Run Date: 05/15/2014
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.albanyida.com
2. As required by section 2800(9) of PAL, did the Authority prepare an assessment of the effectiveness of its internal controls?	Yes	www.albanyida.com
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	www.albanyida.com
6. Are any Authority staff also employed by another government agency?	No	
7. Has the Authority posted their mission statement to their website?	Yes	www.albanyida.com
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.		www.albanyida.com

Run Date: 05/15/2014
Status: CERTIFIED

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):		www.albanyida.com
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		www.albanyida.com
7. Has the Board adopted bylaws and made them available to Board members and staff?	Yes	www.albanyida.com
8. Has the Board adopted a code of ethics for Board members and staff?	Yes	www.albanyida.com
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?	No	

Name	Ferrara, Anthony	Name	Eck, Lee
Chair of Board	Yes	Chair of Board	No
If yes, Chair designated By.	Elected by Board	If yes, Chair designated By.	
Term Start Date	04/15/2010	Term Start Date	07/10/2013
Term Expiration Date	Pleasure of Authority	Term Expiration Date	Pleasure of Authority
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	Local	Nominated By	Local
Appointed By	Local	Appointed By	Local
Confirmed by Senate?		Confirmed by Senate?	No
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

Jame	Shahinfar, Darius	Name	Pedo, Susan
Chair of Board	No	Chair of Board	No
If yes, Chair designated By.		If yes, Chair designated By.	
Term Start Date	12/11/2013	Term Start Date	04/15/2010
Term Expiration Date	Pleasure of Authority	Term Expiration Date	Pleasure of Authority
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	Local	Nominated By	Local
Appointed By	Local	Appointed By	Local
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?	Yes	Does the Board member/designee also hold an elected or appointed municipal government position?	No

Name	Sheehan, Kathy	Name	Owens, C. Anthony
Chair of Board	No	Chair of Board	No
If yes, Chair designated By.		If yes, Chair designated By.	
Term Start Date	04/15/2010	Term Start Date	11/09/2011
Term Expiration Date	Pleasure of Authority	Term Expiration Date	Pleasure of Authority
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	Local	Nominated By	Local
Appointed By	Local	Appointed By	Local
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?	Yes	Does the Board member/designee also hold an elected or appointed municipal government position?	No

Board of Directors Listing								
Name	Metzger, Tracy							
Chair of Board	No							
If yes, Chair designated By.								
Term Start Date	12/20/2012							
Term Expiration Date	Pleasure of Authority							
Title								
Has the Board member appointed a designee?								
Designee Name								
Ex-officio	No							
Nominated By	Local							
Appointed By	Local							
Confirmed by Senate?								
Has the Board member/designee signed the acknowledgement of fiduciary duty?	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 municipal government position?	No							

Run Date: 05/15/2014

Status: CERTIFIED

Staff Listing

Name	Title	Group	Department	Union	Barga-	Full	Exempt	Base	Actual	Over	Performance Extra Pay	Other	Total	Individual	If yes, Is
			/	Name	ining	Time/		Annualized	salary	time	Bonus	Compensa	Compens	also paid by	the payment
			Subsidiary		Unit	Part		Salary	paid to	paid by		tion/Allo	-ation	another	made by a
						Time			the	Authority		wances/Ad		entity to	State or
									Individua			justments		perform the	local
									1					work of the	government
														Authority	
				-1											<u>'</u>

Run Date: 05/15/2014

No

Status: CERTIFIED

Benefit Information

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

Board Members

Name	Title	Severance	Payment	Club	Use of	Personal	Auto	Transpo-	Housing	Spousal /	Tuition	Multi-	None	Other
		Package	for	Member-	Corporate	Loans		rtation	Allow-	Dependent	Assist-	Year	of	
			Unused	ships	Credit				ance	Life	ance	Employ-	These	
			Leave		Cards					Insurance		ment	Benefits	
Pedo,	Board of												Х	
Susan	Directors													
Owens, C.	Board of												Х	
Anthony	Directors													
Sheehan,	Board of												Х	
Kathy	Directors													
Ferrara,	Board of												Х	
Anthony	Directors													
Metzger,	Board of												Х	
Tracy	Directors													
Eck, Lee	Board of												Х	
	Directors													
Shahinfar,	Board of												Х	
Darius	Directors													

<u>Staff</u>

Name	Title	Severance	Payment	Club	Use of	Personal	Auto	Transpo-	Housing	Spousal /	Tuition	Multi-	None	Other
		Package	for	Member-	Corporate	Loans		rtation	Allow-	Dependent	Assist-	Year	of	
			Unused	ships	Credit				ance	Life	ance	Employ-	These	
			Leave		Cards					Insurance		ment	Benefits	

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

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Subsidiary/Component Unit Verification

Is the list of subsidiaries, as assembled by the Office of the State Comptroller, correct? 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	Entity Purpose
	Date	

Subsidiary/Component Unit Termination

			T
Name of Subsidiary/Component Unit	Termination Date	Termination Reason	Proof of Termination

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

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Run Date: 05/15/2014
Status: CERTIFIED

Summary Financial Information

SUMMARY STATEMENT OF NET ASSETS

<u>Assets</u>

Current	. 7.0	-	+
Current	. AS	se	LB

	Cash and cash equivalents	\$105,917
	Investments	\$0
	Receivables, net	\$0
	Other assets	\$0
	Total Current Assets	\$105,917
Noncu	rrent Assets	
	Restricted cash and investments	\$0
	Long-term receivables, net	\$0
	Other assets	\$0
	Capital Assets	
	Land and other nondepreciable property	\$0
	Buildings and equipment	\$0
	Infrastructure	\$0
	Accumulated depreciation	\$0
	Net Capital Assets	\$0
	Total Noncurrent Assets	\$0
Total	Assets	\$105,917

Run Date: 05/15/2014

Status: CERTIFIED

Summary Financial Information

SUMMARY STATEMENT OF NET ASSETS

<u>Liabilities</u>

Current Liabilities

	Accounts payable	\$0
	Pension contribution payable	\$0
	Other post-employment benefits	\$0
	Accrued liabilities	\$0
	Deferred revenues	\$0
	Bonds and notes payable	\$0
	Other long-term obligations due within one year	\$0
	Total Current Liabilities	\$0
Noncur	rent Liabilities	
	Pension contribution payable	\$0
	Other post-employment benefits	\$0
	Bonds and notes payable	\$0
	Long Term Leases	\$0
	Other long-term obligations	\$0
	Total Noncurrent Liabilities	\$0
Total	Liabilities	\$0
Net As	set (Deficit)	
Net As	set	
	Invested in capital assets, net of related debt	\$0
	Restricted	\$0
	Unrestricted	\$105,917
	Total Net Assets	\$105,917

Run Date: 05/15/2014

Status: CERTIFIED

Summary Financial Information

SUMMARY STATEMENT OF REVENUE, EXPENSES AND CHANGE IN NET ASSETS

Operating Revenues

Charges for services	\$98,707
Rental & financing income	\$0
Other operating revenues	\$0
Total Operating Revenue	\$98,707
Operating Expenses	
Salaries and wages	\$0
Other employee benefits	\$0
Professional services contracts	\$3,000
Supplies and materials	\$0
Depreciation & amortization	\$0
Other operating expenses	\$1,515
Total Operating Expenses	\$4,515
Operating Income (Loss)	\$94,192
Nonoperating Revenues	
Investment earnings	\$45
State subsidies/grants	\$0
Federal subsidies/grants	\$0
Municipal subsidies/grants	\$0
Public authority subsidies	\$0
Other nonoperating revenues	\$0
Total Nonoperating Revenue	\$45

Run Date: 05/15/2014

Status: CERTIFIED

Summary Financial Information

SUMMARY STATEMENT OF REVENUE, EXPENSES AND CHANGE IN NET ASSETS

Nonoperating Expenses

Interest and other financing charges	\$0
Subsidies to other public authorities	\$0
Grants and donations	\$0
Other nonoperating expenses	\$0
Total Nonoperating Expenses	\$0
Income (Loss) Before Contributions	\$94,237
Capital Contributions	\$0
Change in net assets	\$94,237
Net assets (deficit) beginning of year	\$11,680
Other net assets changes	\$0
Net assets (deficit) at end of year	\$105,917

Run Date: 05/15/2014
Status: CERTIFIED

Current Debt

<u></u>	
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?	Yes

New Debt Issuances List by Type of Debt and Program

Type Of Debt: Conduit Debt

Program:

Project	Amount	s	CUSIP	Bond Closing	Taxable	Issue	True	Interest	Term	Cost of	PACB	URL
			Number	Date	Status	Process	Interest	Type		Issuance (\$)	Project	
							Cost					
Daughter	Refunding	9,420,899.94		08/28/2013		Negotiated	3.75	Fixed	16	584,217.00		
s of	New	0.00										
Sarah Nursing Center,	Total	9,420,899.94										
Inc. (2013)												

Run Date: 05/15/2014

Status: CERTIFIED

Schedule of Authority Debt

Type of Debt	Statutory	Outstanding Start		Debt Retired	Outstanding
	Authorization	of Fiscal Year	Issuances	(\$)	End of
	(\$)	(\$)	(\$)		Fiscal Year (\$)
State Obligation					
State Guaranteed					
State Supported					
State Contingent Obligation					
State Moral Obligation					
Other State Funded					
Authority Obligation					
General Obligation					
Revenue					
Other Non-State Funded					
Conduit					
Conduit Debt	0.00	54,970,000.00	9,420,899.94	1,272,532.00	63,118,367.94
Conduit Debt - Pilot Increment Financing					

Run Date: 05/15/2014

Status: CERTIFIED

Real Property Acquisition/Disposal List

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

Run Date: 05/15/2014

Status: CERTIFIED

Personal Property

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

Run Date: 05/15/2014

Status: CERTIFIED

Property Documents

Question	Response	URL (if applicable)
1. In accordance with Section 2896(3) of PAL, the Authority is required to prepare a	Yes	www.albanyida.com
report at least annually of all real property of the Authority. Has this report been		
prepared?		
2. Has the Authority prepared policies, procedures, or guidelines regarding the use,	Yes	www.albanyida.com
awarding, monitoring, 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	Yes	
officer who shall be responsible for the Authority's compliance with and enforcement		
of such guidelines?		

Run Date: 05/15/2014 Status: CERTIFIED

Grant Information

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

Run Date: 05/15/2014

Status: CERTIFIED

Loan Information

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

Run Date: 05/15/2014
Status: CERTIFIED

Bond Information

1. Name of Recipient of Bond		2. Name of Recipient of Bond	
Proceeds:	Daughters of Sarah Nursing Center, Inc. (20	Proceeds:	St. Peter's Hospital of the City of Albany
	180 Washington Avenue Extension	Address Linel:	315 S. Manning Boulevard
Address Line2:		Address Line2:	
	ALBANY		ALBANY
State:		State:	
Zip - Plus4:	12203	Zip - Plus4:	12208
Province/Region:		Province/Region:	
Country:		Country:	USA
Amount of Bonds Issued:	\$9,420,899.94	Amount of Bonds Issued:	\$34,160,000.00
Date Bonds Issued:	08/28/2013	Date Bonds Issued:	02/03/2011
Bond Interest Rate:	3.5	Bond Interest Rate:	6.03
Last Year Bonds Expected to be		Last Year Bonds Expected to be	
Retired:	2029	Retired:	2038
Amount of Bond Principal retired		Amount of Bond Principal retired	
during the reporting year:	\$107,531.7	during the reporting year:	\$1,225,000
Amt of Bond Principal retired		Amt of Bond Principal retired	
prior to reporting year:		prior to reporting year:	\$0
Current Amount of Bonds		Current Amount of Bonds	
Outstanding:	\$9,313,368.24	Outstanding:	\$32,935,000
Purpose of project requiring	Commercial Property	Purpose of project requiring	Commercial Property
	Construction/Acquisition/Revitalization/I		Construction/Acquisition/Revitalization/I
	mprovement		mprovement
Was the bond issuance expected to		Was the bond issuance expected to	
result in new jobs being		result in new jobs being	
created?	No	created?	Yes
If yes, how many jobs were		If yes, how many jobs were	
planned to be created?		planned to be created?	75
If yes, how many jobs have been		If yes, how many jobs have been	
created to date?		created to date?	70
Have the bonds been fully		Have the bonds been fully	
retired?	No	retired?	No

Run Date: 05/15/2014

Status: CERTIFIED

Bond Information

3. Name of Recipient of Bond Proceeds:

ceeds: The College of St. Rose Project Series 2011

Address Line1: 432 Western Avenue

Address Line2:

City: ALBANY

State: NY

Zip - Plus4: 12203

Province/Region:

Country: USA

Amount of Bonds Issued: \$21,235,000.00

Date Bonds Issued: 07/19/2011

Bond Interest Rate: 5.68

Last Year Bonds Expected to be

Retired: 2041

Amount of Bond Principal retired

during the reporting year: \$365,000

Amt of Bond Principal retired

prior to reporting year: \$0

Current Amount of Bonds

Outstanding: \$20,870,000

Purpose of project requiring Commercial Property

the Bond Issuance: Construction/Acquisition/Revitalization/I

mprovement

Was the bond issuance expected to

result in new jobs being

created? Yes

If yes, how many jobs were

planned to be created? 2

If yes, how many jobs have been

created to date? 2

Have the bonds been fully

retired? No

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Additional Comments: