank.org/our-board/ |
| ô. | Are any Authority staff also employed by another government agency? | No | |
| 7. | Has the Authority posted their mission statement to their website? | Yes | https://troycommunitylandbank.org/our-board/ |
| 3. | 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. | | https://troycommunitylandbank.org/reports/ |

Fiscal Year Ending: 12/31/2024

Run Date: 03/17/2025 Status: UNSUBMITTED

Certified Date: N/A

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 |
| <u>2</u> . | 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 | | https://troycommunitylandbank.org/tclb-committees/ |
| | the date established): | | |
| 5. | Does the majority of the Board meet the independence requirements of Section 2825(2) of PAL? | Yes | N/A |
| j. | Provide a URL link to the minutes of the Board and committee meetings held during the covered fiscal year | | https://troycommunitylandbank.org/meeting-minutes-agendas/ |
| | Has the Board adopted bylaws and made them available to Board members and staff? | Yes | https://troycommunitylandbank.org/policies/ |
| l. | Has the Board adopted a code of ethics for Board members and staff? | Yes | https://troycommunitylandbank.org/policies/ |
| | Does the Board review and monitor the Authority's implementation of financial and management controls? | Yes | N/A |
| 0. | Does the Board execute direct oversight of the CEO and management in accordance with Section 2824(1) of | Yes | N/A |
| | PAL? | | |
| 1. | 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 |
| 2. | Has the Board adopted a policy prohibiting the extension of credit to Board members and staff in accordance | Yes | N/A |
| | with Section 2824(5) of PAL? | | |
| 3. | Are the Authority's Board members, officers, and staff required to submit financial disclosure forms in | Yes | N/A |
| | accordance with Section 2825(3) of PAL? | | |
| 4. | Was a performance evaluation of the board completed? | Yes | N/A |
| 5. | Was compensation paid by the Authority made in accordance with employee or union contracts? | No | N/A |
| 6. | Has the board adopted a conditional/additional compensation policy governing all employees? | No | |

Fiscal Year Ending: 12/31/2024

Run Date: 03/17/2025 Status: UNSUBMITTED

Certified Date: N/A

Board of Directors Listing

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

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

Fiscal Year Ending: 12/31/2024

Run Date: 03/17/2025 Status: UNSUBMITTED

Certified Date: N/A

-

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

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

Fiscal Year Ending: 12/31/2024

Run Date: 03/17/2025 Status: UNSUBMITTED

Certified Date: N/A

-

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

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

Fiscal Year Ending: 12/31/2024

Run Date: 03/17/2025 Status: UNSUBMITTED

Certified Date: N/A

-

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

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

Fiscal Year Ending: 12/31/2024

Run Date: 03/17/2025 Status: UNSUBMITTED

Certified Date: N/A

-

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

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

Fiscal Year Ending: 12/31/2024

Run Date: 03/17/2025 Status: UNSUBMITTED

Certified Date: N/A

-

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

Fiscal Year Ending: 12/31/2024

Run Date: 03/17/2025 Status: UNS Certified Date: N/A UNSUBMITTED

Staff Listing

| Name | Title | Group | Department/ | Union | Bargaining | | | | Actual | Overtime | Performance | Extra Pay | Other | Total | Individual | If yes, Is |
|----------------|-----------------------|------------|-------------|-------|------------|-----------|----|-------------|-------------|-----------|-------------|-----------|-------------|-----------|--------------|------------|
| | | | Subsidiary | Name | Unit | Part Time | | Annualized | salary paid | paid by | Bonus | | Compensati | Compensat | also paid by | the |
| | | | | | | | | Salary | to the | Authority | | | on/Allowanc | ion paid | another | payment |
| | | | | | | | | | Individual | | | | es/Adjustme | by | entity to | made by a |
| | | | | | | | | | | | | | nts | Authority | perform the | State or |
| | | | | | | | | | | | | | | | work of the | local |
| | | | | | | | | | | | | | | | Authority | governme |
| | | | | | | | | | | | | | | | | nt |
| Donnelly, Paul | Project | Managerial | | | | PT | No | \$52,000.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | No. | o |
| | Manager | | | | | | | | | | | | | | | |
| Lewis, Brad | Executive Director | Executive | | | | PT | No | \$65,000.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | No | o |

Fiscal Year Ending: 12/31/2024

Run Date: 03/17/2025 Status: UNSUBMITTED

Certified Date: N/A

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 |
|---|----|
| With the Adminity diter those marriadals left the Adminity: | |

Board Members

| Name | Title | Severance Package | Payment for Unused Leave | Club Member- ships | 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, | Board of | | | | | | | | | | | | Х | |
| Brian | Directors | | | | | | | | | | | | | |
| Connolly, | Board of | | | | | | | | | | | | X | |
| Bob | Directors | | | | | | | | | | | | | |
| Cooper, | Board of | | | | | | | | | | | | X | |
| Andrew | Directors | | | | | | | | | | | | | |
| DeMArtino, | Board of | | | | | | | | | | | | X | |
| Tamara | Directors | | | | | | | | | | | | | |
| Donnelly, | Board of | | | | | | | | | | | | X | |
| Seamus | Directors | | | | | | | | | | | | | |
| Kurzejeski, | Board of | | | | | | | | | | | | X | |
| Monica | Directors | | | | | | | | | | | | | |
| Magur, | Board of | | | | | | | | | | | | X | |
| Jamie | Directors | | | | | | | | | | | | | |
| Sano, Brian | Board of | | | | | | | | | | | | X | |
| | Directors | | | | | | | | | | | | | |
| Spellen, | Board of | | | | | | | | | | | | X | |
| Suzanne | Directors | | | | | | | | | | | | | |
| Vacant | Board of | | | | | | | | | | | | X | |
| | Directors | | | | | | | | | | | | | |
| Vacant | Board of | | | | | | | | | | | | X | |
| | Directors | | | | | | | | | | | | | |

<u>Staff</u>

Fiscal Year Ending: 12/31/2024

Run Date: 03/17/2025 Status: UNSUBMITTED

Certified Date: N/A

| Name | Title | Severance | Payment | Club Member- | Use of | Personal | Auto | Transportation | Housing Allowance | Spousal / | Tuition | Multi-Year | None of | Other |
|------|-------|-----------|---------|-----------------|-----------|----------|------|----------------|----------------------|-----------|------------|------------|----------|-------|
| | | Package | for | | Corporate | Loans | | | Allowalice | Dependent | Assistance | Employment | these | |
| | | | Unused | ships | Credit | | | | | Life | | | Benefits | |
| | | | Leave | | Cards | | | | | Insurance | | | | |

Fiscal Year Ending: 12/31/2024

Run Date: 03/17/2025 Status: UNS Certified Date: N/A UNSUBMITTED

Subsidiary/Component Unit Verification

| Is the list of subsidiaries, as assembled by the Office of the State | the list of subsidiaries, as assembled by the Office of the State Comptroller, correct? | | | | | |
|--|---|-------------------|--------------------------|---------------------------|--|--|
| Are there other subsidiaries or component units of the Authority t Authority and not independently filing reports in PARIS? | | | | | | |
| Name of Subsidian/Commonant Unit | Status | | | | | |
| Name of Subsidiary/Component Unit | Status | | | | | |
| Request Subsidiary/Component Unit Change | | | | | | |
| Name of Subsidiary/Component Unit | Status | Requested Ch | anges | | | |
| Request Add Subsidiaries/Component Units | | | | | | |
| Name of Subsidiary/Component Unit | Establ | ishment Date | Purpose of Subsidiary/Co | mponent Unit | | |
| Request Delete Subsidiaries/Component Units | | | | | | |
| Name of Subsidiary/Component Unit | Termination Date | Reason for Termir | ation Proof of | Termination Document Name | | |

Fiscal Year Ending: 12/31/2024

Run Date: 03/17/2025 Status: UNSUBMITTED

Certified Date: N/A

Summary Financial Information SUMMARY STATEMENT OF NET ASSETS

| | | | Amount |
|------------------------|---|--|--------------|
| Assets | | | |
| Current Assets | | | |
| | Cash and cash equivalents | | \$71,412.00 |
| | Investments | | \$795,035.00 |
| | Receivables, net | | \$49,900.00 |
| | Other assets | | \$16,019.00 |
| | Total current assets | | \$932,366.00 |
| Noncurrent Assets | | | |
| | Restricted cash and investments | | \$0.00 |
| | Long-term receivables, net | | \$0.00 |
| | Other assets | | \$0.00 |
| | Capital Assets | | |
| | | Land and other nondepreciable property | \$0.00 |
| | | Buildings and equipment | \$3,127.00 |
| | | Infrastructure | \$0.00 |
| | | Accumulated depreciation | \$0.00 |
| | | Net Capital Assets | \$3,127.00 |
| | Total noncurrent assets | | \$3,127.00 |
| Total assets | | | \$935,493.00 |
| Liabilities | | | |
| Current Liabilities | | | |
| | Accounts payable | | \$4,687.00 |
| | Pension contribution payable | | \$0.00 |
| | Other post-employment benefits | | \$0.00 |
| | Accrued liabilities | | \$0.00 |
| | Deferred revenues | | \$38,880.00 |
| | Bonds and notes payable | | \$0.00 |
| | Other long-term obligations due within one year | | \$120,000.00 |
| | Total current liabilities | | \$163,567.00 |
| Noncurrent Liabilities | | | |

Fiscal Year Ending: 12/31/2024

Run Date: 03/17/2025 Status: UNSUBMITTED

Certified Date: N/A

| | 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 |
| Total liabilities | | \$163,567.00 |
| Net Asset (Deficit) | | |
| Net Assets | | |
| | Invested in capital assets, net of related debt | \$3,127.00 |
| | Restricted | \$0.00 |
| | Unrestricted | \$768,799.00 |
| | Total net assets | \$771,926.00 |

SUMMARY STATEMENT OF REVENUE, EXPENSES AND CHANGES IN NET ASSETS

| | <u> </u> | Amount |
|-------------------------|---------------------------------|--------------|
| Operating Revenues | | |
| | Charges for services | \$0.00 |
| | Rental and financing income | \$0.00 |
| | Other operating revenues | \$550,961.00 |
| | Total operating revenue | \$550,961.00 |
| Operating Expenses | | |
| | Salaries and wages | \$71,541.00 |
| | Other employee benefits | \$0.00 |
| | Professional services contracts | \$73,433.00 |
| | Supplies and materials | \$9,544.00 |
| | Depreciation and amortization | \$1,933.00 |
| | Other operating expenses | \$293,326.00 |
| | Total operating expenses | \$449,777.00 |
| Operating income (loss) | | \$101,184.00 |
| Nonoperating Revenues | | |
| | Investment earnings | \$46.00 |
| | State subsidies/grants | \$0.00 |
| | Federal subsidies/grants | \$0.00 |
| | Municipal subsidies/grants | \$0.00 |
| | Public authority subsidies | \$0.00 |

Fiscal Year Ending: 12/31/2024

Run Date: 03/17/2025 Status: UNSUBMITTED

Certified Date: N/A

| | Other nonoperating revenues | \$0.00 |
|--|---------------------------------------|--------------|
| | Total nonoperating revenue | \$46.00 |
| Nonoperating Expenses | | |
| | Interest and other financing charges | \$11,161.00 |
| | Subsidies to other public authorities | \$0.00 |
| | Grants and donations | \$0.00 |
| | Other nonoperating expenses | \$0.00 |
| | Total nonoperating expenses | \$11,161.00 |
| | Income (loss) before contributions | \$90,069.00 |
| Capital contributions | | \$0.00 |
| Change in net assets | | \$90,069.00 |
| Net assets (deficit) beginning of year | | \$681,857.00 |
| Other net assets changes | | \$0.00 |
| Net assets (deficit) at end of year | | \$771,926.00 |

Fiscal Year Ending: 12/31/2024

Run Date: 03/17/2025 Status: UNS Certified Date: N/A UNSUBMITTED

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

Fiscal Year Ending: 12/31/2024

Run Date: 03/17/2025 Status: UNSUBMITTED

Certified Date: N/A

Schedule of Authority Debt

| Type of Debt | | | Statutory Authorization(\$) | Outstanding Start of Fiscal Year(\$) | New Debt Issuances(\$) | | 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 | | 0.0 | 0 120,000.00 | 0.00 | 0.00 | 120,000.00 |
| Conduit | | Conduit Debt | | | | | |
| Conduit | | Conduit Debt - Pilot Increment Financing | | | | | |
| TOTALS | | | 0.0 | 0 120,000.00 | 0.00 | 0.00 | 120,000.00 |

Fiscal Year Ending: 12/31/2024

Run Date: 03/17/2025 Status: UNSUBMITTED

Certified Date: N/A

Real Property Acquisition/Disposal List

| Address Line1 | 140 president street |
|-----------------------------------|-----------------------------|
| Address Line2 | |
| City | TROY |
| State | NY |
| Postal Code | 12180 |
| Plus4 | |
| Province/Region | |
| Country | USA |
| Property Description | Vacant Lot/Undeveloped Land |
| Estimated Fair Market Value | \$1,000.00 |
| How was the Fair Market Value | Other |
| Determined? | |
| Transaction Type | DISPOSITION SALE |
| If Other, Explain | |
| Transaction Date | 10/25/2024 |
| Purchase Sale Price | \$1,000.00 |
| Lease Data (If Applicable) | |
| Market Rate(\$/square foot) | |
| Lease Rate(\$/square foot) | |
| Lease Period (months) | |
| Organization | |
| Last Name | Dunkley |
| First Name | Janet |
| Address Line1 | 138 president street |
| Address Line2 | |
| City | TROY |
| State | NY |
| Postal Code | 12180 |
| Plus4 | |
| Province/Region | |
| Country | United States |
| Relation With Board member/senior | No |
| authority management? | |

Fiscal Year Ending: 12/31/2024

Run Date: 03/17/2025 Status: UNSUBMITTED

Certified Date: N/A

Real Property Acquisition/Disposal List

| Address Line1 | 7-9 park ave |
|-----------------------------------|-----------------------------|
| Address Line2 | - Formare |
| City | TROY |
| State | NY |
| Postal Code | 12180 |
| Plus4 | |
| Province/Region | |
| Country | USA |
| Property Description | Vacant Lot/Undeveloped Land |
| Estimated Fair Market Value | \$7,500.00 |
| How was the Fair Market Value | Other |
| Determined? | |
| Transaction Type | DISPOSITION SALE |
| If Other, Explain | |
| Transaction Date | 11/7/2024 |
| Purchase Sale Price | \$7,500.00 |
| Lease Data (If Applicable) | |
| Market Rate(\$/square foot) | |
| Lease Rate(\$/square foot) | |
| Lease Period (months) | |
| Organization | habitat for humanity |
| Last Name | |
| First Name | |
| Address Line1 | 207 Sheridan Ave |
| Address Line2 | |
| City | ALBANY |
| State | NY |
| Postal Code | 12210 |
| Plus4 | |
| Province/Region | |
| Country | United States |
| Relation With Board member/senior | No |
| authority management? | |

Fiscal Year Ending: 12/31/2024

Run Date: 03/17/2025 Status: UNSUBMITTED

Certified Date: N/A

Personal Property

Fiscal Year Ending: 12/31/2024

Run Date: 03/17/2025 Status: UNSUBMITTED

Certified Date: N/A

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 | Yes | https://troycommunitylandbank.org/reports/ |
| | of all real property of the Authority. Has this report been prepared? | | |
| 2. | Has the Authority prepared policies, procedures, or guidelines regarding the use, awarding, monitoring, | Yes | https://troycommunitylandbank.org/policies/ |
| | and reporting of contracts for the acquisition and disposal of property? | | |
| 3. | In accordance with Section 2896(1) of PAL, has the Authority named a contracting officer who shall be | Yes | N/A |
| | responsible for the Authority's compliance with and enforcement of such guidelines? | | |

Fiscal Year Ending: 12/31/2024

Run Date: 03/17/2025 Status: UNSUBMITTED

Certified Date: N/A

Grant Information

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

Fiscal Year Ending: 12/31/2024

Run Date: 03/17/2025 Status: UNSUBMITTED

Certified Date: N/A

Loan Information

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

Fiscal Year Ending: 12/31/2024

Run Date: 03/17/2025 Status: UNSUBMITTED

Certified Date: N/A

Bond Information

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

Fiscal Year Ending: 12/31/2024

Run Date: 03/17/2025 Status: UNSUBMITTED

Certified Date: N/A

Certified Financial Audit for Troy Community Land Bank Corporation

Fiscal Year Ending: 12/31/2024

Run Date: 03/17/2025 Status: UNSUBMITTED

Certified Date: N/A

Financial Documents

| Quanting . | | Daamanaa |
|---|--|-----------------|
| Question . Attach the independent audit of the Authority's financial statements. | | Response N/A |
| . Attach the independent addit of the Adthorny's financial statements. | | IN/A |
| | | |
| JRL (If Applicable) | attachments | |
| | | |
| | | |
| | | |
| uestion | | Response |
| . Has the Authority's independent auditor issued a management letter to the Authority in connection | with its audit of the Authority's financial statements? | |
| | | |
| JRL (If Applicable) | uttachments | |
| ore (ii Applicable) | titacriments | |
| | | |
| | | |
| | | |
| Question | | Response |
| B. Has the Authority's independent auditor issued a Report on Internal Controls Over Financial Repo | rting to the Authority? | |
| | | |
| JRL (If Applicable) | uttachments | |
| A A A A A A A A A A A A A A A A A A A | Maciments | |
| | | |
| | | |
| | | |
| Question | | Response |
| I. 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 | |
| ndependent auditor in connection with its annual audit of the Authority's financial statements. | | |
| | | |
| JRL (If Applicable) | uttachments | |
| JNL (II Applicable) | | |

Fiscal Year Ending: 12/31/2024

Run Date : 03/17/2025 Status: UNSUBMITTED

Certified Date: N/A

Investment Information

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

Fiscal Year Ending: 12/31/2024

Run Date: 03/17/2025 Status: UNSUBMITTED

Certified Date : N/A

Procurement Information:

| Ques | Question | | URL (If Applicable) |
|------|---|-----|--|
| 1. | Does the Authority have procurement guidelines? | Yes | https://troycommunitylandbank.org/policies |
| 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 | |

Fiscal Year Ending: 12/31/2024

Run Date: 03/17/2025 Status: UNSUBMITTED

Certified Date : N/A

Procurement Transactions Listing:

| 1. Vendor Name | Bolton Construction Group | Address Line1 | 58-40 Fresh Pond Road |
|---|---|----------------------------|------------------------|
| Type of Procurement | Design and Construction/Maintenance | Address Line2 | |
| Award Process | Non Contract Procurement/Purchase Order | City | MASPETH |
| Award Date | | State | NY |
| End Date | | Postal Code | 11378 |
| Fair Market Value | | Plus 4 | |
| Amount | | Province/Region | |
| Amount Expended For Fiscal Year | \$12,000.00 | Country | United States |
| Explain why the Fair Market Value is Less than the Amount | | Procurement Description | emergency masonry work |

| 2. Vendor Name | Bonadio & Co. | Address Line1 | 6 wembley court |
|---|--------------------------------------|-------------------------|-----------------|
| Type of Procurement | Financial Services | Address Line2 | |
| Award Process | Authority Contract - Competitive Bid | City | ALBANY |
| Award Date | 1/1/2022 | State | NY |
| End Date | 1/1/2025 | Postal Code | 12205 |
| Fair Market Value | | Plus 4 | |
| Amount | \$12,075.00 | Province/Region | |
| Amount Expended For Fiscal Year | \$12,075.00 | Country | United States |
| Explain why the Fair Market Value is Less than the Amount | | Procurement Description | Audit services |

Fiscal Year Ending: 12/31/2024

| 3. Vendor Name | Capital bookkeeping cooperative | Address Line1 | 69 state street |
|---|--|----------------------------|-----------------|
| Type of Procurement | Financial Services | Address Line2 | |
| Award Process | Authority Contract - Non-Competitive Bid | City | ALBANY |
| Award Date | 8/1/2024 | State | NY |
| End Date | | Postal Code | 12207 |
| Fair Market Value | \$5,157.50 | Plus 4 | |
| Amount | \$5,157.50 | Province/Region | |
| Amount Expended For Fiscal Year | \$5,157.50 | Country | United States |
| Explain why the Fair Market Value is Less than the Amount | | Procurement Description | bookkeeping |

| 4. Vendor Name | Connelly Construction | Address Line1 | po box 261 |
|---|---|-------------------------|--|
| Type of Procurement | Design and Construction/Maintenance | Address Line2 | |
| Award Process | Non Contract Procurement/Purchase Order | City | WATERVLIET |
| Award Date | | State | NY |
| End Date | | Postal Code | 12189 |
| Fair Market Value | | Plus 4 | |
| Amount | | Province/Region | |
| Amount Expended For Fiscal Year | \$7,371.00 | Country | United States |
| Explain why the Fair Market Value is Less than the Amount | | Procurement Description | sidewalk installation 791 River Street Troy NY 12180 |

Fiscal Year Ending: 12/31/2024

| 5. Vendor Name | Hedgeman Law Firm | Address Line1 | po box 177 |
|---|--|-------------------------|---------------|
| Type of Procurement | Legal Services | Address Line2 | |
| Award Process | Authority Contract - Non-Competitive Bid | City | SLINGERLANDS |
| Award Date | 1/1/2022 | State | NY |
| End Date | | Postal Code | 12159 |
| Fair Market Value | \$23,116.78 | Plus 4 | |
| Amount | \$23,116.78 | Province/Region | |
| Amount Expended For Fiscal Year | \$23,116.78 | Country | United States |
| Explain why the Fair Market Value is Less than the Amount | | Procurement Description | Attorney |

| 6. Vendor Name | Johnson Electrical | Address Line1 | 363 5th ave |
|---|---|----------------------------|---|
| Type of Procurement | Design and Construction/Maintenance | Address Line2 | |
| Award Process | Non Contract Procurement/Purchase Order | City | TROY |
| Award Date | | State | NY |
| End Date | | Postal Code | 12182 |
| Fair Market Value | | Plus 4 | |
| Amount | | Province/Region | |
| Amount Expended For Fiscal Year | \$5,800.00 | Country | United States |
| Explain why the Fair Market Value is Less than the Amount | | Procurement Description | various work 791 river street troy ny 12180 |

Fiscal Year Ending: 12/31/2024

| 7. Vendor Name | Lee and Mason | Address Line1 | 719 ny-30 |
|---|---|-------------------------|---------------|
| Type of Procurement | Financial Services | Address Line2 | |
| Award Process | Non Contract Procurement/Purchase Order | City | NORTHVILLE |
| Award Date | | State | NY |
| End Date | | Postal Code | 12134 |
| Fair Market Value | | Plus 4 | |
| Amount | | Province/Region | |
| Amount Expended For Fiscal Year | \$12,640.94 | Country | United States |
| Explain why the Fair Market Value is Less than the Amount | | Procurement Description | insurance |

| 8. Vendor Name | Matthews Sprinkler IIc | Address Line1 | po box 147 |
|---|---|----------------------------|---------------------------|
| Type of Procurement | Design and Construction/Maintenance | Address Line2 | |
| Award Process | Non Contract Procurement/Purchase Order | City | TROY |
| Award Date | | State | NY |
| End Date | | Postal Code | 12180 |
| Fair Market Value | | Plus 4 | |
| Amount | | Province/Region | |
| Amount Expended For Fiscal Year | \$12,343.00 | Country | United States |
| Explain why the Fair Market Value is Less than the Amount | | Procurement Description | sprinkler system upgrades |

Fiscal Year Ending: 12/31/2024

| 9. Vendor Name | SEED engineering | Address Line1 | 405 Jordan Road |
|---|---|----------------------------|-----------------|
| Type of Procurement | Consulting Services | Address Line2 | |
| Award Process | Non Contract Procurement/Purchase Order | City | TROY |
| Award Date | | State | NY |
| End Date | | Postal Code | 12180 |
| Fair Market Value | | Plus 4 | |
| Amount | | Province/Region | |
| Amount Expended For Fiscal Year | \$14,900.00 | Country | United States |
| Explain why the Fair Market Value is Less than the Amount | | Procurement Description | engineering |

| 10. Vendor Name | Silver crest Capital | Address Line1 | 147 Davis Ave |
|---|--------------------------------------|-------------------------|------------------|
| Type of Procurement | Design and Construction/Maintenance | Address Line2 | |
| Award Process | Authority Contract - Competitive Bid | City | STATEN ISLAND |
| Award Date | 11/20/2024 | State | NY |
| End Date | 12/23/2024 | Postal Code | 10310 |
| Fair Market Value | | Plus 4 | |
| Amount | \$19,276.00 | Province/Region | |
| Amount Expended For Fiscal Year | \$19,276.00 | Country | United States |
| Explain why the Fair Market Value is Less than the Amount | | Procurement Description | roofing services |

Fiscal Year Ending: 12/31/2024

| 11. Vendor Name | Social enterprise and training | Address Line1 | 131 State Street |
|---|--|-------------------------|--|
| Type of Procurement | Design and Construction/Maintenance | Address Line2 | |
| Award Process | Authority Contract - Non-Competitive Bid | City | SCHENECTADY |
| Award Date | 8/15/2023 | State | NY |
| End Date | 10/25/2024 | Postal Code | 12305 |
| Fair Market Value | \$93,000.00 | Plus 4 | |
| Amount | \$62,000.00 | Province/Region | |
| Amount Expended For Fiscal Year | \$62,000.00 | Country | United States |
| Explain why the Fair Market Value is Less than the Amount | | Procurement Description | development agreement 791 River Street Troy NY 12180 |

| 12. Vendor Name | Trip Realty Management | Address Line1 | 415 River Street |
|---|---|----------------------------|------------------|
| Type of Procurement | Design and Construction/Maintenance | Address Line2 | |
| Award Process | Non Contract Procurement/Purchase Order | City | TROY |
| Award Date | | State | NY |
| End Date | | Postal Code | 12180 |
| Fair Market Value | | Plus 4 | |
| Amount | | Province/Region | |
| Amount Expended For Fiscal Year | \$7,005.56 | Country | United States |
| Explain why the Fair Market Value is Less than the Amount | | Procurement Description | maintenance |

Fiscal Year Ending: 12/31/2024

| 13. Vendor Name | ten eyck group | Address Line1 | 1924 western ave |
|---|--|----------------------------|------------------|
| Type of Procurement | Financial Services | Address Line2 | |
| Award Process | Authority Contract - Non-Competitive Bid | City | ALBANY |
| Award Date | 1/1/2023 | State | NY |
| End Date | | Postal Code | 12203 |
| Fair Market Value | \$38,639.13 | Plus 4 | |
| Amount | \$38,639.13 | Province/Region | |
| Amount Expended For Fiscal Year | \$38,639.13 | Country | United States |
| Explain why the Fair Market Value is Less than the Amount | | Procurement Description | insurance |

| 14. Vendor Name | upstate custom remodels | Address Line1 | 15 trieble ave |
|---|---|----------------------------|----------------|
| Type of Procurement | Design and Construction/Maintenance | Address Line2 | |
| Award Process | Non Contract Procurement/Purchase Order | City | BALLSTON SPA |
| Award Date | | State | NY |
| End Date | | Postal Code | 12020 |
| Fair Market Value | | Plus 4 | |
| Amount | | Province/Region | |
| Amount Expended For Fiscal Year | \$12,387.36 | Country | United States |
| Explain why the Fair Market Value is Less than the Amount | | Procurement Description | maintenance |

Fiscal Year Ending: 12/31/2024

Run Date: 03/17/2025 Status: UNSUBMITTED

Certified Date : N/A