Annual Report for Clinton County Capital Resource Corporation **Run Date: 06/30/2016**

Fiscal Year Ending:12/31/2015 **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.clintoncountyida.com/cc_capital-resource-corp.html
2. As required by section 2800(9) of PAL, did the Authority prepare an assessment of the effectiveness of its internal controls?	Yes	www.clintoncountyida.com/cc_capital-resource-corp.html
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.clintoncountyida.com/cc_capital-resource-corp.html
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.clintoncountyida.com/cc_capital-resource-corp.html
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.clintoncountyida.com/cc_capital-resource-corp.html

Annual Report for Clinton County Capital Resource Corporation **Run Date: 06/30/2016**
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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.clintoncountyida.com/cc_capital-resource-corp.html
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.clintoncountyida.com/cc_capital-resource-corp.html
7. Has the Board adopted bylaws and made them available to Board members and staff?	Yes	www.clintoncountyida.com/cc_capital-resource-corp.html
8. Has the Board adopted a code of ethics for Board members and staff?	Yes	www.clintoncountyida.com/cc_capital-resource-corp.html
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?	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	Zurlo, Michael	**Name**	Trahan, Trent
Chair of Board	No	**Chair of Board**	Yes
If yes, Chair designated By.		**If yes, Chair designated By.**	Local
Term Start Date	11/11/2010	**Term Start Date**	11/11/2010
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?	Yes	**Complied with training requirement of Section 2824?**	Yes
Does the Board member/designee also hold an elected or appointed State gove	No	**Does the Board member/designee also hold an elected or appointed State gove**	No
Does the Board member/designee also hold an elected or appointed municipal government position?	Yes	**Does the Board member/designee also hold an elected or appointed municipal government position?**	No

Board of Directors Listing

Name	Leta, Mark	**Name**	Defayette, Keith
Chair of Board	No	**Chair of Board**	No
If yes, Chair designated By.		**If yes, Chair designated By.**	
Term Start Date	11/11/2010	**Term Start Date**	09/11/2013
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?**	No

Board of Directors Listing

Name	Murray, Kim	**Name**	Hoover, David
Chair of Board	No	**Chair of Board**	No
If yes, Chair designated By.		**If yes, Chair designated By.**	
Term Start Date	07/24/2013	**Term Start Date**	11/11/2010
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?	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	VanNatten, John
Chair of Board	No
If yes, Chair designated By.	
Term Start Date	11/11/2010
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

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Staff Listing

Name	Title	Group	Department / Subsidiary	Union Name	Barga-ining Unit	Full Time/ Part Time	Exempt	Base Annualized Salary	Actual salary paid to the Individual	Over time paid by Authority	Performance Bonus	Extra Pay	Other Compensation/Allowances/Adjustments	Total Compens-ation	Individual also paid by another entity to perform the work of the Authority	If yes, Is the payment made by a State or local government
Hynes, Erin	Executive Director (former)	Executive				FT	Yes	0.00	0	0	0	0	0	0	Yes	No
Jabaut, Christine	Comptroller	Professional				FT	Yes	0.00	0	0	0	0	0	0	Yes	No
Paul, Grasso	Executive Director (interim)	Executive				PT	Yes	0.00	0	0	0	0	0	0	Yes	No
Roseanne, Murphy	Executive Director	Executive				PT	Yes	0.00	0	0	0	0	0	0	Yes	No
Shute, Barbara	Administrative Assistant	Administrative and Clerical				FT	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	Transpo-rtation	Housing Allow-ance	Spousal / Dependent Life Insurance	Tuition Assist-ance	Multi-Year Employ-ment	None of These Benefits	Other
Murray, Kim	Board of Directors												X	
Defayette, Keith	Board of Directors												X	
Hoover, David	Board of Directors												X	
Trahan, Trent	Board of Directors												X	
Leta, Mark	Board of Directors												X	
Zurlo, Michael	Board of Directors												X	
VanNatten, John	Board of Directors												X	

Staff

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

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

Subsidiary/Component Unit Verification

Is the list of subsidiaries, as assembled by the Office of the State Comptroller, correct?	Yes
Are there other subsidiaries or component units of the Authority that are active, not included in the PARIS reports submitted by this Au	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

Assets	
Current Assets	
Cash and cash equivalents	$45,750
Investments	$0
Receivables, net	$0
Other assets	$0
Total Current Assets	$45,750
Noncurrent 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	**$45,750**

Summary Financial Information

SUMMARY STATEMENT OF NET ASSETS

Liabilities	
Current Liabilities	
Accounts payable	$4,425
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	$4,425
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	**$4,425**
Net Asset (Deficit)	
Net Asset	
Invested in capital assets, net of related debt	$0
Restricted	$0
Unrestricted	$41,325
Total Net Assets	**$41,325**

Summary Financial Information

SUMMARY STATEMENT OF REVENUE, EXPENSES AND CHANGE IN NET ASSETS

Operating Revenues	
Charges for services	$45,750
Rental & financing income	$0
Other operating revenues	$0
Total Operating Revenue	**$45,750**
Operating Expenses	
Salaries and wages	$0
Other employee benefits	$0
Professional services contracts	$4,425
Supplies and materials	$0
Depreciation & amortization	$0
Other operating expenses	$0
Total Operating Expenses	$4,425
Operating Income (Loss)	**$41,325**
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 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	**$41,325**
Capital Contributions	$0
Change in net assets	$41,325
Net assets (deficit) beginning of year	$0
Other net assets changes	$0
Net assets (deficit) at end of year	**$41,325**

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
Hudson Headwater Health Network	Refunding New Total	0.00 50,005.00 50,005.00		12/15/2015		Negotiated	2.85	Fixed	30	0.00		

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Schedule of Authority Debt

Type of Debt	Statutory Authorization ($)	Outstanding Start of Fiscal Year ($)	New Debt Issuances ($)	Debt Retired ($)	Outstanding End of Fiscal Year ($)
State Obligation					
State Guaranteed					
State Supported					
State Contingent Obligation					
State Moral Obligation					
Other State Funded					
Authority Obligation					
General Obligation					
Revenue					
Other Non-State Funded					
Conduit					
Conduit Debt	0.00	0.00	50,005.00	0.00	50,005.00
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.clintoncountyida.com/cc_capital-resource-corp.html
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.

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Bond Information

1. Name of Recipient of Bond Proceeds:	Hudson Headwater Health Network
Address Line1:	9 Carey Rd
Address Line2:	
City:	QUEENSBURY
State:	NY
Zip - Plus4:	12804
Province/Region:	
Country:	USA
Amount of Bonds Issued:	$50,005.00
Date Bonds Issued:	12/15/2015
Bond Interest Rate:	2.85
Last Year Bonds Expected to be Retired:	2037
Amount of Bond Principal retired during the reporting year:	$0
Amt of Bond Principal retired prior to reporting year:	
Current Amount of Bonds Outstanding:	$50,005
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?	59
If yes, how many jobs have been created to date?	0
Have the bonds been fully retired?	No

Additional Comments: