

Annual Report for Griffiss Local Development Corporation
 Fiscal Year Ending:12/31/2015

Run Date: 07/12/2016
 Status: CERTIFIED

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 | www.callmohawkvalleyhome.org/documents/1244.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://www.callmohawkvalleyhome.org/documents/1284.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? | Yes | 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://www.callmohawkvalleyhome.org/documents/176.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.callmohawkvalleyhome.org/documents/1284.pdf |
| 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://www.callmohawkvalleyhome.org/documents/1284.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? | 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): | | http://www.griffissldc.org/index.asp?type=MATERIALS,_POLICES,_DOCUMENTS |
| 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.griffissldc.org/index.asp?type=MEETING_MINUTES |
| 7. Has the Board adopted bylaws and made them available to Board members and staff? | Yes | http://www.callmohawkvalleyhome.org/documents/160.pdf |
| 8. Has the Board adopted a code of ethics for Board members and staff? | Yes | http://www.callmohawkvalleyhome.org/documents/136.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? | 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? | Yes | http://www.callmohawkvalleyhome.org/documents/179.pdf |
| | | |

| <u>Board of Directors Listing</u> | | | |
|---|---------------|---|----------------|
| Name | Martin, Kevin | Name | Vetrone, Frank |
| Chair of Board | No | Chair of Board | No |
| If yes, Chair designated By. | | If yes, Chair designated By. | |
| Term Start Date | 03/01/2010 | Term Start Date | 03/01/2000 |
| Term Expiration Date | 12/31/2017 | Term Expiration Date | 12/31/2018 |
| Title | | Title | |
| Has the Board member appointed a designee? | | Has the Board member appointed a designee? | |
| Designee Name | | Designee Name | |
| Ex-officio | No | Ex-officio | No |
| Nominated By | Other | Nominated By | Other |
| Appointed By | Other | Appointed By | Other |
| 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? | 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 State gove | No |
| Does the Board member/designee also hold an elected or appointed municipal government position? | No | Does the Board member/designee also hold an elected or appointed municipal government position? | No |

| <u>Board of Directors Listing</u> | | | |
|---|------------------|---|--------------|
| Name | DeLia, Elis | Name | Weiman, Erin |
| Chair of Board | Yes | Chair of Board | No |
| If yes, Chair designated By. | Elected by Board | If yes, Chair designated By. | |
| Term Start Date | 11/01/2002 | Term Start Date | 12/01/2010 |
| Term Expiration Date | 12/31/2018 | Term Expiration Date | 12/31/2017 |
| Title | | Title | |
| Has the Board member appointed a designee? | | Has the Board member appointed a designee? | |
| Designee Name | | Designee Name | |
| Ex-officio | No | Ex-officio | No |
| Nominated By | Other | Nominated By | Other |
| Appointed By | Other | Appointed By | Other |
| 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? | No | Does the Board member/designee also hold an elected or appointed municipal government position? | No |

Board of Directors Listing

| | | | |
|---|----------------|---|-----------------|
| Name | Russell, David | Name | Williams, Scott |
| Chair of Board | No | Chair of Board | No |
| If yes, Chair designated By. | | If yes, Chair designated By. | |
| Term Start Date | 03/27/2014 | Term Start Date | 12/20/2012 |
| Term Expiration Date | 12/31/2017 | Term Expiration Date | 12/31/2018 |
| Title | | Title | |
| Has the Board member appointed a designee? | | Has the Board member appointed a designee? | |
| Designee Name | | Designee Name | |
| Ex-officio | No | Ex-officio | No |
| Nominated By | Other | Nominated By | Other |
| Appointed By | Other | Appointed By | Other |
| 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? | No | 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? | No | Does the Board member/designee also hold an elected or appointed municipal government position? | No |

Board of Directors Listing

| | | | |
|---|----------------|---|---------------|
| Name | Stark, Russell | Name | Cusack, James |
| Chair of Board | No | Chair of Board | No |
| If yes, Chair designated By. | | If yes, Chair designated By. | |
| Term Start Date | 01/01/2015 | Term Start Date | 12/20/2012 |
| Term Expiration Date | 12/31/2017 | Term Expiration Date | 12/31/2016 |
| Title | | Title | |
| Has the Board member appointed a designee? | | Has the Board member appointed a designee? | |
| Designee Name | | Designee Name | |
| Ex-officio | No | Ex-officio | No |
| Nominated By | Other | Nominated By | Other |
| Appointed By | Other | Appointed By | Other |
| 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? | No | Complied with training requirement of Section 2824? | 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 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? | No |

| <u>Board of Directors Listing</u> | | | |
|---|-----------------|---|-----------------|
| Name | Zalocha, Thomas | Name | Keida, Jennifer |
| Chair of Board | No | Chair of Board | No |
| If yes, Chair designated By. | | If yes, Chair designated By. | |
| Term Start Date | 03/01/2007 | Term Start Date | 01/01/2014 |
| Term Expiration Date | 12/31/2016 | Term Expiration Date | 12/31/2016 |
| Title | | Title | |
| Has the Board member appointed a designee? | | Has the Board member appointed a designee? | |
| Designee Name | | Designee Name | |
| Ex-officio | No | Ex-officio | No |
| Nominated By | Other | Nominated By | Other |
| Appointed By | Other | Appointed By | Other |
| 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? | No | Complied with training requirement of Section 2824? | 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 State gove | No |
| Does the Board member/designee also hold an elected or appointed municipal government position? | No | Does the Board member/designee also hold an elected or appointed municipal government position? | No |

Board of Directors Listing

| | | | |
|---|--------------------|---|------------------|
| Name | Mazzaferro, John J | Name | Bartell, Douglas |
| Chair of Board | No | Chair of Board | No |
| If yes, Chair designated By. | | If yes, Chair designated By. | |
| Term Start Date | 10/01/2005 | Term Start Date | 03/01/2010 |
| Term Expiration Date | 12/31/2016 | Term Expiration Date | 12/31/2018 |
| Title | | Title | |
| Has the Board member appointed a designee? | | Has the Board member appointed a designee? | |
| Designee Name | | Designee Name | |
| Ex-officio | No | Ex-officio | No |
| Nominated By | Other | Nominated By | Other |
| Appointed By | Other | Appointed By | Other |
| 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? | No |

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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 | 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 |
|-----------------------|------------------------|-------------|-------------------------|------------|-----------------|----------------------|--------|------------------------|--------------------------------------|-----------------------------|-------------------|-----------|---|--------------------|---|--|
| Arcuri, Edward | Park Maintenance | Operational | | | | PT | No | 17,808.00 | 17,808 | 714 | 750 | 0 | 0 | 19,272 | No | |
| Baird, Karl | Park Maintenance | Operational | | | | FT | No | 42,572.00 | 42,572 | 6,255 | 750 | 0 | 0 | 49,577 | No | |
| Belmonte, Gaetano A | Facilities Maintenance | Operational | | | | FT | No | 13,600.00 | 13,600 | 38.25 | 0 | 0 | 0 | 13,638.25 | No | |
| Brodhuehrer, Paul | Facilities Maintenance | Operational | | | | FT | No | 53,655.08 | 54,655.04 | 2,122.06 | 750 | 0 | 999.96 | 58,527.06 | No | |
| Brood, Lewis | Park Maintenance | Operational | | | | FT | No | 33,968.14 | 33,968.14 | 4,682.45 | 750 | 0 | 0 | 39,400.59 | No | |
| Eastup, Dalton | Temp Help | Operational | | | | PT | No | 3,950.00 | 3,950 | 0 | 0 | 0 | 0 | 3,950 | No | |
| Ferrucci, Richard | Summer Help | Operational | | | | PT | No | 10,795.00 | 10,795 | 0 | 0 | 0 | 0 | 10,795 | No | |
| Hnelosub, Jr, Peter G | Park Maintenance | Operational | Grounds Maintenance | | | FT | No | 22,874.92 | 22,874.92 | 728.55 | 750 | 0 | 0 | 24,353.47 | No | |
| Laughinghouse, Taylor | Temp Help | Operational | | | | PT | No | 4,640.00 | 4,640 | 0 | 0 | 0 | 0 | 4,640 | No | |
| Lojba, Theodore J | Facilities Maintenance | Operational | | | | FT | No | 52,540.70 | 52,540.7 | 227.57 | 750 | 0 | 0 | 53,518.27 | No | |
| Sanzone, Frank | Facilities Maintenance | Managerial | | | | FT | Yes | 76,975.46 | 76,975.46 | 0 | 2,000 | 0 | 0 | 78,975.46 | No | |
| Swalgin, Jordan M | Park Maintenance | Operational | | | | FT | No | 24,270.20 | 24,270.2 | 610.26 | 750 | 0 | 0 | 25,630.46 | No | |

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Staff Listing

| Name | Title | Group | Department / Subsidiary | Union Name | Barga- ining Unit | Full Time/ Part Time | Exempt | Base Annualized Salary | Actual salary paid to the Individua l | Over time paid by Authority | Performance Bonus | Extra Pay | Other Compensa tion/Allo wances/Ad justments | Total Compens -ation | 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 |
|-----------------------------|---------------------------|-------------|-------------------------|------------|-------------------------|-------------------------------|--------|------------------------------|--|--------------------------------------|----------------------|-----------|--|----------------------------|---|---|
| Washburn, Elizabeth A | Facilities Maintenance | Operational | | | | FT | No | 52,693.61 | 52,693.61 | 415.61 | 750 | 0 | 0 | 53,859.22 | No | |
| Wolff, Ryan | Temp Help | Operational | | | | PT | No | 11,585.00 | 11,585 | 0 | 0 | 0 | 0 | 11,585 | 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 Member- ships | Use of Corporate Credit Cards | Personal Loans | Auto | Transpo- rtation | Housing Allow- ance | Spousal / Dependent Life Insurance | Tuition Assist- ance | Multi- Year Employ- ment | None of These Benefits | Other |
|------------------------|-----------------------|----------------------|-----------------------------------|--------------------------|--|-------------------|------|---------------------|---------------------------|---|----------------------------|-----------------------------------|---------------------------------|-------|
| Stark, Russell | Board of Directors | | | | | | | | | | | | X | |
| Russell, David | Board of Directors | | | | | | | | | | | | X | |
| Mazzaferro , John J | Board of Directors | | | | | | | | | | | | X | |
| Williams, Scott | Board of Directors | | | | | | | | | | | | X | |
| DeLia, Elis | Board of Directors | | | | | | | | | | | | X | |
| Cusack, James | Board of Directors | | | | | | | | | | | | X | |
| Keida, Jennifer | Board of Directors | | | | | | | | | | | | X | |
| Vetrone, Frank | Board of Directors | | | | | | | | | | | | X | |
| Zalocha, Thomas | Board of Directors | | | | | | | | | | | | X | |
| Martin, Kevin | Board of Directors | | | | | | | | | | | | X | |
| Bartell, Douglas | Board of Directors | | | | | | | | | | | | X | |
| Weiman, Erin | Board of Directors | | | | | | | | | | | | X | |

Staff

| Name | Title | Severance Package | Payment for Unused Leave | Club Member- ships | Use of Corporate Credit Cards | Personal Loans | Auto | Transpo- rtation | Housing Allow- ance | Spousal / Dependent Life Insurance | Tuition Assist- ance | Multi- Year Employ- ment | 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? No
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 |
|-----------------------------------|--------------------|---|
| Cardinal Griffiss Realty LLC | 06/22/2010 | Company formed for any lawful business purpose or purposes. |

Subsidiary/Component Unit Termination

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

Summary Financial Information

SUMMARY STATEMENT OF NET ASSETS

Assets

Current Assets

| | |
|-----------------------------|--------------------|
| Cash and cash equivalents | \$2,881,724 |
| Investments | \$324,125 |
| Receivables, net | \$492,386 |
| Other assets | \$201,890 |
| Total Current Assets | \$3,900,125 |

Noncurrent Assets

| | |
|---------------------------------|-------------|
| Restricted cash and investments | \$1,787 |
| Long-term receivables, net | \$7,620,090 |
| Other assets | \$2,872,186 |

Capital Assets

| | |
|--|--------------|
| Land and other nondepreciable property | \$1,392,213 |
| Buildings and equipment | \$36,656,436 |
| Infrastructure | \$7,473,038 |
| Accumulated depreciation | \$21,953,271 |
| Net Capital Assets | \$23,568,416 |

| | |
|--------------------------------|---------------------|
| Total Noncurrent Assets | \$34,062,479 |
|--------------------------------|---------------------|

| | |
|---------------------|---------------------|
| Total Assets | \$37,962,604 |
|---------------------|---------------------|

Summary Financial Information

SUMMARY STATEMENT OF NET ASSETS

Liabilities

Current Liabilities

| | |
|---|--------------------|
| Accounts payable | \$336,001 |
| Pension contribution payable | \$0 |
| Other post-employment benefits | \$0 |
| Accrued liabilities | \$68,807 |
| Deferred revenues | \$0 |
| Bonds and notes payable | \$755,176 |
| Other long-term obligations due within one year | \$0 |
| Total Current Liabilities | \$1,159,984 |

Noncurrent Liabilities

| | |
|-------------------------------------|---------------------|
| Pension contribution payable | \$0 |
| Other post-employment benefits | \$0 |
| Bonds and notes payable | \$14,815,206 |
| Long Term Leases | \$0 |
| Other long-term obligations | \$235,166 |
| Total Noncurrent Liabilities | \$15,050,372 |

Total Liabilities

\$16,210,356Net Asset (Deficit)

Net Asset

| | |
|---|---------------------|
| Invested in capital assets, net of related debt | \$0 |
| Restricted | \$0 |
| Unrestricted | \$21,752,248 |
| Total Net Assets | \$21,752,248 |

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

| | |
|--------------------------------|--------------------|
| Charges for services | \$352,779 |
| Rental & financing income | \$3,453,725 |
| Other operating revenues | \$23,291 |
| Total Operating Revenue | \$3,829,795 |

Operating Expenses

| | |
|---------------------------------|--------------------|
| Salaries and wages | \$524,845 |
| Other employee benefits | \$138,274 |
| Professional services contracts | \$1,231,733 |
| Supplies and materials | \$127,127 |
| Depreciation & amortization | \$2,598,983 |
| Other operating expenses | \$1,165,354 |
| Total Operating Expenses | \$5,786,316 |

Operating Income (Loss) **(\$1,956,521)**

Nonoperating Revenues

| | |
|-----------------------------------|------------------|
| Investment earnings | \$5,307 |
| State subsidies/grants | \$471,906 |
| Federal subsidies/grants | \$0 |
| Municipal subsidies/grants | \$0 |
| Public authority subsidies | \$0 |
| Other nonoperating revenues | \$274,482 |
| Total Nonoperating Revenue | \$751,695 |

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

| | |
|--|----------------------|
| Interest and other financing charges | \$471,962 |
| Subsidies to other public authorities | \$0 |
| Grants and donations | \$89,171 |
| Other nonoperating expenses | (\$30,070) |
| Total Nonoperating Expenses | \$531,063 |
| Income (Loss) Before Contributions | (\$1,735,889) |
| Capital Contributions | \$0 |
| Change in net assets | (\$1,735,889) |
| Net assets (deficit) beginning of year | \$23,488,137 |
| Other net assets changes | \$0 |
| Net assets (deficit) at end of year | \$21,752,248 |

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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 List by Type of Debt and Program

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

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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 Supported | | | | | |
| State Contingent Obligation | | | | | |
| State Moral Obligation | | | | | |
| Other State Funded | | | | | |
| Authority Obligation | | | | | |
| General Obligation | 0.00 | 1,777,942.00 | 0.00 | 162,805.00 | 1,615,137.00 |
| Revenue | | | | | |
| Other Non-State Funded | 0.00 | 12,755,213.00 | 0.00 | 250,944.00 | 12,504,269.00 |
| Conduit | | | | | |
| Conduit Debt | | | | | |
| Conduit Debt - Pilot Increment Financing | 0.00 | 2,143,635.00 | 0.00 | 692,660.00 | 1,450,975.00 |

Real Property Acquisition/Disposal List

1. Address Line1: Otis Street between Hangar and Brooks Roads
 Address Line2:
 City: ROME
 State: NY
 Postal Code: 13441
 Plus4:
 Province/Region:
 Country: USA
 Property Description: Vacant Lot/Undeveloped Land
Estimated Fair Market Value: \$199,449
How was the Fair Market Appraisal
 Value Determined?:
 Transaction Type: ACQUISITION
 If Other, Explain:

 Transaction Date: 05/21/2015
 Purchase Sale Price: \$1.00
 Lease Data (If applicable)
Market Rate(\$/square foot):
 Lease Rate(\$/square foot):
 Lease Period (months):
 Seller/Purchaser/Tenant Data:
 Organization: Oneida County Industrial Developement Agenc
 Last Name:
 First Name:

 Address Line1: 584 Phoenix Drive
 Address Line2:
 City: ROME
 State: NY
 Postal Code: 13441
 Plus4:
 Province/Region:
 Country: USA
 Relation With Board
member/senior authority
 management? No

2. Address Line1: Otis Street between Hangar and Brooks Roads
 Address Line2:
 City: ROME
 State: NY
 Postal Code: 13441
 Plus4:
 Province/Region:
 Country: USA
 Property Description: Vacant Lot/Undeveloped Land
Estimated Fair Market Value: \$200,000
How was the Fair Market Appraisal
 Value Determined?:
 Transaction Type: DISPOSITION SALE
 If Other, Explain:

 Transaction Date: 05/21/2015
 Purchase Sale Price: \$200,655.00
 Lease Data (If applicable)
Market Rate(\$/square foot):
 Lease Rate(\$/square foot):
 Lease Period (months):
 Seller/Purchaser/Tenant Data:
 Organization: Kris-Tech Wire Company, Inc
 Last Name:
 First Name:

 Address Line1: 921 Seneca St.
 Address Line2: PO Box 4377
 City: ROME
 State: NY
 Postal Code: 13442
 Plus4: 4377
 Province/Region:
 Country: USA
 Relation With Board
member/senior authority
 management? No

Real Property Acquisition/Disposal List

3. Address Line1: Floyd Avenue

Address Line2:

City: ROME
State: NY
Postal Code: 13441
Plus4:
Province/Region:
Country: USA
Property Description: Vacant Lot/Undeveloped Land
Estimated Fair Market Value: \$24,000
How was the Fair Market Appraisal
Value Determined?:
Transaction Type: ACQUISITION
If Other, Explain:

Transaction Date: 06/10/2015
Purchase Sale Price: \$1.00
Lease Data (If applicable)
Market Rate(\$/square foot):
Lease Rate(\$/square foot):
Lease Period (months):
Seller/Purchaser/Tenant Data:
Organization: Oneida County Industrial Developement Agenc
Last Name:
First Name:

Address Line1: 584 Phoenix Drive
Address Line2:
City: ROME
State: NY
Postal Code: 13441
Plus4:
Province/Region:
Country: USA
Relation With Board
member/senior authority
management? No

4. Address Line1: Floyd Avenue

Address Line2:

City: ROME
State: NY
Postal Code: 13441
Plus4:
Province/Region:
Country: USA
Property Description: Vacant Lot/Undeveloped Land
Estimated Fair Market Value: \$25,000
How was the Fair Market Appraisal
Value Determined?:
Transaction Type: DISPOSITION SALE
If Other, Explain:

Transaction Date: 06/11/2015
Purchase Sale Price: \$25,000.00
Lease Data (If applicable)
Market Rate(\$/square foot):
Lease Rate(\$/square foot):
Lease Period (months):
Seller/Purchaser/Tenant Data:
Organization:
Last Name: DiCastro
First Name: James

Address Line1: 7831 Lauther Rd
Address Line2:
City: BLOSSVALE
State: NY
Postal Code: 13308
Plus4:
Province/Region:
Country: USA
Relation With Board
member/senior authority
management? No

Real Property Acquisition/Disposal List

5. Address Line1: 581 Phoenix Drive

 Address Line2: 798-1

 City: ROME
 State: NY
 Postal Code: 13441
 Plus4:
 Province/Region:
 Country: USA
 Property Description: Office Building
Estimated Fair Market Value: \$20
How was the Fair Market Appraisal
 Value Determined?:
 Transaction Type: DISPOSITION LEASE
 If Other, Explain:

 Transaction Date: 09/15/2015
 Purchase Sale Price:
 Lease Data (If applicable)
Market Rate(\$/square foot): 20
 Lease Rate(\$/square foot): 20.4
 Lease Period (months): 36
 Seller/Purchaser/Tenant Data:
 Organization: BAE SYSTEMS Information Solutions Inc.
 Last Name:
 First Name:

 Address Line1: 130 Daniel Webster Highway
 Address Line2:
 City: MERRIMACK
 State: NH
 Postal Code: 03054
 Plus4:
 Province/Region:
 Country: USA
 Relation With Board
member/senior authority
 management? No

6. Address Line1: 454 Phoenix Drive

 Address Line2: 774

 City: ROME
 State: NY
 Postal Code: 13441
 Plus4:
 Province/Region:
 Country: USA
 Property Description: Office Building
Estimated Fair Market Value: \$16
How was the Fair Market Appraisal
 Value Determined?:
 Transaction Type: DISPOSITION LEASE
 If Other, Explain:

 Transaction Date: 09/17/2015
 Purchase Sale Price:
 Lease Data (If applicable)
Market Rate(\$/square foot): 16
 Lease Rate(\$/square foot): 16.45
 Lease Period (months): 36
 Seller/Purchaser/Tenant Data:
 Organization: BAE SYSTEMS AND ELECTRONIC SYSTEMS INTEGRAT
 Last Name:
 First Name:

 Address Line1: 130 Daniel Webster Highway
 Address Line2:
 City: MERRIMACK
 State: NH
 Postal Code: 03054
 Plus4:
 Province/Region:
 Country: USA
 Relation With Board
member/senior authority
 management? No

Real Property Acquisition/Disposal List

7. Address Line1: 581 Phoenix Drive

Address Line2: 798-2

City: ROME

State: NY

Postal Code: 13441

Plus4:

Province/Region:

Country: USA

Property Description: Office Building

Estimated Fair Market Value: \$20

How was the Fair Market Appraisal

Value Determined?:

Transaction Type: DISPOSITION LEASE

If Other, Explain:

Transaction Date: 09/17/2015

Purchase Sale Price:

Lease Data (If applicable)

Market Rate(\$/square foot): 20

Lease Rate(\$/square foot): 20.4

Lease Period (months): 36

Seller/Purchaser/Tenant Data:

Organization: BAE SYSTEMS AND ELECTRONIC SYSTEMS INTEGRAI

Last Name:

First Name:

Address Line1: 130 Daniel Webster Highway

Address Line2:

City: MERRIMACK

State: NH

Postal Code: 03054

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://www.callmohawkvalleyhome.org/documents/1290.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://www.griffissldc.org/index.asp?type=MATERIALS,_POLICIES,_DOCUMENTS |
| 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

| | | | |
|----|---|----|---|
| 1. | Source of Grant Funds: State Name of Grant Recipient: Griffiss Local Development Corporation Address Line1: 584 Phoenix Dr Address Line2: City: ROME State: NY Zip - Plus4: 13441 Province/Region: Country: USA Amount of Grant Award Provided During Reporting Year: \$88,920.82 Date Grant Awarded: 11/18/2013 Purpose of Grant: Commercial Property Construction/Acquisition/Revitalization/Im provement Was the grant expected to result in new jobs being created? No If yes, how many jobs were planned to be created? If yes, how many jobs have been created to date? | 2. | Source of Grant Funds: State Name of Grant Recipient: Griffiss Local Development Corporation Address Line1: 584 Phoenix Dr Address Line2: City: ROME State: NY Zip - Plus4: 13441 Province/Region: Country: USA Amount of Grant Award Provided During Reporting Year: \$172,402 Date Grant Awarded: 01/17/2013 Purpose of Grant: Commercial Property Construction/Acquisition/Revitalization/Im provement Was the grant expected to result in new jobs being created? No If yes, how many jobs were planned to be created? If yes, how many jobs have been created to date? |
|----|---|----|---|

Loan Information

| | | | |
|------------------------------------|--|------------------------------------|--|
| 1. | Source of Loan Funds: Private | 2. | Source of Loan Funds: Private |
| | Name of Loan Recipient: Family Dollar Services, Inc. | | Name of Loan Recipient: Griffiss Investment Fund LLC |
| | Address Line1: PO Box 1017 | | Address Line1: 584 Phoenix Dr |
| | Address Line2: | | Address Line2: |
| | City: CHARLOTTE | | City: ROME |
| | State: NC | | State: NY |
| | Zip - Plus4: 28201 | | Zip - Plus4: 13441 |
| | Province/Region: | | Province/Region: |
| | Country: USA | | Country: USA |
| | Original Amount of Loan: \$3,032,565 | | Original Amount of Loan: \$6,622,200 |
| | Date Loan Awarded: 01/01/2013 | | Date Loan Awarded: 09/03/2010 |
| | Interest Rate(%): 6.59 | | Interest Rate(%): 5 |
| | Length of Loan(# of years | | Length of Loan(# of years |
| | to repay): 3 | | to repay): 7 |
| | Amount of Loan Prinicipal Repaid | | Amount of Loan Prinicipal Repaid |
| | to Date: \$2,128,289.00 | | to Date: \$0.00 |
| | Purpose of Loan: Land Acquisition/Development | | Purpose of Loan: Land Acquisition/Development |
| | /Infrastructure Costs (i.e., Water/Sewer) | | /Infrastructure Costs (i.e., Water/Sewer) |
| Was the Loan expected to result | | Was the Loan expected to result | |
| in new jobs being created? Yes | | in new jobs being created? No | |
| If yes, how many jobs were planned | | If yes, how many jobs were planned | |
| to be created? 265 | | to be created? 100 | |
| If yes, how many jobs have been | | If yes, how many jobs have been | |
| created to date? 379 | | created to date? | |
| Have the terms of the loan been | | Have the terms of the loan been | |
| completed? No | | completed? No | |

Bond Information

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

Annual Report for Griffiss Local Development Corporation
Fiscal Year Ending:12/31/2015

Run Date: 07/12/2016

Status: CERTIFIED

Additional Comments: