



CITY OF ALBANY
DEPARTMENT OF ASSESSMENT
24 EAGLE STREET-ROOM 302
ALBANY, NEW YORK 12207
TELEPHONE (518) 434-5155

KATHY SHEEHAN
MAYOR

TREY KINGSTON
CITY ASSESSOR

December 16, 2016

Re: RP 554- Israel Community Service Program

The attached RP-554's are relevant to properties owned by Israel Community Service Program. Upon not receiving the applications to renew their not-for profit exemptions in 2018, I reached out to the organization via phone calls and mailings but was unable to contact anyone associated with the organization.

I reached out to Richard Conti who is the City of Albany's common council member where the properties are located and he stated that at the time the board was dissolved by New York State.

Last month, I was contacted by a representative of an Albany Law School clinic who has been representing the organization during the turnover described above who was inquiring about the tax bills that they received. I explained the situation and it was understood that the paperwork failed to be filed.

Later, the representative was able to provide me with a copy of the applications which were received by this office in a timely manner for the 2018 Assessment Roll. Therefore a clerical error resulted in the paperwork not being applied to the assessment roll.

We have seen this issue several times since I was appointed Assessor in 2017 and I just wanted to include that mistakes of this sorts time and time again are unacceptable and changes have been made within the Department of Assessment to ensure that going forward, all applications that are filed are evaluated and recorded.

Trey Kingston
Assessor

Alix, Maggie

From: Craft, David <dcraf@albanylaw.edu>
Sent: Thursday, January 30, 2020 10:07 AM
To: Alix, Maggie
Subject: Explanation regarding ICSP's Board

Hi Maggie,

Per our conversation, here's an explanation about the status of the board of directors for Israel Community Service Program, Inc.

Our office represents Israel Community Service Program, Inc. ("ICSP"). In August of 2017, the Charities Bureau of the New York State Attorney General's office appointed a transitional board to manage Israel Community Service Program, Inc, for the purposes of assessing the solvency and capacity of ICSP. During the term of the ICSP transitional board, they maintained the finances of the organization and submitted the necessary financial disclosures and property tax exemption forms. In March of 2019, the transitional board appointed a permanent board to continue the management of the organization and its assets.

David Craft
Community Development Clinic Fellow/Staff Attorney
Check us out on Twitter: [@CommDevClinic](#) and [Facebook!](#)
Albany Law Clinic & Justice Center Community Development Clinic
80 New Scotland Avenue
Albany, New York 12208
P: 518-445-2305

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Application for Corrected Tax Roll

RP-554
(7/19)

Part 1 – General information: To be completed in duplicate by the applicant.

Names of owners Israel Community Service Program		
Mailing address of owners (number and street or PO box) 274 Washington Avenue		Location of property (street address) 274 Washington Avenue
City, village, or post office Albany	State NY	ZIP code 12203
Daytime contact number 518-669-8948	Evening contact number	Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 65.79-1-17
Account number (as appears on tax bill) 06682		Amount of taxes currently billed 108,970.37 110,187.24 (m)
Reasons for requesting a correction to tax roll: Clerical error		

I hereby request a correction of tax levied by City of Albany for the year(s) 2019.
(County, city, village, etc.)

Signature of applicant 	Date 12/12/19
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Part 2 – To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls.

Date application received 12/16/2019	Period of warrant for collection of taxes 1/1/2019
Last day for collection of taxes without interest 1/31/19	Recommendation Approve application <input checked="" type="checkbox"/> Deny application <input type="checkbox"/>
Signature of official 	Date 1/6/20

If approved, the County Director must file a copy of this form with the assessor and board of assessment review of the city/town/village of Albany who must consider the attached report and recommendation as equivalent of petitions filed under section 553.

Part 3 – For use by the tax levying body or official designated by resolution _____ :
(insert number or date, if applicable)

Application approved (mark an X in the applicable box):

Clerical error ☒ Error in essential fact ☐ Unlawful Entry ☐

Amount of taxes currently billed 110,187.24	Corrected tax \$1,216.87
Date notice of approval mailed to applicant	Date order transmitted to collecting officer

Application denied (reason):

_____ _____ _____	
Signature of chief executive officer, or official designated by resolution	Date



CITY OF ALBANY - 2019 PROPERTY TAXES

FISCAL YEAR: 1/1/2019 to 12/31/2019	WARRANT: 12/31/2018	ESTIMATED COUNTY STATE AID: \$90,121,595
	BANK	BILL 214333
		TAX MAP NUMBER 65.79-1-17

MAKE CHECKS PAYABLE TO:
CITY OF ALBANY

TO PAY IN PERSON:
City Hall Room 110
24 Eagle Street
Albany, NY 12207
(518) 434-5035

PROPERTY INFORMATION:

ACCOUNT #: 06682
DIMENSION: 140 X 141
ROLL: 1
LOCATION: 274 Washington Ave
SCHOOL: 010100
FULL MARKET VALUE: 5,334,700
UNIFORM % OF VALUE: 100.00%
TOTAL ASSESSMENT: 5,334,700
TAXABLE VALUE: 5,334,700

PROPERTY OWNER:

Israel Community Svc Program
274 Washington Ave
Albany, NY 12203

EXEMPTION	VALUE	FULL VALUE	TAX PURPOSE
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PROPERTY TAX PAYERS BILL OF RIGHT

If you feel the assessment on your property is too high, you have the right to file a grievance to lower it for future tax bills. For information, please contact your assessor for the booklet "How to File a Complaint on Your Assessment" and to inquire about exemptions. Any reduction in assessment will NOT be reflected on this bill. The filing date for this assessment has passed.

LEVY DESCRIPTION	TOTAL TAX LEVY	% CHANGE FROM PRIOR YEAR LEVY	TAXABLE VALUE OR UNITS	RATE	TAX AMOUNT
County Tax	17,417,764	-1.6%	○ 5,334,700	3.574759	○ 19,070.27
City Tax	58,550,000	0.0%	○ 5,334,700	14.043300	○ 74,916.79
Central ave bid	3	100.0%	○ 5,334,700	2.808650	○ 14,983.31
* Delinquent Water			0		1,216.87

TOTAL BASE TAXES DUE: ~~\$110,187.24~~

Date Paid

1,216.87

Amount Paid

\$0.00

	Tax Amount	Interest	Total Due
Pay By 12/31/2019	\$110,187.24	\$15,426.21	\$125,613.45

TOTAL DUE: \$125,613.45



RP-420-a/b-Rnw-I (9/08)

NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX SERVICES**RECEIVED**RENEWAL APPLICATION FOR REAL PROPERTY TAX EXEMPTION
FOR NONPROFIT ORGANIZATIONS
I - ORGANIZATION PURPOSE

FEB 27 2018

(See general information and instructions on back form)

Department Of
Assessment & Taxation
City Of Albany N.Y.

- 1a. Name of organization
Israel Community Service Program Inc.
- b. Mailing address
274 Washington Ave.
Albany, NY 12203
- c. Employer ID no. 141711098
- d. Name of contact person
Susan Weinrich
- e. Telephone no. of contact person
Day (518) 669-898 Evening ()
- f. E-mail address (optional)
sweinrich@nycon.org

2. Have any of the following changes occurred since application for this property tax exemption was last filed? If any of the listed changes have occurred, please give a detailed explanation of each change on the back of this form, check the appropriate line below, and complete and sign the statement. If none of the changes has occurred, please check the appropriate line below and complete and sign the statement.

- ☐ a. A change has occurred in the purpose(s) of the organization.
- ☐ b. A change has occurred in the organization as a result of action taken by one or more regulatory agencies (such as issuance, restriction, or withdrawal of an operating certificate, permit, charter, or similar authorization).
- ☐ c. A change has occurred in the organization's status with regard to exemption from federal income taxes (such as exempt status has been recognized, denied, or revoked by the Internal Revenue Service, or the Internal Revenue Code classification of exemption has been changed).

☐ **STATEMENT OF CHANGE** -- I hereby certify that all of the changes, as listed above, that have occurred since application for exemption was last filed have been noted and the explanations of such changes are true and correct to the best of my knowledge and belief.

☒ **STATEMENT OF NO CHANGE** -- I hereby certify that none of the changes listed above has occurred since application for exemption was last filed to the best of my knowledge and belief.

Susan Weinrich

Signature

Board Member

Title

2/27/18

Date

3. Forms filed with the Internal Revenue Service by the organization since application for property tax exemption was last filed (check all applicable lines):
- ☐ Form 1023 (Application for Recognition of Exemption under Section 501 (c)(3) of the Internal Revenue Code)
- ☐ Form 1024 (Application for Recognition of Exemption under Section 501 (a)).
- ☐ Form 990 (Return of Organization Exempt from Income Tax under Section 501 (c) of the Internal Revenue Code)
- ☐ Schedule A. Form 990 (Organizations Exempt under Section 501(c) (3))
- ☐ Form 990-PF (Return of Private Foundation Exempt from Income Tax)
- ☐ Form 990-AR (Annual Report of Private Foundation)
- ☐ Form 990-T (Exempt Organization Business Income Tax Return)
- ☒ None of these

(Note: Assessor may request a copy of forms filed)

FOR ASSESSOR'S USE

Assessing unit _____

County _____

City/Town _____

Village _____

School District _____

EXPLANATION OF CHANGES THAT HAVE OCCURRED

(If more space is needed, attach additional sheets. Please give the organization's name, its employer identification number and the parcel number on each attachment)

Change No. _____ Explanation _____

GENERAL INFORMATION AND FILING REQUIREMENTS**1. Application**

For purposes of exemptions granted pursuant to section 420-b of the Real Property Tax Law, each year following the year in which exemption is granted on the basis of application forms RP-420-b-Org and RP-420-a/b-Use, a renewal application must be filed. One copy of RP-420-a/b-Rnw-I must be filed in each assessing unit; one copy of RP-420-a/b-Rnw-II must be filed in each assessing unit for each separately assessed parcel for which exemption renewal is sought. The assessor may request information in addition to the information contained in the application.

For purposes of exemptions granted pursuant to section 420-a of the Real Property Tax Law, the same forms may be used (except RP-420-a-Org replaces RP-420-b-Org). In the alternative, the owner may submit proof of continued exempt status to the assessor in whatever form is mutually acceptable.

2. Place of filing application

Application for exemption from city, town, or village taxes must be filed with the city, town, or village assessor. Application for exemption from county or school district taxes must be filed with the city or town assessor who prepares the assessment roll used in levying county or school taxes. In Nassau County, applications for county, town and school tax purposes should be filed with the Nassau County Board of Assessors. In Tompkins County, application should be filed with the Tompkins County Division of Assessment. **Do not file with the Office of Real Property Tax Services.**

3. Time of filing application

The application must be filed in the assessor's office on or before the appropriate taxable status date. In towns preparing their assessment roll in accordance with the schedule provided by the Real Property Tax Law, the taxable status is March 1. In towns in Nassau County, the taxable status date is January 2. Westchester County towns have either a May 1 or June 1 taxable status date; contact the assessor. In villages and cities, the taxable status dates vary, and the appropriate assessor should be consulted for the correct date.

SPACE BELOW FOR ASSESSOR'S USE ONLY

Parcel identification no. (s)

Applicant organization

Employer ID no.

Date application filed

Application ☐ Approved ☐ Disapproved

Assessed Valuation \$ _____ Taxable \$ _____ Exempt

Documentary evidence presented: _____

Assessing unit

Assessor's signature

Date

NYS DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX SERVICESRENEWAL APPLICATION FOR REAL PROPERTY TAX EXEMPTION
FOR NONPROFIT ORGANIZATIONS

II - PROPERTY USE

(See general information and instructions on back form)

- 1a. Name of organization
Israel Community Service Program Inc.
- b. Mailing address
274 Washington Ave.
Albany, NY 12203
- c. Employer ID no. 141711098
- d. Name of contact person
Susan Weinrich
- e. Telephone no. of contact person
Day 518) 669-8948 Evening ()
- f. E-mail address (optional)
sweinrich@nycon.org
- g. Property identification (see tax bill or assessment roll) Tax map number or section/block/lot
65.79-1-17

2. Have any of the following changes occurred since application for this property tax exemption was last filed? If any of the listed changes have occurred, please give a detailed explanation of each change on the back of this form, check the appropriate line below, and complete and sign the statement. If none of the changes has occurred, please check the appropriate line below and complete and sign the statement.

- ☐ a. A change has occurred in the ownership of all or part of the property.
- ☐ b. A change has occurred in the use or uses of the property by the owner.
- ☐ c. A change has occurred in that all or part of the property is now being offered for sale or lease.
- ☐ d. All or part of the property is occupied by an organization other than the owner: the user organization(s) make payments for use of the property, and a change has occurred in (1) the proportion of the property so occupied, (2) the terms of the occupancy, or (3) the payments made by the occupant(s).
- ☐ e. Physical changes in the property (such as construction, alterations, or demolition) have occurred.
- ☐ f. A change has occurred in the nature or schedule of planned construction of buildings or other improvements on an unimproved portion of the property.
- ☐ g. One of the organization's purposes is hospital, and a change has occurred in the amount of space or time that the property is used for the private practice of staff members or others rather than for the direct hospital related activities.

☐ STATEMENT OF CHANGE

I hereby certify that all of the changes, as listed above, that have occurred since application for exemption was last filed have been noted and the explanations of such changes are true and correct to the best of my knowledge and belief.

☒ STATEMENT OF NO CHANGE

I hereby certify that none of the changes listed above has occurred since application for exemption was last filed to the best of my knowledge and belief.

Susan Weinrich

Signature

2/27/18

Date

Board Member

Title

FOR ASSESSOR'S USE

Assessing unit _____
City/Town _____
School District _____

County _____
Village _____

EXPLANATIONS OF CHANGES THAT HAVE OCCURRED

(If more space is needed, attach additional sheets. Please give the organization's name, its employer identification number and the parcel number on each attachment)

Change No. _____ Explanation _____

GENERAL INFORMATION AND FILING REQUIREMENTS**1. Application**

For purposes of exemptions granted pursuant to section 420-b of the Real Property Tax Law, each year following the year in which exemption is granted on the basis of application forms RP-420-b-Orig and RP-420-a/b-Use, a renewal application must be filed. One copy of RP-420-a/b-Rnw-I must be filed in each assessing unit; one copy of RP-420-a/b-Rnw-II must be filed in each assessing unit for each separately assessed parcel for which exemption renewal is sought. The assessor may request information in addition to the information contained in the application.

For purposes of exemptions granted pursuant to section 420-a of the Real Property Tax Law, the same forms may be used (except RP-420-a-Orig replaces RP-420-b-Orig). In the alternative, the owner may submit proof of continued exempt status to the assessor in whatever form is mutually acceptable.

2. Place of filing application

Application for exemption from city, town, or village taxes must be filed with the city, town, or village assessor. Application for exemption from county or school district taxes must be filed with the city or town assessor who prepares the assessment roll used in levying county or school taxes. In Nassau County, applications must be filed with the Nassau County Board of Assessors. In Tompkins County, applications must be filed with the Tompkins County Division of Assessment. Do not file with the Office of Real Property Tax Services.

3. Time of filing application

The application must be filed in the assessor's office on or before the appropriate taxable status date. In towns preparing their assessment roll in accordance with the schedule provided by the Real Property Tax Law, the taxable status is March 1. In towns in Nassau County, the taxable status date is January 2. Westchester County towns have either a May 1 or June 1 taxable status date; contact the assessor. In villages and cities, the taxable status dates vary, and the appropriate assessor should be consulted for the correct date.

SPACE BELOW FOR ASSESSOR'S USE

Parcel identification no. (s)

Applicant organization _____ Employer ID no. _____ Date application filed _____

Application ☐ Approved ☐ Disapproved

Assessed Valuation \$ _____ Taxable \$ _____ Exempt

Documentary evidence presented: _____

Assessing unit _____ Assessor's signature _____ Date _____



Application for Corrected Tax Roll

RP-554
(7/19)

Part 1 – General information: To be completed in duplicate by the applicant.

Names of owners Israel Community Service Program		
Mailing address of owners (number and street or PO box) 274 Washington Avenue		Location of property (street address) Rear of 419 State Street
City, village, or post office Albany	State NY	ZIP code 12203
Daytime contact number 518-669-8948	Evening contact number	Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 65.79-1-36.1
Account number (as appears on tax bill) 33326		Amount of taxes currently billed 448.87
Reasons for requesting a correction to tax roll: Clerical error		

I hereby request a correction of tax levied by City of Albany for the year(s) 2019.
(County, city, village, etc.)

Signature of applicant <i>TRJ K82</i>	Date 12/12/19
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Part 2 – To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls.

Date application received 12/16/19	Period of warrant for collection of taxes 1/1/2019
Last day for collection of taxes without interest 1	Recommendation Approve application <input type="checkbox"/> Deny application <input type="checkbox"/>
Signature of official <i>maadup</i>	Date 1/6/20

If approved, the County Director must file a copy of this form with the assessor and board of assessment review of the city/town/village of Albany who must consider the attached report and recommendation as equivalent of petitions filed under section 553.

Part 3 – For use by the tax levying body or official designated by resolution _____ :
(insert number or date, if applicable)

Application approved (mark an X in the applicable box):

Clerical error ☒ Error in essential fact ☐ Unlawful Entry ☐

Amount of taxes currently billed \$448.87	Corrected tax - 0 -
Date notice of approval mailed to applicant	Date order transmitted to collecting officer

Application denied (reason): 	
Signature of chief executive officer, or official designated by resolution	Date



CITY OF ALBANY - 2019 PROPERTY TAXES

FISCAL YEAR: 1/1/2019 to 12/31/2019		WARRANT: 12/31/2018		ESTIMATED COUNTY STATE AID: \$90,121,595									
		BANK	BILL 208520	TAX MAP NUMBER 65.79-1-36.1									
MAKE CHECKS PAYABLE TO: CITY OF ALBANY		TO PAY IN PERSON: City Hall Room 110 24 Eagle Street Albany, NY 12207 (518) 434-5035		PROPERTY INFORMATION: ACCOUNT #: 33326 DIMENSION: 50 X 83 ROLL: 1 LOCATION: Rear 419 State St SCHOOL: 010100 FULL MARKET VALUE: 31,100 UNIFORM % OF VALUE: 100.00% TOTAL ASSESSMENT: 31,100 TAXABLE VALUE: 31,100									
PROPERTY OWNER: Israel Community Svc Program 274-280 Washington Ave Albany, NY 12203		<table border="1"> <thead> <tr> <th>EXEMPTION</th> <th>VALUE</th> <th>FULL VALUE</th> <th>TAX PURPOSE</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				EXEMPTION	VALUE	FULL VALUE	TAX PURPOSE				
EXEMPTION	VALUE	FULL VALUE	TAX PURPOSE										

PROPERTY TAX PAYERS BILL OF RIGHT

If you feel the assessment on your property is too high, you have the right to file a grievance to lower it for future tax bills. For information, please contact your assessor for the booklet "How to File a Complaint on Your Assessment" and to inquire about exemptions. Any reduction in assessment will NOT be reflected on this bill. The filing date for this assessment has passed.

LEVY DESCRIPTION	TOTAL TAX LEVY	% CHANGE FROM PRIOR YEAR LEVY	TAXABLE VALUE OR UNITS	RATE	TAX AMOUNT
County Tax	17,417,764	-1.6%	31,100	3.574759	111.18
City Tax	58,550,000	0.0%	31,100	10.858100	337.69
TOTAL BASE TAXES DUE:					\$448.87
Date Paid					Amount Paid
					\$0.00

	Tax Amount	Interest	Total Due
Pay By 12/31/2019	\$448.87	\$62.84	\$511.71

TOTAL DUE: \$511.71



RP-420-a/b-Rnw-I (9/08)

NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX SERVICES**RECEIVED**RENEWAL APPLICATION FOR REAL PROPERTY TAX EXEMPTION
FOR NONPROFIT ORGANIZATIONS
I - ORGANIZATION PURPOSE

FEB 27 2018

(See general information and instructions on back form)

Department Of
Assessment & Taxation
City Of Albany N.Y.

- 1a. Name of organization
Israel Community Service Program Inc.
- b. Mailing address
274 Washington Avenue
Albany, NY 12203
- c. Employer ID no. 141711098
- d. Name of contact person
Susan Weinrich
- e. Telephone no. of contact person
Day (518) 669-8948 Evening () _____
- f. E-mail address (optional)
sweinrich@nycon.org

2. Have any of the following changes occurred since application for this property tax exemption was last filed? If any of the listed changes have occurred, please give a detailed explanation of each change on the back of this form, check the appropriate line below, and complete and sign the statement. If none of the changes has occurred, please check the appropriate line below and complete and sign the statement.

- ☐ a. A change has occurred in the purpose(s) of the organization.
- ☐ b. A change has occurred in the organization as a result of action taken by one or more regulatory agencies (such as issuance, restriction, or withdrawal of an operating certificate, permit, charter, or similar authorization).
- ☐ c. A change has occurred in the organization's status with regard to exemption from federal income taxes (such as exempt status has been recognized, denied, or revoked by the Internal Revenue Service, or the Internal Revenue Code classification of exemption has been changed).

☐ **STATEMENT OF CHANGE** -- I hereby certify that all of the changes, as listed above, that have occurred since application for exemption was last filed have been noted and the explanations of such changes are true and correct to the best of my knowledge and belief.

☒ **STATEMENT OF NO CHANGE** -- I hereby certify that none of the changes listed above has occurred since application for exemption was last filed to the best of my knowledge and belief.

Susan Weinrich
Signature

Board Member
Title

2/27/18
Date

3. Forms filed with the Internal Revenue Service by the organization since application for property tax exemption was last filed (check all applicable lines):
- ☐ Form 1023 (Application for Recognition of Exemption under Section 501 (c)(3) of the Internal Revenue Code)
- ☐ Form 1024 (Application for Recognition of Exemption under Section 501 (a)).
- ☐ Form 990 (Return of Organization Exempt from Income Tax under Section 501 (c) of the Internal Revenue Code)
- ☐ Schedule A. Form 990 (Organizations Exempt under Section 501(c) (3))
- ☐ Form 990-PF (Return of Private Foundation Exempt from Income Tax)
- ☐ Form 990-AR (Annual Report of Private Foundation)
- ☐ Form 990-T (Exempt Organization Business Income Tax Return)
- ☒ None of these

(Note: Assessor may request a copy of forms filed)

FOR ASSESSOR'S USE

Assessing unit _____
City/Town _____
School District _____

County _____
Village _____

EXPLANATION OF CHANGES THAT HAVE OCCURRED

(If more space is needed, attach additional sheets. Please give the organization's name, its employer identification number and the parcel number on each attachment)

Change No. _____ Explanation _____

GENERAL INFORMATION AND FILING REQUIREMENTS**1. Application**

For purposes of exemptions granted pursuant to section 420-b of the Real Property Tax Law, each year following the year in which exemption is granted on the basis of application forms RP-420-b-Orig and RP-420-a/b-Use, a renewal application must be filed. One copy of RP-420-a/b-Rnw-I must be filed in each assessing unit; one copy of RP-420-a/b-Rnw-II must be filed in each assessing unit for each separately assessed parcel for which exemption renewal is sought. The assessor may request information in addition to the information contained in the application.

For purposes of exemptions granted pursuant to section 420-a of the Real Property Tax Law, the same forms may be used (except RP-420-a-Orig replaces RP-420-b-Orig). In the alternative, the owner may submit proof of continued exempt status to the assessor in whatever form is mutually acceptable.

2. Place of filing application

Application for exemption from city, town, or village taxes must be filed with the city, town, or village assessor. Application for exemption from county or school district taxes must be filed with the city or town assessor who prepares the assessment roll used in levying county or school taxes. In Nassau County, applications for county, town and school tax purposes should be filed with the Nassau County Board of Assessors. In Tompkins County, application should be filed with the Tompkins County Division of Assessment. **Do not file with the Office of Real Property Tax Services.**

3. Time of filing application

The application must be filed in the assessor's office on or before the appropriate taxable status date. In towns preparing their assessment roll in accordance with the schedule provided by the Real Property Tax Law, the taxable status is March 1. In towns in Nassau County, the taxable status date is January 2. Westchester County towns have either a May 1 or June 1 taxable status date; contact the assessor. In villages and cities, the taxable status dates vary, and the appropriate assessor should be consulted for the correct date.

SPACE BELOW FOR ASSESSOR'S USE ONLY

Parcel identification no. (s)

Applicant organization

Employer ID no.

Date application filed

Application ☐ Approved ☐ Disapproved

Assessed Valuation \$ _____ Taxable \$ _____ Exempt

Documentary evidence presented: _____

Assessing unit

Assessor's signature

Date



RP-420-a/b-Rnw-II (9/08)

NYS DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX SERVICESRENEWAL APPLICATION FOR REAL PROPERTY TAX EXEMPTION
FOR NONPROFIT ORGANIZATIONS

II - PROPERTY USE

(See general information and instructions on back form)

- 1a. Name of organization
Israel Community Service Program Inc.
- b. Mailing address
274 Washington Ave.
Albany, NY 12203
- c. Employer ID no. 141711098
- d. Name of contact person
Susan Weinrich
- e. Telephone no. of contact person
Day 518 369-8943 Evening ()
- f. E-mail address (optional)
sweinrich@nycon.org
- g. Property identification (see tax bill or assessment roll) Tax map number or section/block/lot
65.79-1-36.1

2. Have any of the following changes occurred since application for this property tax exemption was last filed? If any of the listed changes have occurred, please give a detailed explanation of each change on the back of this form, check the appropriate line below, and complete and sign the statement. If none of the changes has occurred, please check the appropriate line below and complete and sign the statement.

- ☐ a. A change has occurred in the ownership of all or part of the property.
- ☐ b. A change has occurred in the use or uses of the property by the owner.
- ☐ c. A change has occurred in that all or part of the property is now being offered for sale or lease.
- ☐ d. All or part of the property is occupied by an organization other than the owner: the user organization(s) make payments for use of the property, and a change has occurred in (1) the proportion of the property so occupied, (2) the terms of the occupancy, or (3) the payments made by the occupant(s).
- ☐ e. Physical changes in the property (such as construction, alterations, or demolition) have occurred.
- ☐ f. A change has occurred in the nature or schedule of planned construction of buildings or other improvements on an unimproved portion of the property.
- ☐ g. One of the organization's purposes is hospital, and a change has occurred in the amount of space or time that the property is used for the private practice of staff members or others rather than for the direct hospital related activities.

☐ STATEMENT OF CHANGE

I hereby certify that all of the changes, as listed above, that have occurred since application for exemption was last filed have been noted and the explanations of such changes are true and correct to the best of my knowledge and belief.

☒ STATEMENT OF NO CHANGE

I hereby certify that none of the changes listed above has occurred since application for exemption was last filed to the best of my knowledge and belief.

Susan Weinrich

Signature

2/27/18

Date

Board Member

Title

FOR ASSESSOR'S USE

Assessing unit _____
City/Town _____
School District _____

County _____
Village _____

EXPLANATIONS OF CHANGES THAT HAVE OCCURRED

(If more space is needed, attach additional sheets. Please give the organization's name, its employer identification number and the parcel number on each attachment)

Change No. _____ Explanation _____

GENERAL INFORMATION AND FILING REQUIREMENTS**1. Application**

For purposes of exemptions granted pursuant to section 420-b of the Real Property Tax Law, each year following the year in which exemption is granted on the basis of application forms RP-420-b-Orig and RP-420-a/b-Use, a renewal application must be filed. One copy of RP-420-a/b-Rnw-I must be filed in each assessing unit; one copy of RP-420-a/b-Rnw-II must be filed in each assessing unit for each separately assessed parcel for which exemption renewal is sought. The assessor may request information in addition to the information contained in the application.

For purposes of exemptions granted pursuant to section 420-a of the Real Property Tax Law, the same forms may be used (except RP-420-a-Orig replaces RP-420-b-Orig). In the alternative, the owner may submit proof of continued exempt status to the assessor in whatever form is mutually acceptable.

2. Place of filing application

Application for exemption from city, town, or village taxes must be filed with the city, town, or village assessor. Application for exemption from county or school district taxes must be filed with the city or town assessor who prepares the assessment roll used in levying county or school taxes. In Nassau County, applications must be filed with the Nassau County Board of Assessors. In Tompkins County, applications must be filed with the Tompkins County Division of Assessment. **Do not file with the Office of Real Property Tax Services.**

3. Time of filing application

The application must be filed in the assessor's office on or before the appropriate taxable status date. In towns preparing their assessment roll in accordance with the schedule provided by the Real Property Tax Law, the taxable status is March 1. In towns in Nassau County, the taxable status date is January 2. Westchester County towns have either a May 1 or June 1 taxable status date; contact the assessor. In villages and cities, the taxable status dates vary, and the appropriate assessor should be consulted for the correct date.

SPACE BELOW FOR ASSESSOR'S USE

Parcel identification no. (s)

Applicant organization _____ Employer ID no. _____ Date application filed _____

Application ☐ Approved ☐ Disapproved

Assessed Valuation \$ _____ Taxable \$ _____ Exempt

Documentary evidence presented: _____

Assessing unit _____ Assessor's signature _____ Date _____



Department of Taxation and Finance
Office of Real Property Tax Services

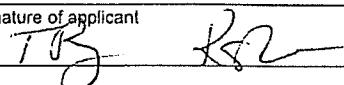
Application for Corrected Tax Roll

RP-554
(7/19)

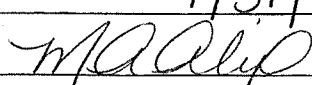
Part 1 – General information: To be completed in duplicate by the applicant.

Names of owners Israel Community Service Program		
Mailing address of owners (number and street or PO box) 274 Washington Avenue		Location of property (street address) 274 Washington Avenue Rear 415 State Street
City, village, or post office Albany	State NY	ZIP code 12203
Daytime contact number 518-669-8948	Evening contact number	Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 65.79-1-35.1
Account number (as appears on tax bill) 33325		Amount of taxes currently billed 662.47
Reasons for requesting a correction to tax roll: Clerical error		

I hereby request a correction of tax levied by City of Albany for the year(s) 2019.
(County, city, village, etc.)

Signature of applicant 	Date 12/12/19
---	-------------------------

Part 2 – To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls.

Date application received 12/16/2019	Period of warrant for collection of taxes 1/1/2019
Last day for collection of taxes without interest 1/31/19	Recommendation Approve application <input type="checkbox"/> Deny application <input type="checkbox"/>
Signature of official 	Date 1/6/20

If approved, the County Director must file a copy of this form with the assessor and board of assessment review of the city/town/village of Albany who must consider the attached report and recommendation as equivalent of petitions filed under section 553.

Part 3 – For use by the tax levying body or official designated by resolution _____ : (insert number or date, if applicable)

Application approved (mark an X in the applicable box):

Clerical error ☒ Error in essential fact ☐ Unlawful Entry ☐

Amount of taxes currently billed \$ 662.47	Corrected tax -0-
Date notice of approval mailed to applicant	Date order transmitted to collecting officer

Application denied (reason):

Signature of chief executive officer, or official designated by resolution		Date
--	--	------



CITY OF ALBANY - 2019 PROPERTY TAXES

FISCAL YEAR: 1/1/2019 to 12/31/2019		WARRANT: 12/31/2018		ESTIMATED COUNTY STATE AID: \$90,121,595	
		BANK	BILL 208519	TAX MAP NUMBER 65.79-1-35.1	
MAKE CHECKS PAYABLE TO: CITY OF ALBANY		TO PAY IN PERSON: City Hall Room 110 24 Eagle Street Albany, NY 12207 (518) 434-5035		PROPERTY INFORMATION: ACCOUNT #: 33325 DIMENSION: 53 X 129 ROLL: 1 LOCATION: Rear 415 State St SCHOOL: 010100 FULL MARKET VALUE: 45,900 UNIFORM % OF VALUE: 100.00% TOTAL ASSESSMENT: 45,900 TAXABLE VALUE: 45,900	
PROPERTY OWNER: Israel Community Svc Program 274-280 Washington Ave Albany, NY 12203					
		EXEMPTION	VALUE	FULL VALUE	TAX PURPOSE

PROPERTY TAX PAYERS BILL OF RIGHT

If you feel the assessment on your property is too high, you have the right to file a grievance to lower it for future tax bills. For information, please contact your assessor for the booklet "How to File a Complaint on Your Assessment" and to inquire about exemptions. Any reduction in assessment will NOT be reflected on this bill. The filing date for this assessment has passed.

LEVY DESCRIPTION	TOTAL TAX LEVY	% CHANGE FROM PRIOR YEAR LEVY	TAXABLE VALUE OR UNITS	RATE	TAX AMOUNT
County Tax	17,417,764	-1.6%	45,900	3.574759	164.08
City Tax	58,550,000	0.0%	45,900	10.858100	498.39
TOTAL BASE TAXES DUE:					\$662.47

Date Paid	Amount Paid
	\$0.00

Pay By 12/31/2019	Tax Amount	Interest	Total Due
	\$662.47	\$92.75	\$755.22

TOTAL DUE: \$755.22



RP-420-a/b-Rnw-I (9/08)

NEW YORK STATE DEPARTMENT OF TAXATION
OFFICE OF REAL PROPERTY TAX SERVICES**RECEIVED**RENEWAL APPLICATION FOR REAL PROPERTY TAX EXEMPTION
FOR NONPROFIT ORGANIZATIONS
I-- ORGANIZATION PURPOSE

FEB 27 2018

(See general information and instructions on back form)

Department Of
Assessment & Taxation
City Of Albany N.Y.

- 1a. Name of organization
Israeli Community Service Program Inc.
- b. Mailing address
274 Washington Ave.
Albany, NY 12203
- c. Employer ID no. 141711098
- d. Name of contact person
Susan Weinrich
- e. Telephone no. of contact person
Day (518) 869-898 Evening () _____
- f. E-mail address (optional)
sweinrich@nycon.org

2. Have any of the following changes occurred since application for this property tax exemption was last filed? If any of the listed changes have occurred, please give a detailed explanation of each change on the back of this form, check the appropriate line below, and complete and sign the statement. If none of the changes has occurred, please check the appropriate line below and complete and sign the statement.

- ☐ a. A change has occurred in the purpose(s) of the organization.
- ☐ b. A change has occurred in the organization as a result of action taken by one or more regulatory agencies (such as issuance, restriction, or withdrawal of an operating certificate, permit, charter, or similar authorization).
- ☐ c. A change has occurred in the organization's status with regard to exemption from federal income taxes (such as exempt status has been recognized, denied, or revoked by the Internal Revenue Service, or the Internal Revenue Code classification of exemption has been changed).

☐ STATEMENT OF CHANGE -- I hereby certify that all of the changes, as listed above, that have occurred since application for exemption was last filed have been noted and the explanations of such changes are true and correct to the best of my knowledge and belief.

☒ STATEMENT OF NO CHANGE -- I hereby certify that none of the changes listed above has occurred since application for exemption was last filed to the best of my knowledge and belief.

Susan Weinrich
Signature

Board Member
Title

2/27/18
Date

3. Forms filed with the Internal Revenue Service by the organization since application for property tax exemption was last filed (check all applicable lines):

- ☐ Form 1022 (Application for Recognition of Exemption under Section 501 (c)(3) of the Internal Revenue Code)
- ☐ Form 1024 (Application for Recognition of Exemption under Section 501 (a)).
- ☐ Form 990 (Return of Organization Exempt from Income Tax under Section 501 (c) of the Internal Revenue Code)
- ☐ Schedule A, Form 990 (Organization Exempt under Section 501(c)(1))
- ☐ Form 990-BF (Return of Private Foundation Exempt from Income Tax)
- ☐ Form 990-AF (Annual Report of Private Foundation)
- ☐ Form 990-E (Exempt Organization Business Income Tax Return)
- ☒ None of these

(Note: Assessor may request a copy of forms filed)

FOR ASSESSOR'S USE

Assessing unit: _____

County: _____

City/Town: _____

Village: _____

School District: _____

EXPLANATION OF CHANGES THAT HAVE OCCURRED

(If more space is needed, attach additional sheets. Please give the organization's name, its employer identification number and the parcel number on each attachment)

Change No. _____ Explanation _____

GENERAL INFORMATION AND FILING REQUIREMENTS**1. Application**

For purposes of exemptions granted pursuant to section 420-b of the Real Property Tax Law, each year following the year in which exemption is granted on the basis of application forms RP-420-b-Org and RP-420-a/b-Use, a renewal application must be filed. One copy of RP-420-a/b-Rnw-1 must be filed in each assessing unit; one copy of RP-420-a/b-Rnw-II must be filed in each assessing unit for each separately assessed parcel for which exemption renewal is sought. The assessor may request information in addition to the information contained in the application.

For purposes of exemptions granted pursuant to section 420-a of the Real Property Tax Law, the same forms may be used (except RP-420-a-Org replaces RP-420-b-Org). In the alternative, the owner may submit proof of continued exempt status to the assessor in whatever form is mutually acceptable.

2. Place of filing application

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SPACE BELOW FOR ASSESSOR'S USE ONLY

Parcel identification no. (s)

Applicant organization

Employer ID no.

Date application filed

Application ☐ Approved ☐ Disapproved

Assessed Valuation \$ _____ Taxable \$ _____ Exempt

Documentary evidence presented: _____

Assessing unit

Assessor's signature

Date



RP-420-a/b-Rnw-II (9/08)

NYS DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX SERVICESRENEWAL APPLICATION FOR REAL PROPERTY TAX EXEMPTION
FOR NONPROFIT ORGANIZATIONS
II - PROPERTY USE

(See general information and instructions on back form)

a. Name of organization
Israel Community Service Program Inc.

b. Mailing address
274 Washington Ave.
Albany, NY 12203

c. Employer ID no. 141711098

d. Name of contact person
Susan Weinrich

e. Telephone no. of contact person
Day 518 369-8948 Evening ()

f. E-mail address (optional)
sweinrich@nycon.org

g. Property identification (see tax bill or assessment roll) Tax map number or section/block/lot
65.79-1-35.1

2. Have any of the following changes occurred since application for this property tax exemption was last filed? If any of the listed changes have occurred, please give a detailed explanation of each change on the back of this form, check the appropriate line below, and complete and sign the statement. If none of the changes has occurred, please check the appropriate line below and complete and sign the statement.

- ☐ a. A change has occurred in the ownership of all or part of the property.
- ☐ b. A change has occurred in the use or uses of the property by the owner.
- ☐ c. A change has occurred in that all or part of the property is now being offered for sale or lease.
- ☐ d. All or part of the property is occupied by an organization other than the owner; the user organization(s) make payments for use of the property, and a change has occurred in (1) the proportion of the property so occupied, (2) the terms of the occupancy, or (3) the payments made by the occupant(s).
- ☐ e. Physical changes in the property (such as construction, alterations, or demolition) have occurred.
- ☐ f. A change has occurred in the nature or schedule of planned construction of buildings or other improvements on an unimproved portion of the property.
- ☐ g. One of the organization's purposes is hospital, and a change has occurred in the amount of space or time that the property is used for the private practice of staff members or others rather than for the direct hospital related activities.

☐ STATEMENT OF CHANGE

I hereby certify that all of the changes, as listed above, that have occurred since application for exemption was last filed have been noted and the explanations of such changes are true and correct to the best of my knowledge and belief.

☒ STATEMENT OF NO CHANGE

I hereby certify that none of the changes listed above has occurred since application for exemption was last filed to the best of my knowledge and belief.

Susan Weinrich

Signature

2/27/13

Date

Board Member

Title

FOR ASSESSOR'S USE

Assessing unit _____
City/Town _____
School District _____

County _____
Village _____

EXPLANATIONS OF CHANGES THAT HAVE OCCURRED

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