

**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.org

**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	

**Board of Directors Listing**

Name	Pedo, Susan	Name	Shahinfar, Darius
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	12/11/2013
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?	
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?	Yes

**Board of Directors Listing**

Name	Owens, C. Anthony	Name	Metzger, Tracy
Chair of Board	No	Chair of Board	Yes
If yes, Chair designated By.		If yes, Chair designated By.	Elected by Board
Term Start Date	11/09/2011	Term Start Date	12/20/2012
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?	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	Schofield, Robert	Name	Eck, Lee
Chair of Board	No	Chair of Board	No
If yes, Chair designated By.		If yes, Chair designated By.	
Term Start Date	08/29/2014	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

**Board of Directors Listing**

Name	Calsolaro, Dominick
Chair of Board	No
If yes, Chair designated By.	
Term Start Date	03/20/2014
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?	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 municipal government position?	No

**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
Burnash, Chantel	Agency Staff	Professional				PT	Yes	0.00	0	0	0	0	0	0	Yes	No
Chevalier, Bradley	Agency Staff	Professional				PT	Yes	0.00	0	0	0	0	0	0	Yes	No
Corcione, Andrew	Agency Staff	Professional				PT	Yes	0.00	0	0	0	0	0	0	Yes	No
Gardner, Amy	Agency Staff	Professional				PT	Yes	0.00	0	0	0	0	0	0	Yes	No
Newcombe, Katharine	Agency Staff	Professional				PT	Yes	0.00	0	0	0	0	0	0	Yes	No
Opalka, Mark	Interim CFO	Executive				PT	Yes	0.00	0	0	0	0	0	0	Yes	No
Reginelli, Sarah	CEO	Executive				PT	Yes	0.00	0	0	0	0	0	0	Yes	No
Smith, Erik	CFO	Executive				PT	Yes	0.00	0	0	0	0	0	0	Yes	No
Vitullo, Amanda	Agency Staff	Professional				PT	Yes	0.00	0	0	0	0	0	0	Yes	No
Yevoli, Michael	CEO	Executive				PT	Yes	0.00	0	0	0	0	0	0	Yes	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	Transportation	Housing Allowance	Spousal / Dependent Life Insurance	Tuition Assistance	Multi-Year Employment	None of These Benefits	Other
Calsolaro, Dominick	Board of Directors												X	
Schofield, Robert	Board of Directors												X	
Pedo, Susan	Board of Directors												X	
Owens, C. Anthony	Board of Directors												X	
Metzger, Tracy	Board of Directors												X	
Eck, Lee	Board of Directors												X	
Shahinfar, Darius	Board of Directors												X	

**Staff**

Name	Title	Severance Package	Payment for Unused Leave	Club Member-ships	Use of Corporate Credit Cards	Personal Loans	Auto	Transportation	Housing Allowance	Spousal / Dependent Life Insurance	Tuition Assistance	Multi-Year Employment	None of These Benefits	Other
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? Yes  
 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
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**Subsidiary/Component Unit Creation**

Name of Subsidiary/Component Unit	Establishment Date	Entity Purpose
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**Subsidiary/Component Unit Termination**

Name of Subsidiary/Component Unit	Termination Date	Termination Reason	Proof of Termination
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No Data has been entered by the Authority for this section in PARIS

Summary Financial Information

## SUMMARY STATEMENT OF NET ASSETS

<u>Assets</u>	
<b>Current Assets</b>	
Cash and cash equivalents	\$912,961
Investments	\$0
Receivables, net	\$0
Other assets	\$0
<b>Total Current Assets</b>	<b>\$912,961</b>
<b>Noncurrent Assets</b>	
Restricted cash and investments	\$0
Long-term receivables, net	\$0
Other assets	\$0
<b>Capital Assets</b>	
Land and other nondepreciable property	\$0
Buildings and equipment	\$0
Infrastructure	\$0
Accumulated depreciation	\$0
Net Capital Assets	\$0
<b>Total Noncurrent Assets</b>	<b>\$0</b>
<b>Total Assets</b>	<b>\$912,961</b>

Summary Financial Information

SUMMARY STATEMENT OF NET ASSETS

Liabilities

**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
<b>Total Current Liabilities</b>	<b>\$0</b>

**Noncurrent Liabilities**

Pension contribution payable	\$0
Other post-employment benefits	\$0
Bonds and notes payable	\$0
Long Term Leases	\$0
Other long-term obligations	\$0
<b>Total Noncurrent Liabilities</b>	<b>\$0</b>

**Total Liabilities** **\$0**

Net Asset (Deficit)

**Net Asset**

Invested in capital assets, net of related debt	\$0
Restricted	\$0
Unrestricted	\$912,961
<b>Total Net Assets</b>	<b>\$912,961</b>

Summary Financial Information

SUMMARY STATEMENT OF REVENUE, EXPENSES AND CHANGE IN NET ASSETS

Operating Revenues

Charges for services	\$812,813
Rental & financing income	\$0
Other operating revenues	\$0
<b>Total Operating Revenue</b>	<b>\$812,813</b>

Operating Expenses

Salaries and wages	\$0
Other employee benefits	\$0
Professional services contracts	\$5,817
Supplies and materials	\$0
Depreciation & amortization	\$0
Other operating expenses	\$0
<b>Total Operating Expenses</b>	<b>\$5,817</b>

Operating Income (Loss) **\$806,996**

Nonoperating Revenues

Investment earnings	\$48
State subsidies/grants	\$0
Federal subsidies/grants	\$0
Municipal subsidies/grants	\$0
Public authority subsidies	\$0
Other nonoperating revenues	\$0
<b>Total Nonoperating Revenue</b>	<b>\$48</b>

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

Interest and other financing charges	\$0
Subsidies to other public authorities	\$0
Grants and donations	\$0
Other nonoperating expenses	\$0
<b>Total Nonoperating Expenses</b>	<b>\$0</b>
<b>Income (Loss) Before Contributions</b>	<b>\$807,044</b>
Capital Contributions	\$0
Change in net assets	\$807,044
Net assets (deficit) beginning of year	\$105,917
Other net assets changes	\$0
Net assets (deficit) at end of year	<b>\$912,961</b>

**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?	Yes

**New Debt Issuances List by Type of Debt and Program**

Type Of Debt: Conduit Debt

Program:

Project	Amounts	CUSIP Number	Bond Closing Date	Taxable Status	Issue Process	True Interest Cost	Interest Type	Term	Cost of Issuance (\$)	PACB Project	URL
AMC 391 Myrtle Avenue Series 2014 A	Refunding	0.00	12/09/2014		Negotiated	3.89	Fixed	32	168,000.00		
	New	8,400,000.00									
	Total	8,400,000.00									
AMC 391 Myrtle Avenue Series 2014 B	Refunding	0.00	12/09/2014		Negotiated	3.89	Fixed	32	0.00		
	New	19,600,000.00									
	Total	19,600,000.00									
AMC 405 Myrtle Avenue Series 2014 A	Refunding	0.00	12/09/2014		Negotiated	3.89	Fixed	32	400,000.00		
	New	20,000,000.00									
	Total	20,000,000.00									
AMC 405 Myrtle Avenue Series 2014 B	Refunding	0.00	12/09/2014		Negotiated	3.89	Fixed	32	0.00		
	New	5,000,000.00									
	Total	5,000,000.00									
Albany College of Pharmacy & Health Sciences 2014 Series B	Refunding	0.00	10/23/2014		Negotiated	3.58	Fixed	20	450,943.00		
	New	7,330,000.00									
	Total	7,330,000.00									
Albany College of Pharmacy & Health Services	Refunding	0.00	10/23/2014		Negotiated	2.29	Fixed	20	450,943.00		
	New	16,025,000.00									
	Total	16,025,000.00									

Type Of Debt: Conduit Debt

Program:

Project	Amounts	CUSIP Number	Bond Closing Date	Taxable Status	Issue Process	True Interest Cost	Interest Type	Term	Cost of Issuance (\$)	PACB Project	URL
Albany Medical Center Hospital Project - Bldg C & D	Refunding 0.00 New 22,000,000.00 Total 22,000,000.00		09/10/2014		Negotiated	3.89	Fixed	25	168,000.00		

**Schedule of Authority Debt**

Type of Debt	Statutory Authorization (\$)	Outstanding Start of Fiscal Year (\$)	New Debt Issuances (\$)	Debt Retired (\$)	Outstanding End of Fiscal Year (\$)
<b>State Obligation</b>					
State Guaranteed					
State Supported					
State Contingent Obligation					
State Moral Obligation					
Other State Funded					
<b>Authority Obligation</b>					
General Obligation					
Revenue					
Other Non-State Funded					
<b>Conduit</b>					
Conduit Debt	0.00	63,118,367.94	98,355,000.00	1,680,486.40	159,792,881.54
Conduit Debt - Pilot Increment Financing					



Real Property Acquisition/Disposal List

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

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	<a href="http://www.albanyida.com">www.albanyida.com</a>
2. Has the Authority prepared policies, procedures, or guidelines regarding the use, awarding, monitoring, and reporting of contracts for the acquisition and disposal of property?	Yes	<a href="http://www.albanyida.com">www.albanyida.com</a>
3. In accordance with Section 2896(1) of PAL, has the Authority named a contracting officer who shall be responsible for the Authority's compliance with and enforcement of such guidelines?	Yes	

Grant Information

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

Loan Information

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

Bond Information

<p>1. Name of Recipient of Bond Proceeds: Albany College of Pharmacy &amp; Health Service Address Line1: 106 New Scotland Ave. Address Line2: City: ALBANY State: NY Zip - Plus4: 12208 Province/Region: Country: USA Amount of Bonds Issued: \$16,025,000.00 Date Bonds Issued: 10/23/2014 Bond Interest Rate: 5 Last Year Bonds Expected to be Retired: 2034 Amount of Bond Principal retired during the reporting year: \$0  Amt of Bond Principal retired prior to reporting year: Current Amount of Bonds Outstanding: \$16,025,000 Purpose of project requiring the Bond Issuance: Business Expansion/Startup</p> <p>Was the bond issuance 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? Have the bonds been fully retired? No</p>	<p>2. Name of Recipient of Bond Proceeds: Albany College of Pharmacy &amp; Health Service Address Line1: 106 New Scotland Ave Address Line2: City: ALBANY State: NY Zip - Plus4: 12208 Province/Region: Country: USA Amount of Bonds Issued: \$7,330,000.00 Date Bonds Issued: 10/23/2014 Bond Interest Rate: .82 Last Year Bonds Expected to be Retired: 2034 Amount of Bond Principal retired during the reporting year: \$35,000  Amt of Bond Principal retired prior to reporting year: Current Amount of Bonds Outstanding: \$7,295,000 Purpose of project requiring the Bond Issuance: Business Expansion/Startup</p> <p>Was the bond issuance 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? Have the bonds been fully retired? No</p>
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**Bond Information**

3. Name of Recipient of Bond  
 Proceeds: Albany Medical Center - 391 Myrtle - Seriec  
 Address Line1: 43 New Scotland Ave  
 Address Line2: 391 Myrtle Ave (MOB)  
 City: ALBANY  
 State: NY  
 Zip - Plus4: 12208  
 Province/Region:  
 Country: USA  
 Amount of Bonds Issued: \$8,400,000.00  
 Date Bonds Issued: 12/09/2014  
 Bond Interest Rate: 1.76  
 Last Year Bonds Expected to be Retired: 2046  
 Amount of Bond Principal retired during the reporting year: \$0  
 Amt of Bond Principal retired prior to reporting year:  
 Current Amount of Bonds Outstanding: \$8,400,000  
 Purpose of project requiring the Bond Issuance: Land Acquisition/Development /Infrastructure Costs (i.e., Water/Sewer)  
 Was the bond issuance expected to result in new jobs being created? Yes  
 If yes, how many jobs were planned to be created? 20  
 If yes, how many jobs have been created to date? 0  
 Have the bonds been fully retired? No

4. Name of Recipient of Bond  
 Proceeds: Albany Medical Center - 391 Myrtle - Seriec  
 Address Line1: 43 New Scotland Ave  
 Address Line2: 391 Myrtle Ave (MOB)  
 City: ALBANY  
 State: NY  
 Zip - Plus4: 12208  
 Province/Region:  
 Country: USA  
 Amount of Bonds Issued: \$19,600,000.00  
 Date Bonds Issued: 12/09/2014  
 Bond Interest Rate: 1.76  
 Last Year Bonds Expected to be Retired: 2046  
 Amount of Bond Principal retired during the reporting year: \$0  
 Amt of Bond Principal retired prior to reporting year:  
 Current Amount of Bonds Outstanding: \$19,600,000  
 Purpose of project requiring the Bond Issuance: Land Acquisition/Development /Infrastructure Costs (i.e., Water/Sewer)  
 Was the bond issuance expected to result in new jobs being created? Yes  
 If yes, how many jobs were planned to be created? 20  
 If yes, how many jobs have been created to date? 0  
 Have the bonds been fully retired? No

**Bond Information**

5. Name of Recipient of Bond  
 Proceeds: Albany Medical Center Hospital Project  
 Address Line1: 43 New Scotland Ave.  
 Address Line2:  
 City: ALBANY  
 State: NY  
 Zip - Plus4: 12208  
 Province/Region:  
 Country: USA  
 Amount of Bonds Issued: \$22,000,000.00  
 Date Bonds Issued: 09/10/2014  
 Bond Interest Rate: 3.87  
 Last Year Bonds Expected to be Retired: 2039  
 Amount of Bond Principal retired during the reporting year: \$0  
 Amt of Bond Principal retired prior to reporting year:  
 Current Amount of Bonds Outstanding: \$22,000,000  
 Purpose of project requiring the Bond Issuance: Business Expansion/Startup  
 Was the bond issuance expected to result in new jobs being created? Yes  
 If yes, how many jobs were planned to be created? 22  
 If yes, how many jobs have been created to date? 0  
 Have the bonds been fully retired? No

6. Name of Recipient of Bond  
 Proceeds: Albany Medical Center- 405 Myrtle Series 2C  
 Address Line1: 43 New Scotland Ave  
 Address Line2: 405 Myrtle (Garage)  
 City: ALBANY  
 State: NY  
 Zip - Plus4: 12208  
 Province/Region:  
 Country: USA  
 Amount of Bonds Issued: \$20,000,000.00  
 Date Bonds Issued: 12/09/2014  
 Bond Interest Rate: 1.76  
 Last Year Bonds Expected to be Retired: 2046  
 Amount of Bond Principal retired during the reporting year: \$0  
 Amt of Bond Principal retired prior to reporting year:  
 Current Amount of Bonds Outstanding: \$20,000,000  
 Purpose of project requiring the Bond Issuance: Land Acquisition/Development /Infrastructure Costs (i.e., Water/Sewer)  
 Was the bond issuance expected to result in new jobs being created? Yes  
 If yes, how many jobs were planned to be created? 9  
 If yes, how many jobs have been created to date? 0  
 Have the bonds been fully retired? No



**Bond Information**

7. Name of Recipient of Bond  
 Proceeds: Albany Medical Center- 405 Myrtle Series 20  
 Address Line1: 43 New Scotland Ave  
 Address Line2: 405 Myrtle (Garage)  
 City: ALBANY  
 State: NY  
 Zip - Plus4: 12208  
 Province/Region:  
 Country: USA  
 Amount of Bonds Issued: \$5,000,000.00  
 Date Bonds Issued: 12/09/2014  
 Bond Interest Rate: 1.76  
 Last Year Bonds Expected to be Retired: 2046  
 Amount of Bond Principal retired during the reporting year: \$0  
 Amt of Bond Principal retired prior to reporting year:  
 Current Amount of Bonds Outstanding: \$5,000,000  
 Purpose of project requiring the Bond Issuance: Land Acquisition/Development /Infrastructure Costs (i.e., Water/Sewer)  
 Was the bond issuance expected to result in new jobs being created? Yes  
 If yes, how many jobs were planned to be created? 9  
 If yes, how many jobs have been created to date? 0  
 Have the bonds been fully retired? No

8. Name of Recipient of Bond  
 Proceeds: Daughters of Sarah Nursing Center, Inc. (20  
 Address Line1: 180 Washington Avenue Extension  
 Address Line2:  
 City: ALBANY  
 State: NY  
 Zip - Plus4: 12203  
 Province/Region:  
 Country: USA  
 Amount of Bonds Issued: \$9,420,899.94  
 Date Bonds Issued: 08/28/2013  
 Bond Interest Rate: 3.5  
 Last Year Bonds Expected to be Retired: 2029  
 Amount of Bond Principal retired during the reporting year: \$440,486.8  
 Amt of Bond Principal retired prior to reporting year: \$107,531.7  
 Current Amount of Bonds Outstanding: \$8,872,881.44  
 Purpose of project requiring the Bond Issuance: Commercial Property Construction/Acquisition/Revitalization/Improvement  
 Was the bond issuance 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?  
 Have the bonds been fully retired? No

**Bond Information**

<p>9. Name of Recipient of Bond                  Proceeds: St. Peter's Hospital of the City of Albany                  Address Line1: 315 S. Manning Boulevard                  Address Line2:                  City: ALBANY                  State: NY                  Zip - Plus4: 12208                  Province/Region:                  Country: USA                  Amount of Bonds Issued: \$34,160,000.00                  Date Bonds Issued: 02/03/2011                  Bond Interest Rate: 6.03                  Last Year Bonds Expected to be Retired: 2038                  Amount of Bond Principal retired during the reporting year: \$830,000                  Amt of Bond Principal retired prior to reporting year: \$1,225,000                  Current Amount of Bonds Outstanding: \$32,105,000                  Purpose of project requiring the Bond Issuance: Commercial Property Construction/Acquisition/Revitalization/Improvement                  Was the bond issuance expected to result in new jobs being created? Yes                  If yes, how many jobs were planned to be created? 75                  If yes, how many jobs have been created to date? 722                  Have the bonds been fully retired? No</p>	<p>10. Name of Recipient of Bond                  Proceeds: 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: \$375,000                  Amt of Bond Principal retired prior to reporting year: \$365,000                  Current Amount of Bonds Outstanding: \$20,495,000                  Purpose of project requiring the Bond Issuance: Commercial Property Construction/Acquisition/Revitalization/Improvement                  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? 3                  Have the bonds been fully retired? No</p>
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Additional Comments: