

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?	No	
2. As required by section 2800(9) of PAL, did the Authority prepare an assessment of the effectiveness of its internal controls?	No	
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?	No	
6. Are any Authority staff also employed by another government agency?	Yes	VILLAGE OF SOUTH GLENS FALLS
7. Has the Authority posted their mission statement to their website?	Yes	WWW.SGFNY.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.SGFNY.COM

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.SGFNY.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.SGFNY.COM
7. Has the Board adopted bylaws and made them available to Board members and staff?	Yes	WWW.SGFNY.COM
8. Has the Board adopted a code of ethics for Board members and staff?	Yes	WWW.SGFNY.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	No	N/A
Time and Attendance	No	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?	No	N/A
14. Was a performance evaluation of the board completed?	No	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	RAHAL, MOUNIR	Name	PATRICKE, FRANK J
Chair of Board	No	Chair of Board	No
If yes, Chair designated By.		If yes, Chair designated By.	
Term Start Date	01/01/2013	Term Start Date	10/01/2008
Term Expiration Date	01/01/2017	Term Expiration Date	01/01/2018
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	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	KELLY, JOSEPH	Name	FITZGIBBONS, DEBBIE
Chair of Board	Yes	Chair of Board	No
If yes, Chair designated By.	Elected by Board	If yes, Chair designated By.	
Term Start Date	10/01/2008	Term Start Date	01/01/2013
Term Expiration Date	01/01/2017	Term Expiration Date	01/01/2018
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	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	ORLOW, JOSEPH
Chair of Board	No
If yes, Chair designated By.	
Term Start Date	01/01/2013
Term Expiration Date	01/01/2018
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?	Yes

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
This authority has indicated that it has no staff during the reporting period.																

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 Allow-ance	Spousal / Dependent Life Insurance	Tuition Assist-ance	Multi-Year Employ-ment	None of These Benefits	Other
PATRICKE, FRANK J	Board of Directors												X	
KELLY, JOSEPH	Board of Directors												X	
ORLOW, JOSEPH	Board of Directors												X	
FITZGIBBON S, DEBBIE	Board of Directors												X	
RAHAL, MOUNIR	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 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? 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
-----------------------------------	--------	-------------------

Subsidiary/Component Unit Creation

Name of Subsidiary/Component Unit	Establishment Date	Entity Purpose
-----------------------------------	--------------------	----------------

Subsidiary/Component Unit Termination

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

Summary Financial Information

SUMMARY STATEMENT OF NET ASSETS

<u>Assets</u>	
Current Assets	
Cash and cash equivalents	\$75,030
Investments	\$0
Receivables, net	\$34,262
Other assets	\$0
Total Current Assets	\$109,292
Noncurrent Assets	
Restricted cash and investments	\$0
Long-term receivables, net	\$36,153
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	\$36,153
Total Assets	\$145,445

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
Total Current Liabilities	\$0

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
Total Noncurrent Liabilities	\$0

Total Liabilities **\$0**

Net Asset (Deficit)

Net Asset

Invested in capital assets, net of related debt	\$0
Restricted	\$0
Unrestricted	\$145,445
Total Net Assets	\$145,445

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

Charges for services	\$0
Rental & financing income	\$935
Other operating revenues	\$0
Total Operating Revenue	\$935

Operating Expenses

Salaries and wages	\$0
Other employee benefits	\$0
Professional services contracts	\$2,340
Supplies and materials	\$0
Depreciation & amortization	\$0
Other operating expenses	\$2,367
Total Operating Expenses	\$4,707

Operating Income (Loss) **(\$3,772)**

Nonoperating Revenues

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

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
Total Nonoperating Expenses	\$0
Income (Loss) Before Contributions	(\$3,772)
Capital Contributions	\$0
Change in net assets	(\$3,772)
Net assets (deficit) beginning of year	\$149,217
Other net assets changes	\$0
Net assets (deficit) at end of year	\$145,445

Current Debt

Question	Response
1. Did the Authority have any outstanding debt, including conduit debt, at any point during the reporting period?	No
2. If yes, has the Authority issued any debt during the reporting period?	

New Debt Issuances List by Type of Debt and Program

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

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					
Revenue					
Other Non-State Funded					
Conduit					
Conduit Debt					
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?	No	
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	WWW.SGFNY.COM
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

<p>1. Source of Loan Funds: Federal Name of Loan Recipient: Alfred Merchant Address Line1: 48 Main Street Address Line2: City: SOUTH GLENS FALLS State: NY Zip - Plus4: 12803 Province/Region: Country: USA Original Amount of Loan: \$15,000 Date Loan Awarded: 11/01/2008 Interest Rate(%): 0 Length of Loan(# of years to repay): 5 Amount of Loan Principal Repaid to Date: \$12,250.00 Purpose of Loan: Commercial Property Construction/Acquisition/Revitalization/I mprovement Was the Loan expected to result in new jobs being created? Yes If yes, how many jobs were planned to be created? 1 If yes, how many jobs have been created to date? 1 Have the terms of the loan been completed? No</p>	<p>2. Source of Loan Funds: State Name of Loan Recipient: COMPLETE HOME THEATRE Address Line1: 47 MAIN ST Address Line2: City: SOUTH GLENS FALLS State: NY Zip - Plus4: 12803 Province/Region: Country: USA Original Amount of Loan: \$25,000 Date Loan Awarded: 11/30/2009 Interest Rate(%): 0 Length of Loan(# of years to repay): 5 Amount of Loan Principal Repaid to Date: \$20,417.00 Purpose of Loan: Business Expansion/Startup Was the Loan 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? 1 Have the terms of the loan been completed? No</p>
---	---

Loan Information

3. Source of Loan Funds: Federal
 Name of Loan Recipient: Charlie & Sherry Granger
 Address Line1: Main St
 Address Line2:
 City: SOUTH GLENS FALLS
 State: NY
 Zip - Plus4: 12803
 Province/Region:
 Country: USA
 Original Amount of Loan: \$25,000
 Date Loan Awarded: 05/01/2011
 Interest Rate(%): 0
 Length of Loan(# of years
 to repay): 5
 Amount of Loan Principal Repaid
 to Date: \$12,524.00
 Purpose of Loan: Business Expansion/Startup

Was the Loan expected to result
 in new jobs being created? Yes
 If yes, how many jobs were planned
 to be created? 1
 If yes, how many jobs have been
 created to date? 1
 Have the terms of the loan been
 completed? No

4. Source of Loan Funds: Federal
 Name of Loan Recipient: HAYES & HAYES LLC
 Address Line1: 1159 SARATOGA RD
 Address Line2:
 City: SOUTH GLENS FALLS
 State: NY
 Zip - Plus4: 12803
 Province/Region:
 Country: USA
 Original Amount of Loan: \$25,000
 Date Loan Awarded: 12/01/2012
 Interest Rate(%): 3
 Length of Loan(# of years
 to repay): 5
 Amount of Loan Principal Repaid
 to Date: \$4,705.00
 Purpose of Loan: Business Expansion/Startup

Was the Loan expected to result
 in new jobs being created? Yes
 If yes, how many jobs were planned
 to be created? 5
 If yes, how many jobs have been
 created to date? 5
 Have the terms of the loan been
 completed? No

Loan Information

5. Source of Loan Funds: Federal
 Name of Loan Recipient: Joseph E. Nichols
 Address Line1: 51 Saratog Avenue
 Address Line2:
 City: SOUTH GLENS FALLS
 State: NY
 Zip - Plus4: 12803
 Province/Region:
 Country: USA
 Original Amount of Loan: \$25,000
 Date Loan Awarded: 11/01/2008
 Interest Rate(%): 0
 Length of Loan(# of years
 to repay): 5
 Amount of Loan Prinicipal Repaid
 to Date: \$25,000.00
 Purpose of Loan: Business Expansion/Startup

Was the Loan expected to result
 in new jobs being created? Yes
 If yes, how many jobs were planned
 to be created? 1
 If yes, how many jobs have been
 created to date? 0
 Have the terms of the loan been
 completed? Yes

6. Source of Loan Funds: Federal
 Name of Loan Recipient: Lawernce Lefebvre
 Address Line1: 225 Main Street
 Address Line2:
 City: SOUTH GLENS FALLS
 State: NY
 Zip - Plus4: 12803
 Province/Region:
 Country: USA
 Original Amount of Loan: \$25,000
 Date Loan Awarded: 11/01/2008
 Interest Rate(%): 0
 Length of Loan(# of years
 to repay): 5
 Amount of Loan Prinicipal Repaid
 to Date: \$25,000.00
 Purpose of Loan: Commercial Property
 Construction/Acquisition/Revitalization/I
 mprovement

Was the Loan expected to result
 in new jobs being created? Yes
 If yes, how many jobs were planned
 to be created? 1
 If yes, how many jobs have been
 created to date? 0
 Have the terms of the loan been
 completed? Yes

Loan Information

7. Source of Loan Funds: State
 Name of Loan Recipient: MUSCLEWORKS LLC
 Address Line1: 41 RIVER ST
 Address Line2:
 City: SOUTH GLENS FALLS
 State: NY
 Zip - Plus4: 12803
 Province/Region:
 Country: USA
 Original Amount of Loan: \$25,000
 Date Loan Awarded: 11/01/2009
 Interest Rate(%): 0
 Length of Loan(# of years
 to repay): 5
 Amount of Loan Principal Repaid
 to Date: \$10,717.00
 Purpose of Loan: Business Expansion/Startup

Was the Loan expected to result
 in new jobs being created? Yes
 If yes, how many jobs were planned
 to be created? 4
 If yes, how many jobs have been
 created to date? 1
 Have the terms of the loan been
 completed? No

8. Source of Loan Funds: Federal
 Name of Loan Recipient: Mounir Rahal b/d/a MRJ Company
 Address Line1: 48-50 Saratoga Avenue
 Address Line2:
 City: SOUTH GLENS FALLS
 State: NY
 Zip - Plus4: 12803
 Province/Region:
 Country: USA
 Original Amount of Loan: \$22,500
 Date Loan Awarded: 11/01/2008
 Interest Rate(%): 0
 Length of Loan(# of years
 to repay): 5
 Amount of Loan Principal Repaid
 to Date: \$22,500.00
 Purpose of Loan: Commercial Property
 Construction/Acquisition/Revitalization/I
 mprovement

Was the Loan expected to result
 in new jobs being created? Yes
 If yes, how many jobs were planned
 to be created? 1
 If yes, how many jobs have been
 created to date? 1
 Have the terms of the loan been
 completed? Yes

Loan Information

9. Source of Loan Funds: Federal
 Name of Loan Recipient: Mr. Elliott Heyman, Jakes Round-up Inc
 Address Line1: 23 Main Street
 Address Line2:
 City: SOUTH GLENS FALLS
 State: NY
 Zip - Plus4: 12803
 Province/Region:
 Country: USA
 Original Amount of Loan: \$25,000
 Date Loan Awarded: 11/01/2007
 Interest Rate(%): 0
 Length of Loan(# of years
 to repay): 5
 Amount of Loan Principal Repaid
 to Date: \$22,919.00
 Purpose of Loan: Equipment and Fixed Asset Acquisition

Was the Loan expected to result
 in new jobs being created? Yes
 If yes, how many jobs were planned
 to be created? 1
 If yes, how many jobs have been
 created to date? 1
 Have the terms of the loan been
 completed? No

10. Source of Loan Funds: Federal
 Name of Loan Recipient: NEW YORK ECCENTRICS LLC
 Address Line1: 33 MAIN ST
 Address Line2:
 City: SOUTH GLENS FALLS
 State: NY
 Zip - Plus4: 12803
 Province/Region:
 Country: USA
 Original Amount of Loan: \$25,000
 Date Loan Awarded: 03/01/2012
 Interest Rate(%): 0
 Length of Loan(# of years
 to repay): 5
 Amount of Loan Principal Repaid
 to Date: \$5,229.00
 Purpose of Loan: Commercial Property
 Construction/Acquisition/Revitalization/I
 mprovement

Was the Loan expected to result
 in new jobs being created? Yes
 If yes, how many jobs were planned
 to be created? 1
 If yes, how many jobs have been
 created to date? 0
 Have the terms of the loan been
 completed? No

Loan Information

11. Source of Loan Funds: Federal
 Name of Loan Recipient: Nicholas David
 Address Line1: Main St
 Address Line2:
 City: SOUTH GLENS FALLS
 State: NY
 Zip - Plus4: 12803
 Province/Region:
 Country: USA
 Original Amount of Loan: \$25,000
 Date Loan Awarded: 04/01/2011
 Interest Rate(%): 0
 Length of Loan(# of years
 to repay): 5
 Amount of Loan Principal Repaid
 to Date: \$10,823.00
 Purpose of Loan: Business Expansion/Startup

Was the Loan expected to result
 in new jobs being created? Yes
 If yes, how many jobs were planned
 to be created? 6
 If yes, how many jobs have been
 created to date? 0
 Have the terms of the loan been
 completed? No

12. Source of Loan Funds: Federal
 Name of Loan Recipient: Pamela Price, Hair Loft
 Address Line1: 47 Main Street
 Address Line2:
 City: SOUTH GLENS FALLS
 State: NY
 Zip - Plus4: 12803
 Province/Region:
 Country: USA
 Original Amount of Loan: \$25,000
 Date Loan Awarded: 03/01/2008
 Interest Rate(%): 0
 Length of Loan(# of years
 to repay): 5
 Amount of Loan Principal Repaid
 to Date: \$25,000.00
 Purpose of Loan: Business Expansion/Startup

Was the Loan expected to result
 in new jobs being created? Yes
 If yes, how many jobs were planned
 to be created? 1
 If yes, how many jobs have been
 created to date? 1
 Have the terms of the loan been
 completed? Yes

Bond Information

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

Additional Comments: