

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
FOR THE PERIOD: January 1, 2015 TO December 31, 2015

SCHEDULE CFR-i
AGENCY IDENTIFICATION
AND CERTIFICATION
STATEMENT PAGE 1

AGENCY NAME: Any Agency
AGENCY ADDRESS: 24 Phillips St
New York, New York 10003-1234
 Please check the box if the agency address changed from the prior reporting period.

AGENCY CODE: 10000
COUNTY NAME: New York
COUNTY CODE: 31

TYPE OF OWNERSHIP:
NOT-FOR-PROFIT:
PROPRIETARY:
GOVERNMENTAL:

SCHOOL CODE (SED ONLY): 010205005555

FEDERAL EMPLOYER ID NUMBER: 01-2345678

Person to Contact with Regard to Questions Concerning this Report:

Ms. Sally Sanders 212 355-7778 Ext. 123

Name Telephone Number

Controller 212 355-4242

Title FAX Number

ssanders@anyagency.com

E-mail Address

Please check the box if the person to contact changed from the prior reporting period.

CERTIFIED FINANCIAL STATEMENT REPORTING PERIOD: 01/01/2015 - 12/31/2015

CHECK THE STATE AGENCY (IES): OMH
 OPWDD
 OASAS
 SED

CHECK THE CFR SUBMISSION TYPE: FULL CFR
 ABBREVIATED CFR
 ARTICLE 28 ABBREVIATED CFR
 MINI-ABBREVIATED CFR
 ESTIMATED CLAIM

MISREPRESENTATION OF ANY INFORMATION CONTAINED IN THIS REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER NEW YORK STATE LAW.

CERTIFICATION STATEMENT

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT, THAT THE INFORMATION FURNISHED IN THIS REPORT HAS BEEN COMPLETED IN ITS ENTIRETY, AND IS IN ACCORDANCE WITH THE INSTRUCTIONS AND IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER ATTEST TO THE FACT THAT THERE ARE RECORDS AND ALLOCATION WORKSHEETS TO SUPPORT ALL THE INFORMATION CONTAINED HEREIN, IN THE CUSTODY OF THE ABOVE NAMED SPONSORING AGENCY. I ACKNOWLEDGE THAT THE DEPARTMENT OF MENTAL HYGIENE, OR ANY OF ITS OFFICES OR DIVISIONS, OR THE STATE EDUCATION DEPARTMENT, OR ANY OF ITS OFFICES OR DIVISIONS, MAY REJECT THIS REPORT IF IT HAS NOT BEEN FULLY, OR ACCURATELY COMPLETED.

10/14/2014

Date

212 355-7778 Ext. 133

Telephone Number

Mrs. Mary Reynolds - Executive Director

Name and Title

mreynolds@anyagency.com

E-mail Address

Signature of Director
 Please check the box if the Director changed from the prior reporting period.

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
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SCHEDULE CFR-ii
INDEPENDENT ACCOUNTANT'S REPORT
VOLUNTARY AGENCY or
COUNTY GOVERNMENT
PAGE 2

AGENCY NAME: Any Agency

AGENCY CODE: 10000

SCHOOL CODE (SED ONLY): (SED ONLY)

We have audited the accompanying financial statements of the the Agency listed above, which comprise the statement of financial position as of December 31, 2015, and the related statements of activities, changes in net assets and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Agency listed above as of December 31, 2015, and the changes in its net assets and/or equity and its cash flows for the year then ended in accordance with U.S. generally accepted accounting principles.

Other Matters

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The information included on Schedules (as applicable) CFR-1, lines 13, 16, 17, 20, 41, 48, 63-67, 69-107; CFR-2; CFR-3; CFR-4; CFR-4A; CFR-5; CFR-6, Section 3; DMH-1; OMH-1; OMH-4; OPWDD-5; SED-1; and SED-4, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information reported on the CFR with Document Control Number 79442253 has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole. The other information included in this Consolidated Fiscal Report identified by Document Control Number 79442253, was not audited by us and, accordingly, we express no opinion thereon.

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Report on Other Legal and Regulatory Requirements

We have examined the above detailed schedules' conformity with the applicable instructions relating to the preparation of those schedules contained within the Consolidated Fiscal Reporting and Claiming Manual for the year ended December 31, 2015. The Agency's management is responsible for the schedules' conformity with those instructions. Our responsibility is to express an opinion on the schedules' conformity with those instructions based upon our examination.

Our examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants and, accordingly, included examining, on a test basis, evidence supporting the above referenced CFR schedules' conformity with the applicable instructions and performing such other procedures as we considered necessary in the circumstances including following the procedures contained in Appendix AA of the Consolidated Fiscal Reporting and Claiming Manual. We believe our examination provides a reasonable basis for our opinion.

In our opinion, the schedules detailed above are, in all material respects, in conformity with the applicable instructions relating to the preparation of the Consolidated Fiscal Report as furnished by the New York State Office For People With Developmental Disabilities, New York State Office of Mental Health, New York State Office of Alcoholism and Substance Abuse Services, and New York State Education Department for the year ended December 31, 2015.

This report is intended solely for the information and use of the Agency's management, the New York State governmental funding agencies, and any funding Counties that are required to receive a copy of this report and is not intended to be and should not be used by anyone other than these specified parties.

The undersigned hereby certifies this opinion and that we have disclosed any and all material facts known to us, disclosure of which is necessary to make this opinion, the basic financial statements and the above referenced CFR schedules not misleading. The undersigned hereby further certifies that we will disclose any material fact discovered by us subsequent to this certification, which existed at the time of this certification and was not disclosed in the basic financial statements or the above referenced CFR schedules, the disclosure of which is necessary to make the basic financial statements or the CFR schedules not misleading and will disclose any material misstatement in said financial statements or the above referenced CFR schedules.

During the period of this professional engagement, at the time of expressing this opinion and during the period covered by the financial statements, we did not have nor were committed to acquire, any direct financial interest or material indirect financial interest in the ownership or operation of the facility and we were not connected in any way with the ownership, financing or operation of the facility as a director, officer or employee, or in any capacity other than as an independent certified public accountant or independent public accountant.

10/10/2104

Date CFR-ii signed

09/10/2014

Date of Report (Enter the date of the audit report on the financial statements.)

315 222-3535

Telephone Number

1234567

CPA Firm Registration Number

Signature of Independent Accountant, Firm, or Sole Practitioner
Charles Salerno

C.Salerno Associates, CPA

Firm Name

66 Wall Street
Homer, NY 13222

Address

Firm Contact Person

AGENCY NAME: Any Agency

AGENCY CODE: 10000

COUNTY/NYC - OPERATED OR VOLUNTARY LOCAL SERVICE PROVIDER CERTIFICATION

I certify that the attached statement fully and accurately represents all reportable income and expenditures made for services performed in accordance with the provision of the Mental Hygiene Law and approved budgets.

There are records and worksheets to support this statement in the custody of the above named agency. Such records and worksheets include the necessary summaries of payrolls and time records, abstracts from ledgers, registers or other expense records. All income from fees, all payments by other State or Federal agencies and any other income have been recorded, included and summarized in support of the amounts reported herein.

Records and worksheets, including records which show that the agency has applied for and received, or received formal notification of refusal of, all forms of third party reimbursement and federal aid, which may be appropriate for such services, are on file at the above location and available for audit by the Office of the State Comptroller and/or representatives of the New York State Commissioner of the Office of Alcoholism and Substance Abuse Services, Commissioner of the Office for People With Developmental Disabilities, or the Commissioner of the Office of Mental Health.

I understand that the State Aid paid on the basis of this certification for local assistance providers may be adjusted, modified and reduced if the records referred to above do not support this financial statement, and that such a reduction may require a repayment to the State of any overpayments which are disclosed by audit.

Signed: _____ Signed: _____
(For Voluntary Local Service Provider) (For County/City Operated Local Service Provider)
Title: Executive Director Title: _____
(Service Provider's Chief Executive Officer) (LGU's Chief Fiscal Officer)
Date: 10/14/2014 Date: _____

LOCAL GOVERNMENTAL UNIT CERTIFICATION

I have verified that the costs and revenue reported in the Total column of Schedule DMH-3 are consistent with the contract expenditures and income amounts as approved by this local governmental unit. I also affirm that the expenditures were necessary to provide the services covered by the approved budget and that further review will establish if all income has been fully reported.

I understand that the State Aid paid to this local governmental unit on the basis of this certification may be adjusted, modified and reduced if records are not available, or do not support this financial statement. I hereby recommend that final reimbursement be approved.

Signed: _____
Director of Community Mental Health Services
Local Governmental
Unit: _____
Date: _____

Funding State Agency:
 OMH SED
 OPWDD
 OASAS

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SCHEDULE CFR-1
 PROGRAM/SITE
 DATA

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: (SED ONLY)

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
SECTION A: GENERAL INFORMATION						
1)	Program Type	00070 Advocacy/Support Services		Advocacy/Support Services	Clinic Treatment	Community Residence, Children
2)	Program Code (Program Code Index)	00010 1760 (00)		1760 (00)	2100 (00)	7050 (00)
3)	Program/Site Identification Number	00050 1111050		1111276	1111052	1111975
4)	Program/Site Name	00020 OMH Answers		OMH Shoulders	Bunn Street Clinic	Regency House
5)	Program/Site Address (Line One)	00030 29 Stewart St		22 My Way Drive	25 Bunn St	200 East 105th St
6)	Program/Site Address (Line Two)	00040 New York, NY 10001-3101		New York, NY 10003-1111	New York, NY 10003-1111	New York, NY 10003-1113
7a)	Medicaid Provider Agreement Number (DMH only)	00060			13456123	13456123
7b)	National Provider ID Number (DMH Only)	00061			180607777	180607777
8)	County Code (See Appendix C)	00080 31		31	31	31
9)	Date Site Opened	00090 06/01/2015		06/01/2015	02/02/1992	01/16/1991
10)	Certified Capacity (OASAS, OPWDD and SED only)	00100	0	0	0	0
11)	Actual Capacity (OMH, OPWDD and SED only)	00110	0	0	0	0
12)	Actual Days Program/Site Open	00160	135	135	365	365
13)	Units Of Service	00120	125	132	6,216	3,750
14)	Respite or TUBS Units of Service (OPWDD only)	00130	0	0	0	0
15)	Program/Site Square Footage (OASAS, OPWDD and SED Only)	00150	0	0	0	0

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SCHEDULE CFR-1
 PROGRAM/SITE
 DATA

 AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: (SED ONLY)

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
	Program Code (Program Code Index)		1760 (00)	1760 (00)	2100 (00)	7050 (00)
	Program/Site Identification Number		1111050	1111276	1111052	1111975
SECTION B: EXPENSES						
PERSONAL SERVICES						
16)	Personal Services-Program/Site & Program Admin*	11999	22,987	22,994	372,548	578,598
17)	Vacation Accruals-Program/Site & Program Admin*	12999	414	431	685	1,312
FRINGE BENEFITS						
18)	Mandated Fringe Benefits	13200	2,281	2,283	36,957	57,397
19)	Non-Mandated Fringe Benefits	13300	3,968	3,969	64,302	99,866
20)	Total Fringe Benefits (Sum Lines 18 & 19)	13999	6,249	6,252	101,259	157,263
OTHER THAN PERSONAL SERVICES (OTPS)						
21)	Food	14010	0	0	0	17,861
22)	Repairs and Maintenance	14020	272	272	21,412	11,204
23)	Utilities	14030	681	681	25,737	9,522
24)	Transportation Related - Participant**	14040	16	16	0	11,176
25)	Staff Travel	14250	1,950	1,211	120	134
26)	Participant Incidentals	14050	0	0	4,804	3,903
27)	Expensed Adaptive Equipment (OPWDD and SED only)	14070	0	0	0	0
28)	Expensed Equipment	14080	83	23	1,768	0
29)	Sub-Contract Raw Materials	14090	0	0	0	0
30)	Participant Wages - Non-Contract	14100	0	0	0	0

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 DATA

 AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: (SED ONLY)

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
	Program Code (Program Code Index)		1760 (00)	1760 (00)	2100 (00)	7050 (00)
	Program/Site Identification Number		1111050	1111276	1111052	1111975
31)	Participant Wages-Contract	14110	0	0	0	0
32)	Participant Fringe Benefits	14120	0	0	0	0
33)	Section 43.04 Services Assessment (OPWDD only)	14130	0	0	0	0
34)	Staff Development	14140	45	184	3,628	3,255
35)	Contracted Direct Care and Clinical Personal Services (from CFR-4A)	14150	0	0	71,885	0
36)	Supplies and Materials - Non-Household	14160	81	43	8,748	1,587
37)	Household Supplies	14170	182	181	3,524	5,517
38)	Telephone	14190	231	228	7,911	7,033
39)	Insurance - General	14260	17	17	3,182	3,295
40)	Other (Detail Required)	14998	127	127	7,692	0
41)	Total Other Than Personal Services (Sum Lines 21-40)	14999	3,685	2,983	160,411	74,487
	EQUIPMENT - PROVIDER PAID					
42)	Lease/Rental Vehicle	15010	0	0	1,600	0
43)	Lease/Rental Equipment	15020	0	0	1,000	0
44)	Depreciation - Vehicle	15040	21	21	0	1,221
45)	Depreciation - Equipment	15050	126	126	0	0
46)	Interest - Vehicle	15070	0	0	0	0
47)	Other (Detail Required)	15998	0	0	0	0
48)	Total Equipment (Sum Lines 42-47)	15999	147	147	2,600	1,221
	PROPERTY - PROVIDER PAID					
49)	Lease/Rental - Real Property	16010	1,105	1,205	68,620	0
50)	Leasehold/Leasehold Improvements	16020	0	0	0	0
51)	Depreciation - Building	16030	0	0	0	14,674
52)	Depreciation - Building/Land Improvements	16040	0	0	0	0

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AGENCY NAME: Any Agency
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 SCHOOL CODE: (SED ONLY)

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
	Program Code (Program Code Index)		1760 (00)	1760 (00)	2100 (00)	7050 (00)
	Program/Site Identification Number		1111050	1111276	1111052	1111975
53)	Mortgage/Cap Imprv Interest (Report MCFFA Bond Int. on Line 59)	16060	0	0	0	0
54)	Mortgage Expenses	16070	0	0	0	0
55)	Insurance - Property & Casualty	16080	243	292	998	1,013
56)	Real Estate Taxes	16090	0	0	0	847
57)	Interest on Capital Indebtedness	16100	0	0	0	0
58)	Start-Up Expenses	16110	0	0	0	0
59)	MCFFA/DASNY Interest Expense	16120	0	0	0	19,256
60)	MCFFA/DASNY Administration Fees	16130	0	0	0	0
61)	Maintenance in Lieu of Rent (LGU Only)	16140	0	0	0	0
62)	Other (Detail Required)	16998	0	0	0	1,522
63)	Total Property-Provider Paid (Sum of Lines 49-62)	16999	1,348	1,497	69,618	37,312
TOTALS						
64)	Total Operating Costs (Sum lines 16,17,20,41 minus 29)	19010	33,335	32,660	634,903	811,660
65)	Agency Admin. Alloc.* (Line 64 times 0.097691)	19050	3,257	3,191	62,024	79,292
66)	Adjustments/Non-Allowable Costs (Detail Required)	19030	0	0	1,000	0
67)	Total Prog/Site Costs (Sum lines 29, 48, 63-65 minus 66)	19060	38,087	37,495	768,145	929,485
OPWDD Only - Informational						
68a)	Other Than To/From Transportation Allocation	19101	0	0	0	0
68b)	To/From Transportation Allocation	19102	0	0	0	0
68c)	ICF/DD SED Contract Liability	19103	0	0	0	0
68d)	Program Administration Property	19104	0	0	0	0

* The applicable 6 digit adjusted ratio value factor from CFR-3.2, line 65 through 69. Agency administration should not be allocated to programs 0880, 0890 and state agency specific programs which are exempt from agency administration.

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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
	Program Code (Program Code Index)		1760 (00)	1760 (00)	2100 (00)	7050 (00)
	Program/Site Identification Number		1111050	1111276	1111052	1111975
SECTION C: REVENUES						
69)	Participant Fee (Less SSI & SSA)	20010	0	0	19,786	0
70)	SSI and SSA	20020	0	0	0	69,505
71)	Home Relief/Public Assistance	20030	0	0	0	0
72)	Medicaid	20040	0	0	680,382	868,526
73)	Medicare	20060	0	0	65,627	0
74)	Other Third Parties (Detail Required)	20070	0	0	4,279	0
75)	OPWDD Residential Room and Board/NYS OPTS	20080	0	0	0	0
76)	Transportation, Medicaid	20090	0	0	0	0
77)	Transportation, Other (Detail Required)	20100	0	0	0	0
78)	Sales: Contract Total	21070	0	0	0	0
79)	Federal Grants (Detail Required)	22040	0	0	0	0
80)	State Grants (Detail Required)	22030	0	0	0	0
81)	LTSE Income Total (OMH and OPWDD only)	22080	0	0	0	0
82)	SNAP (OASAS, OPWDD), Food Revenue (SED Only)	22160	0	0	0	0
83)	Gifts, Legacies, Bequests, Restricted Donations	22010	0	0	0	1,050
84)	Section 202/8/811 HUD Funds *	22020	0	0	0	0
85)	Interest/Dividend Income	22050	0	0	0	0
86)	Prior Period Rate Adjustments**	22090	0	0	0	0
87)	Excessive Teacher Turnover Prevention Grant (SED only)	22100	0	0	0	0
88)	LDSS County Revenue (SED only)	22110	0	0	0	0
89)	4402 Revenue (School District In-State) (SED only)	22120	0	0	0	0

** Refer to CFR manual for specific instructions.

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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
	Program Code (Program Code Index)		1760 (00)	1760 (00)	2100 (00)	7050 (00)
	Program/Site Identification Number		1111050	1111276	1111052	1111975
90)	Department of Health Chapter 428 Revenue (SED only)	22130	0	0	0	0
91)	4408 Revenue (School District) (SED only)	22140	0	0	0	0
92)	4410 Revenue (Preschool) (SED only)	22150	0	0	0	0
93)	Net Deficit Funding (State & LGU Funding only)*	20110	38,250	38,250	0	0
94)	Other Revenue (Detail Required)	22998	123	113	1,498	168
95)	Gross Revenues (Sum Lines 69-94)	23999	38,373	38,363	771,572	939,249
	GAAP ADJUSTMENTS TO REVENUE					
96)	Participant Allowance	24010	0	0	0	0
97)	Uncollectible Accounts Receivable	24040	0	0	0	0
98)	Other (Detail Required)	24996	0	0	0	0
99)	Total GAAP Adjustments (Sum Lines 96-98)	24997	0	0	0	0
100)	Net GAAP Revenues (Line 95 minus 99)	24998	38,373	38,363	771,572	939,249
	NON-GAAP ADJUSTMENTS TO REVENUE					
101)	Exempt Contract Income	24050	0	0	0	0
102)	Exempt LTSE Income	24060	0	0	0	0
103)	Net Deficit Funding**	24070	38,250	38,250	0	0
104)	Other (Detail Required)	24080	0	0	0	0
105)	Total NON-GAAP Adjustments (Sum Lines 101-104)	24097	38,250	38,250	0	0
106)	TOTAL ADJ. TO REVENUE (Sum Lines 99 & 105)	24999	38,250	38,250	0	0
107)	TOTAL NET REVENUES (Line 95 minus 106)	25999	123	113	771,572	939,249

* Do not include non-funded or voluntary contributions.

** Amounts should equal the corresponding amounts reported as revenue on line 93 above.

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 DATA

AGENCY NAME: Any Agency
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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
SECTION A: GENERAL INFORMATION						
1)	Program Type	00070	Family Support Services	HCBS Group Day Hab. Service (HCBS Individual Day Habilitat	Subcontract Service
2)	Program Code (Program Code Index)	00010	0150 (00)	0223 (00)	0225 (00)	0880 (00)
3)	Program/Site Identification Number	00050	1539150	1539223	1539151	1539880
4)	Program/Site Name	00020	Conseling Center	HCBS Conseling Center	HCBS Group Day Center	Transportation
5)	Program/Site Address (Line One)	00030	25 Bunn Street	25 Bunn Street	25 Bunn Street	25 Bunn Street
6)	Program/Site Address (Line Two)	00040	New York, NY 10003-1111	New York, NY 10003-1111	New York, NY 10003-1111	New York, NY 10003-1111
7a)	Medicaid Provider Agreement Number (DMH only)	00060		2693052	13-34928	
7b)	National Provider ID Number (DMH Only)	00061	133492890			
8)	County Code (See Appendix C)	00080	31	31	31	31
9)	Date Site Opened	00090	07/01/1997	11/17/1998	01/01/2008	
10)	Certified Capacity (OASAS, OPWDD and SED only)	00100	80	303	303	0
11)	Actual Capacity (OMH, OPWDD and SED only)	00110	25	308	272	0
12)	Actual Days Program/Site Open	00160	0	258	365	0
13)	Units Of Service	00120	2,030	56,831	27,159	0
14)	Respite or TUBS Units of Service (OPWDD only)	00130	0	0	0	0
15)	Program/Site Square Footage (OASAS, OPWDD and SED Only)	00150	203	11,734	11,159	0

Funding State Agency:
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 PROGRAM/SITE
 DATA

 AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: (SED ONLY)

Line No.	COLUMN NUMBER ITEM DESCRIPTION Program Code (Program Code Index) Program/Site Identification Number	Cost Codes	1 0150 (00) 1539150	2 0223 (00) 1539223	3 0225 (00) 1539151	4 0880 (00) 1539880
SECTION B: EXPENSES						
PERSONAL SERVICES						
16)	Personal Services-Program/Site & Program Admin*	11999	59,644	3,037,902	1,220,707	0
17)	Vacation Accruals-Program/Site & Program Admin*	12999	-6	-306	-123	0
FRINGE BENEFITS						
18)	Mandated Fringe Benefits	13200	4,900	249,588	100,291	0
19)	Non-Mandated Fringe Benefits	13300	2,799	392,393	84,295	0
20)	Total Fringe Benefits (Sum Lines 18 & 19)	13999	7,699	641,981	184,586	0
OTHER THAN PERSONAL SERVICES (OTPS)						
21)	Food	14010	102	208,548	171,997	0
22)	Repairs and Maintenance	14020	325	52,334	46,220	0
23)	Utilities	14030	660	52,648	48,090	0
24)	Transportation Related - Participant**	14040	0	43,565	35,134	1,400,000
25)	Staff Travel	14250	172	36,850	11,653	0
26)	Participant Incidentals	14050	20	70,262	28,544	0
27)	Expensed Adaptive Equipment (OPWDD and SED only)	14070	0	0	0	0
28)	Expensed Equipment	14080	0	0	0	0
29)	Sub-Contract Raw Materials	14090	0	0	0	0
30)	Participant Wages - Non-Contract	14100	0	0	0	0

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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
	Program Code (Program Code Index)		0150 (00)	0223 (00)	0225 (00)	0880 (00)
	Program/Site Identification Number		1539150	1539223	1539151	1539880
31)	Participant Wages-Contract	14110	0	0	0	0
32)	Participant Fringe Benefits	14120	0	0	0	0
33)	Section 43.04 Services Assessment (OPWDD only)	14130	0	0	0	0
34)	Staff Development	14140	1,237	13,012	523	0
35)	Contracted Direct Care and Clinical Personal Services (from CFR-4A)	14150	0	71,203	124,976	0
36)	Supplies and Materials - Non-Household	14160	4,082	113,294	59,840	0
37)	Household Supplies	14170	0	0	0	0
38)	Telephone	14190	912	21,663	9,846	0
39)	Insurance - General	14260	0	37,414	29,870	0
40)	Other (Detail Required)	14998	4,393	208,364	103,138	0
41)	Total Other Than Personal Services (Sum Lines 21-40)	14999	11,903	929,157	669,831	1,400,000
EQUIPMENT - PROVIDER PAID						
42)	Lease/Rental Vehicle	15010	0	18,196	0	1,266,493
43)	Lease/Rental Equipment	15020	0	149	146	0
44)	Depreciation - Vehicle	15040	5,325	63,743	9,911	0
45)	Depreciation - Equipment	15050	612	96,696	11,751	0
46)	Interest - Vehicle	15070	0	4,653	3,376	0
47)	Other (Detail Required)	15998	0	0	0	0
48)	Total Equipment (Sum Lines 42-47)	15999	5,937	183,437	25,184	1,266,493
PROPERTY - PROVIDER PAID						
49)	Lease/Rental - Real Property	16010	0	158,372	133,652	0
50)	Leasehold/Leasehold Improvements	16020	12	21,687	4,374	0
51)	Depreciation - Building	16030	136	60,191	47,988	0
52)	Depreciation - Building/Land Improvements	16040	0	480	0	0

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 AGENCY NAME: Any Agency
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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
	Program Code (Program Code Index)		0150 (00)	0223 (00)	0225 (00)	0880 (00)
	Program/Site Identification Number		1539150	1539223	1539151	1539880
53)	Mortgage/Cap Imprv Interest (Report MCFFA Bond Int. on Line 59)	16060	0	0	0	0
54)	Mortgage Expenses	16070	0	0	0	0
55)	Insurance - Property & Casualty	16080	148	56,435	0	0
56)	Real Estate Taxes	16090	0	66,525	0	0
57)	Interest on Capital Indebtedness	16100	0	0	52,473	0
58)	Start-Up Expenses	16110	0	0	63,389	0
59)	MCFFA/DASNY Interest Expense	16120	0	0	0	0
60)	MCFFA/DASNY Administration Fees	16130	0	0	0	0
61)	Maintenance in Lieu of Rent (LGU Only)	16140	0	0	0	0
62)	Other (Detail Required)	16998	0	0	0	0
63)	Total Property-Provider Paid (Sum of Lines 49-62)	16999	296	363,690	301,876	0
TOTALS						
64)	Total Operating Costs (Sum lines 16,17,20,41 minus 29)	19010	79,240	4,608,734	2,075,001	1,400,000
65)	Agency Admin. Alloc.* (Line 64 times 0.097691)	19050	7,741	450,233	202,709	0
66)	Adjustments/Non-Allowable Costs (Detail Required)	19030	0	0	0	0
67)	Total Prog/Site Costs (Sum lines 29, 48, 63-65 minus 66)	19060	93,214	5,606,094	2,604,770	2,666,493
OPWDD Only - Informational						
68a)	Other Than To/From Transportation Allocation	19101	0	0	0	0
68b)	To/From Transportation Allocation	19102	0	1,266,493	668,493	0
68c)	ICF/DD SED Contract Liability	19103	0	0	0	0
68d)	Program Administration Property	19104	0	0	0	0

* The applicable 6 digit adjusted ratio value factor from CFR-3.2, line 65 through 69. Agency administration should not be allocated to programs 0880, 0890 and state agency specific programs which are exempt from agency administration.

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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
	Program Code (Program Code Index)		0150 (00)	0223 (00)	0225 (00)	0880 (00)
	Program/Site Identification Number		1539150	1539223	1539151	1539880
SECTION C: REVENUES						
69)	Participant Fee (Less SSI & SSA)	20010	0	0	0	0
70)	SSI and SSA	20020	0	0	0	0
71)	Home Relief/Public Assistance	20030	0	0	0	0
72)	Medicaid	20040	0	6,990,980	3,455,949	0
73)	Medicare	20060	0	0	0	0
74)	Other Third Parties (Detail Required)	20070	0	177,136	0	0
75)	OPWDD Residential Room and Board/NYS OPTS	20080	0	0	0	0
76)	Transportation, Medicaid	20090	0	0	0	0
77)	Transportation, Other (Detail Required)	20100	0	0	0	0
78)	Sales: Contract Total	21070	0	0	0	0
79)	Federal Grants (Detail Required)	22040	0	131,846	104,081	0
80)	State Grants (Detail Required)	22030	0	0	0	0
81)	LTSE Income Total (OMH and OPWDD only)	22080	0	0	0	0
82)	SNAP (OASAS, OPWDD), Food Revenue (SED Only)	22160	0	0	0	0
83)	Gifts, Legacies, Bequests, Restricted Donations	22010	0	1,262	0	0
84)	Section 202/8/811 HUD Funds *	22020	0	0	0	0
85)	Interest/Dividend Income	22050	27	0	714	0
86)	Prior Period Rate Adjustments**	22090	0	0	0	0
87)	Excessive Teacher Turnover Prevention Grant (SED only)	22100	0	0	0	0
88)	LDSS County Revenue (SED only)	22110	0	0	0	0
89)	4402 Revenue (School District In-State) (SED only)	22120	0	0	0	0

** Refer to CFR manual for specific instructions.

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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
	Program Code (Program Code Index)		0150 (00)	0223 (00)	0225 (00)	0880 (00)
	Program/Site Identification Number		1539150	1539223	1539151	1539880
90)	Department of Health Chapter 428 Revenue (SED only)	22130	0	0	0	0
91)	4408 Revenue (School District) (SED only)	22140	0	0	0	0
92)	4410 Revenue (Preschool) (SED only)	22150	0	0	0	0
93)	Net Deficit Funding (State & LGU Funding only)*	20110	92,645	0	0	0
94)	Other Revenue (Detail Required)	22998	518	21,505	11,469	0
95)	Gross Revenues (Sum Lines 69-94)	23999	93,190	7,322,729	3,572,213	0
	GAAP ADJUSTMENTS TO REVENUE					
96)	Participant Allowance	24010	0	0	0	0
97)	Uncollectible Accounts Receivable	24040	0	0	0	0
98)	Other (Detail Required)	24996	0	0	0	0
99)	Total GAAP Adjustments (Sum Lines 96-98)	24997	0	0	0	0
100)	Net GAAP Revenues (Line 95 minus 99)	24998	93,190	7,322,729	3,572,213	0
	NON-GAAP ADJUSTMENTS TO REVENUE					
101)	Exempt Contract Income	24050	0	0	0	0
102)	Exempt LTSE Income	24060	0	0	0	0
103)	Net Deficit Funding**	24070	92,645	0	0	0
104)	Other (Detail Required)	24080	0	0	0	0
105)	Total NON-GAAP Adjustments (Sum Lines 101-104)	24097	92,645	0	0	0
106)	TOTAL ADJ. TO REVENUE (Sum Lines 99 & 105)	24999	92,645	0	0	0
107)	TOTAL NET REVENUES (Line 95 minus 106)	25999	545	7,322,729	3,572,213	0

* Do not include non-funded or voluntary contributions.

** Amounts should equal the corresponding amounts reported as revenue on line 93 above.

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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2
SECTION A: GENERAL INFORMATION				
1)	Program Type	00070	Medically Supervised Outpatie	Medically Supervised Outpatie
2)	Program Code (Program Code Index)	00010	3520 (00)	3520 (01)
3)	Program/Site Identification Number	00050	12345	54321
4)	Program/Site Name	00020	Help On The Way Clinic	Wharf Rats Clinic
5)	Program/Site Address (Line One)	00030	300 West Broadway	349 West 125th Street
6)	Program/Site Address (Line Two)	00040	New York, NY 10012-1122	New York, NY 10012-1221
7a)	Medicaid Provider Agreement Number (DMH only)	00060	01010101	01010101
7b)	National Provider ID Number (DMH Only)	00061	1111111111	2222222222
8)	County Code (See Appendix C)	00080	31	31
9)	Date Site Opened	00090	01/01/1981	01/01/1987
10)	Certified Capacity (OASAS, OPWDD and SED only)	00100	0	0
11)	Actual Capacity (OMH, OPWDD and SED only)	00110	0	0
12)	Actual Days Program/Site Open	00160	301	301
13)	Units Of Service	00120	15,124	24,891
14)	Respite or TUBS Units of Service (OPWDD only)	00130	0	0
15)	Program/Site Square Footage (OASAS, OPWDD and SED Only)	00150	11,250	13,744

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 AGENCY CODE: 10000
 SCHOOL CODE: (SED ONLY)

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2
	Program Code (Program Code Index)		3520 (00)	3520 (01)
	Program/Site Identification Number		12345	54321
SECTION B: EXPENSES				
PERSONAL SERVICES				
16)	Personal Services-Program/Site & Program Admin*	11999	441,036	1,243,035
17)	Vacation Accruals-Program/Site & Program Admin*	12999	7,800	10,902
FRINGE BENEFITS				
18)	Mandated Fringe Benefits	13200	44,453	140,500
19)	Non-Mandated Fringe Benefits	13300	57,388	268,000
20)	Total Fringe Benefits (Sum Lines 18 & 19)	13999	101,841	408,500
OTHER THAN PERSONAL SERVICES (OTPS)				
21)	Food	14010	437	1,211
22)	Repairs and Maintenance	14020	21,279	45,000
23)	Utilities	14030	15,019	34,866
24)	Transportation Related - Participant**	14040	0	3,150
25)	Staff Travel	14250	460	1,945
26)	Participant Incidentals	14050	0	0
27)	Expensed Adaptive Equipment (OPWDD and SED only)	14070	0	0
28)	Expensed Equipment	14080	0	1,539
29)	Sub-Contract Raw Materials	14090	0	0
30)	Participant Wages - Non-Contract	14100	0	0

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 SCHOOL CODE: (SED ONLY)

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2
	Program Code (Program Code Index)		3520 (00)	3520 (01)
	Program/Site Identification Number		12345	54321
31)	Participant Wages-Contract	14110	0	0
32)	Participant Fringe Benefits	14120	0	0
33)	Section 43.04 Services Assessment (OPWDD only)	14130	0	0
34)	Staff Development	14140	546	1,223
35)	Contracted Direct Care and Clinical Personal Services (from CFR-4A)	14150	27,660	38,330
36)	Supplies and Materials - Non-Household	14160	65,496	55,302
37)	Household Supplies	14170	2,015	12,911
38)	Telephone	14190	3,277	29,414
39)	Insurance - General	14260	5,688	8,758
40)	Other (Detail Required)	14998	75,204	61,374
41)	Total Other Than Personal Services (Sum Lines 21-40)	14999	217,081	295,023
	EQUIPMENT - PROVIDER PAID			
42)	Lease/Rental Vehicle	15010	3,594	0
43)	Lease/Rental Equipment	15020	1,860	6,151
44)	Depreciation - Vehicle	15040	0	0
45)	Depreciation - Equipment	15050	7,554	11,001
46)	Interest - Vehicle	15070	0	0
47)	Other (Detail Required)	15998	797	37
48)	Total Equipment (Sum Lines 42-47)	15999	13,805	17,189
	PROPERTY - PROVIDER PAID			
49)	Lease/Rental - Real Property	16010	76,230	30,000
50)	Leasehold/Leasehold Improvements	16020	0	0
51)	Depreciation - Building	16030	0	0
52)	Depreciation - Building/Land Improvements	16040	0	0

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 SCHOOL CODE: (SED ONLY)

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2
	Program Code (Program Code Index)		3520 (00)	3520 (01)
	Program/Site Identification Number		12345	54321
53)	Mortgage/Cap Imprv Interest (Report MCFFA Bond Int. on Line 59)	16060	0	0
54)	Mortgage Expenses	16070	0	0
55)	Insurance - Property & Casualty	16080	1,312	2,500
56)	Real Estate Taxes	16090	0	0
57)	Interest on Capital Indebtedness	16100	0	0
58)	Start-Up Expenses	16110	0	0
59)	MCFFA/DASNY Interest Expense	16120	0	0
60)	MCFFA/DASNY Administration Fees	16130	0	0
61)	Maintenance in Lieu of Rent (LGU Only)	16140	0	0
62)	Other (Detail Required)	16998	0	0
63)	Total Property-Provider Paid (Sum of Lines 49-62)	16999	77,542	32,500
TOTALS				
64)	Total Operating Costs (Sum lines 16,17,20,41 minus 29)	19010	767,758	1,957,460
65)	Agency Admin. Alloc.* (Line 64 times 0.097691)	19050	75,003	191,227
66)	Adjustments/Non-Allowable Costs (Detail Required)	19030	0	0
67)	Total Prog/Site Costs (Sum lines 29, 48, 63-65 minus 66)	19060	934,108	2,198,376
OPWDD Only - Informational				
68a)	Other Than To/From Transportation Allocation	19101	0	0
68b)	To/From Transportation Allocation	19102	0	0
68c)	ICF/DD SED Contract Liability	19103	0	0
68d)	Program Administration Property	19104	0	0

* The applicable 6 digit adjusted ratio value factor from CFR-3.2, line 65 through 69. Agency administration should not be allocated to programs 0880, 0890 and state agency specific programs which are exempt from agency administration.

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 SCHOOL CODE: (SED ONLY)

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2
	Program Code (Program Code Index)		3520 (00)	3520 (01)
	Program/Site Identification Number		12345	54321
SECTION C: REVENUES				
69)	Participant Fee (Less SSI & SSA)	20010	58,119	91,500
70)	SSI and SSA	20020	0	0
71)	Home Relief/Public Assistance	20030	0	0
72)	Medicaid	20040	275,392	2,117,207
73)	Medicare	20060	0	0
74)	Other Third Parties (Detail Required)	20070	159,123	111,555
75)	OPWDD Residential Room and Board/NYS OPTS	20080	0	0
76)	Transportation, Medicaid	20090	0	0
77)	Transportation, Other (Detail Required)	20100	0	0
78)	Sales: Contract Total	21070	0	0
79)	Federal Grants (Detail Required)	22040	0	0
80)	State Grants (Detail Required)	22030	0	0
81)	LTSE Income Total (OMH and OPWDD only)	22080	0	0
82)	SNAP (OASAS, OPWDD), Food Revenue (SED Only)	22160	0	0
83)	Gifts, Legacies, Bequests, Restricted Donations	22010	0	0
84)	Section 202/8/811 HUD Funds *	22020	0	0
85)	Interest/Dividend Income	22050	0	3,164
86)	Prior Period Rate Adjustments**	22090	0	0
87)	Excessive Teacher Turnover Prevention Grant (SED only)	22100	0	0
88)	LDSS County Revenue (SED only)	22110	0	0
89)	4402 Revenue (School District In-State) (SED only)	22120	0	0

** Refer to CFR manual for specific instructions.

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 AGENCY NAME: Any Agency
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 SCHOOL CODE: (SED ONLY)

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2
	Program Code (Program Code Index)		3520 (00)	3520 (01)
	Program/Site Identification Number		12345	54321
90)	Department of Health Chapter 428 Revenue (SED only)	22130	0	0
91)	4408 Revenue (School District) (SED only)	22140	0	0
92)	4410 Revenue (Preschool) (SED only)	22150	0	0
93)	Net Deficit Funding (State & LGU Funding only)*	20110	426,369	0
94)	Other Revenue (Detail Required)	22998	0	1,326
95)	Gross Revenues (Sum Lines 69-94)	23999	919,003	2,324,752
	GAAP ADJUSTMENTS TO REVENUE			
96)	Participant Allowance	24010	0	0
97)	Uncollectible Accounts Receivable	24040	0	0
98)	Other (Detail Required)	24996	0	0
99)	Total GAAP Adjustments (Sum Lines 96-98)	24997	0	0
100)	Net GAAP Revenues (Line 95 minus 99)	24998	919,003	2,324,752
	NON-GAAP ADJUSTMENTS TO REVENUE			
101)	Exempt Contract Income	24050	0	0
102)	Exempt LTSE Income	24060	0	0
103)	Net Deficit Funding**	24070	426,369	0
104)	Other (Detail Required)	24080	0	0
105)	Total NON-GAAP Adjustments (Sum Lines 101-104)	24097	426,369	0
106)	TOTAL ADJ. TO REVENUE (Sum Lines 99 & 105)	24999	426,369	0
107)	TOTAL NET REVENUES (Line 95 minus 106)	25999	492,634	2,324,752

* Do not include non-funded or voluntary contributions.

** Amounts should equal the corresponding amounts reported as revenue on line 93 above.

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AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: 010205005555

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4	5
SECTION A: GENERAL INFORMATION							
1) Program Type	00070	Preschool-Special Class over	Preschool-Special Class over	Preschool-Sp Ed Itinerant Tea	Preschool-Sp Ed Itinerant Tea	Preschool-Evaluations	
2) Program Code (Program Code Index)	00010	9100 (FF)	9100 (SS)	9135 (FF)	9135 (SS)	9190 (FF)	
3) Program/Site Identification Number	00050	1000910	1000910	1000913	1000913	1000919	
4) Program/Site Name	00020	Preschool Center (over 2.5 ho	Preschool Center (over 2.5 ho	Preschool Spec Ed Itinerant	Preschool Spec Ed Itinerant	Preschool Evaluations	
5) Program/Site Address (Line One)	00030	53 Bunn Street	53 Bunn Street	53 Bunn Street	53 Bunn Street	53 Bunn Street	
6) Program/Site Address (Line Two)	00040	New York, NY 10003-1111	New York, NY 10003-1111				
7a) Medicaid Provider Agreement Number (DMH only)	00060						
7b) National Provider ID Number (DMH Only)	00061						
8) County Code (See Appendix C)	00080	31	31	31	31	31	
9) Date Site Opened	00090						
10) Certified Capacity (OASAS, OPWDD and SED only)	00100	45	45	0	0	0	
11) Actual Capacity (OMH, OPWDD and SED only)	00110	22	22	0	0	0	
12) Actual Days Program/Site Open	00160	0	0	0	0	0	
13) Units Of Service	00120	0	0	0	0	0	265
14) Respite or TUBS Units of Service (OPWDD only)	00130	0	0	0	0	0	0
15) Program/Site Square Footage (OASAS, OPWDD and SED Only)	00150	3,000	3,000	0	0	0	0

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 AGENCY NAME: Any Agency
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Line No.	COLUMN NUMBER ITEM DESCRIPTION Program Code (Program Code Index) Program/Site Identification Number	Cost Codes	1 9100 (FF) 1000910	2 9100 (SS) 1000910	3 9135 (FF) 1000913	4 9135 (SS) 1000913	5 9190 (FF) 1000919
SECTION B: EXPENSES							
PERSONAL SERVICES							
16)	Personal Services-Program/Site & Program Admin*	11999	153,488	154,807	24,510	21,623	18,656
17)	Vacation Accruals-Program/Site & Program Admin*	12999	3,023	3,022	101	101	408
FRINGE BENEFITS							
18)	Mandated Fringe Benefits	13200	13,874	13,873	2,474	2,174	1,691
19)	Non-Mandated Fringe Benefits	13300	26,093	26,317	4,167	3,675	3,171
20)	Total Fringe Benefits (Sum Lines 18 & 19)	13999	39,967	40,190	6,641	5,849	4,862
OTHER THAN PERSONAL SERVICES (OTPS)							
21)	Food	14010	400	400	0	0	0
22)	Repairs and Maintenance	14020	60	60	107	106	131
23)	Utilities	14030	1,536	1,586	0	0	414
24)	Transportation Related - Participant**	14040	188	137	0	0	53
25)	Staff Travel	14250	125	125	17	0	30
26)	Participant Incidentals	14050	0	0	0	0	0
27)	Expensed Adaptive Equipment (OPWDD and SED only)	14070	0	0	0	0	0
28)	Expensed Equipment	14080	466	465	0	0	132
29)	Sub-Contract Raw Materials	14090	0	0	0	0	0
30)	Participant Wages - Non-Contract	14100	0	0	0	0	0

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 AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: 010205005555

Line No.	COLUMN NUMBER ITEM DESCRIPTION Program Code (Program Code Index) Program/Site Identification Number	Cost Codes	1 9100 (FF) 1000910	2 9100 (SS) 1000910	3 9135 (FF) 1000913	4 9135 (SS) 1000913	5 9190 (FF) 1000919
31)	Participant Wages-Contract	14110	0	0	0	0	0
32)	Participant Fringe Benefits	14120	0	0	0	0	0
33)	Section 43.04 Services Assessment (OPWDD only)	14130	0	0	0	0	0
34)	Staff Development	14140	287	287	0	0	87
35)	Contracted Direct Care and Clinical Personal Services (from CFR-4A)	14150	2,625	2,625	0	0	745
36)	Supplies and Materials - Non-Household	14160	1,715	1,715	0	0	486
37)	Household Supplies	14170	140	140	0	0	39
38)	Telephone	14190	577	578	396	395	159
39)	Insurance - General	14260	450	450	0	0	128
40)	Other (Detail Required)	14998	275	275	16	16	78
41)	Total Other Than Personal Services (Sum Lines 21-40)	14999	8,844	8,843	536	517	2,482
EQUIPMENT - PROVIDER PAID							
42)	Lease/Rental Vehicle	15010	51	51	0	0	14
43)	Lease/Rental Equipment	15020	188	187	0	0	53
44)	Depreciation - Vehicle	15040	313	312	0	0	89
45)	Depreciation - Equipment	15050	339	338	15	15	96
46)	Interest - Vehicle	15070	125	125	0	0	8
47)	Other (Detail Required)	15998	475	475	0	0	135
48)	Total Equipment (Sum Lines 42-47)	15999	1,491	1,488	15	15	395
PROPERTY - PROVIDER PAID							
49)	Lease/Rental - Real Property	16010	10,500	10,500	519	519	2,980
50)	Leasehold/Leasehold Improvements	16020	125	125	0	0	71
51)	Depreciation - Building	16030	1,500	1,500	0	0	425
52)	Depreciation - Building/Land Improvements	16040	540	540	0	0	153

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AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: 010205005555

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1 9100 (FF) 1000910	2 9100 (SS) 1000910	3 9135 (FF) 1000913	4 9135 (SS) 1000913	5 9190 (FF) 1000919
53)	Mortgage/Cap Imprv Interest (Report MCFFA Bond Int. on Line 59)	16060	194	194	0	0	55
54)	Mortgage Expenses	16070	145	145	0	0	8
55)	Insurance - Property & Casualty	16080	125	125	0	99	35
56)	Real Estate Taxes	16090	510	510	99	0	145
57)	Interest on Capital Indebtedness	16100	522	522	0	0	148
58)	Start-Up Expenses	16110	50	50	0	0	14
59)	MCFFA/DASNY Interest Expense	16120	0	0	0	0	0
60)	MCFFA/DASNY Administration Fees	16130	0	0	0	0	0
61)	Maintenance in Lieu of Rent (LGU Only)	16140	0	0	0	0	0
62)	Other (Detail Required)	16998	346	346	0	0	198
63)	Total Property-Provider Paid (Sum of Lines 49-62)	16999	14,557	14,557	618	618	4,232
TOTALS							
64)	Total Operating Costs (Sum lines 16,17,20,41 minus 29)	19010	205,322	206,862	31,788	28,090	26,408
65)	Agency Admin. Alloc.* (Line 64 times 0.097691)	19050	20,058	20,208	3,105	2,744	2,580
66)	Adjustments/Non-Allowable Costs (Detail Required)	19030	324	0	0	0	0
67)	Total Prog/Site Costs (Sum lines 29, 48, 63-65 minus 66)	19060	241,104	243,115	35,526	31,467	33,615
OPWDD Only - Informational							
68a)	Other Than To/From Transportation Allocation	19101	0	0	0	0	0
68b)	To/From Transportation Allocation	19102	0	0	0	0	0
68c)	ICF/DD SED Contract Liability	19103	0	0	0	0	0
68d)	Program Administration Property	19104	0	0	0	0	0

* The applicable 6 digit adjusted ratio value factor from CFR-3.2, line 65 through 69. Agency administration should not be allocated to programs 0880, 0890 and state agency specific programs which are exempt from agency administration.

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 AGENCY NAME: Any Agency
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Line No.	COLUMN NUMBER ITEM DESCRIPTION Program Code (Program Code Index) Program/Site Identification Number	Cost Codes	1 9100 (FF) 1000910	2 9100 (SS) 1000910	3 9135 (FF) 1000913	4 9135 (SS) 1000913	5 9190 (FF) 1000919
SECTION C: REVENUES							
69)	Participant Fee (Less SSI & SSA)	20010	0	0	0	0	0
70)	SSI and SSA	20020	0	0	0	0	0
71)	Home Relief/Public Assistance	20030	0	0	0	0	0
72)	Medicaid	20040	0	0	0	0	0
73)	Medicare	20060	0	0	0	0	0
74)	Other Third Parties (Detail Required)	20070	0	0	0	0	0
75)	OPWDD Residential Room and Board/NYS OPTS	20080	0	0	0	0	0
76)	Transportation, Medicaid	20090	0	0	0	0	0
77)	Transportation, Other (Detail Required)	20100	0	0	0	0	0
78)	Sales: Contract Total	21070	0	0	0	0	0
79)	Federal Grants (Detail Required)	22040	0	0	0	0	0
80)	State Grants (Detail Required)	22030	0	0	0	0	0
81)	LTSE Income Total (OMH and OPWDD only)	22080	0	0	0	0	0
82)	SNAP (OASAS, OPWDD), Food Revenue (SED Only)	22160	0	0	0	0	0
83)	Gifts, Legacies, Bequests, Restricted Donations	22010	0	0	0	0	0
84)	Section 202/8/811 HUD Funds *	22020	0	0	0	0	0
85)	Interest/Dividend Income	22050	200	200	0	0	71
86)	Prior Period Rate Adjustments**	22090	0	0	0	0	0
87)	Excessive Teacher Turnover Prevention Grant (SED only)	22100	0	0	0	0	0
88)	LDSS County Revenue (SED only)	22110	0	0	0	0	0
89)	4402 Revenue (School District In-State) (SED only)	22120	0	0	0	0	0

** Refer to CFR manual for specific instructions.

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AGENCY NAME: Any Agency
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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4	5
	Program Code (Program Code Index)		9100 (FF)	9100 (SS)	9135 (FF)	9135 (SS)	9190 (FF)
	Program/Site Identification Number		1000910	1000910	1000913	1000913	1000919
90)	Department of Health Chapter 428 Revenue (SED only)	22130	0	0	0	0	0
91)	4408 Revenue (School District) (SED only)	22140	0	0	0	0	0
92)	4410 Revenue (Preschool) (SED only)	22150	204,859	204,858	30,978	30,977	36,483
93)	Net Deficit Funding (State & LGU Funding only)*	20110	0	0	0	0	0
94)	Other Revenue (Detail Required)	22998	12	13	0	0	9
95)	Gross Revenues (Sum Lines 69-94)	23999	205,071	205,071	30,978	30,977	36,563
GAAP ADJUSTMENTS TO REVENUE							
96)	Participant Allowance	24010	0	0	0	0	0
97)	Uncollectible Accounts Receivable	24040	0	0	0	0	0
98)	Other (Detail Required)	24996	0	0	0	0	0
99)	Total GAAP Adjustments (Sum Lines 96-98)	24997	0	0	0	0	0
100)	Net GAAP Revenues (Line 95 minus 99)	24998	205,071	205,071	30,978	30,977	36,563
NON-GAAP ADJUSTMENTS TO REVENUE							
101)	Exempt Contract Income	24050	0	0	0	0	0
102)	Exempt LTSE Income	24060	0	0	0	0	0
103)	Net Deficit Funding**	24070	0	0	0	0	0
104)	Other (Detail Required)	24080	0	0	0	0	0
105)	Total NON-GAAP Adjustments (Sum Lines 101-104)	24097	0	0	0	0	0
106)	TOTAL ADJ. TO REVENUE (Sum Lines 99 & 105)	24999	0	0	0	0	0
107)	TOTAL NET REVENUES (Line 95 minus 106)	25999	205,071	205,071	30,978	30,977	36,563

* Do not include non-funded or voluntary contributions.

** Amounts should equal the corresponding amounts reported as revenue on line 93 above.

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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	6	7	8
SECTION A: GENERAL INFORMATION					
1)	Program Type	00070	Preschool-Evaluations	Federal Grants (611)	Federal Grants (611)
2)	Program Code (Program Code Index)	00010	9190 (SS)	9805 (FF)	9805 (SS)
3)	Program/Site Identification Number	00050	1000919	1000980	1000980
4)	Program/Site Name	00020	Preschool Evaluations	611 Grants	611 Grants
5)	Program/Site Address (Line One)	00030	53 Bunn Street	53 Bunn Street	53 Bunn Street
6)	Program/Site Address (Line Two)	00040	New York, NY 10003-1111	New York, NY 10003-1111	New York, NY 10003-1111
7a)	Medicaid Provider Agreement Number (DMH only)	00060			
7b)	National Provider ID Number (DMH Only)	00061			
8)	County Code (See Appendix C)	00080	31	31	31
9)	Date Site Opened	00090			
10)	Certified Capacity (OASAS, OPWDD and SED only)	00100	0	0	0
11)	Actual Capacity (OMH, OPWDD and SED only)	00110	0	0	0
12)	Actual Days Program/Site Open	00160	0	0	0
13)	Units Of Service	00120	132	0	0
14)	Respite or TUBS Units of Service (OPWDD only)	00130	0	0	0
15)	Program/Site Square Footage (OASAS, OPWDD and SED Only)	00150	0	0	0

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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	6	7	8
	Program Code (Program Code Index)		9190 (SS)	9805 (FF)	9805 (SS)
	Program/Site Identification Number		1000919	1000980	1000980
SECTION B: EXPENSES					
PERSONAL SERVICES					
16)	Personal Services-Program/Site & Program Admin*	11999	18,658	0	0
17)	Vacation Accruals-Program/Site & Program Admin*	12999	408	0	0
FRINGE BENEFITS					
18)	Mandated Fringe Benefits	13200	1,690	0	0
19)	Non-Mandated Fringe Benefits	13300	3,172	0	0
20)	Total Fringe Benefits (Sum Lines 18 & 19)	13999	4,862	0	0
OTHER THAN PERSONAL SERVICES (OTPS)					
21)	Food	14010	0	0	0
22)	Repairs and Maintenance	14020	130	0	0
23)	Utilities	14030	414	0	0
24)	Transportation Related - Participant**	14040	53	0	0
25)	Staff Travel	14250	31	0	0
26)	Participant Incidentals	14050	0	0	0
27)	Expensed Adaptive Equipment (OPWDD and SED only)	14070	0	0	0
28)	Expensed Equipment	14080	132	0	0
29)	Sub-Contract Raw Materials	14090	0	0	0
30)	Participant Wages - Non-Contract	14100	0	0	0

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 AGENCY NAME: Any Agency
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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	6 9190 (SS) 1000919	7 9805 (FF) 1000980	8 9805 (SS) 1000980
31)	Participant Wages-Contract	14110	0	0	0
32)	Participant Fringe Benefits	14120	0	0	0
33)	Section 43.04 Services Assessment (OPWDD only)	14130	0	0	0
34)	Staff Development	14140	87	0	0
35)	Contracted Direct Care and Clinical Personal Services (from CFR-4A)	14150	745	0	0
36)	Supplies and Materials - Non-Household	14160	487	0	0
37)	Household Supplies	14170	40	0	0
38)	Telephone	14190	160	0	0
39)	Insurance - General	14260	128	0	0
40)	Other (Detail Required)	14998	78	0	0
41)	Total Other Than Personal Services (Sum Lines 21-40)	14999	2,485	0	0
EQUIPMENT - PROVIDER PAID					
42)	Lease/Rental Vehicle	15010	15	0	0
43)	Lease/Rental Equipment	15020	53	750	750
44)	Depreciation - Vehicle	15040	88	0	0
45)	Depreciation - Equipment	15050	96	0	0
46)	Interest - Vehicle	15070	8	0	0
47)	Other (Detail Required)	15998	135	0	0
48)	Total Equipment (Sum Lines 42-47)	15999	395	750	750
PROPERTY - PROVIDER PAID					
49)	Lease/Rental - Real Property	16010	2,980	0	0
50)	Leasehold/Leasehold Improvements	16020	71	0	0
51)	Depreciation - Building	16030	427	0	0
52)	Depreciation - Building/Land Improvements	16040	153	0	0

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 AGENCY NAME: Any Agency
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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	6	7	8
	Program Code (Program Code Index)		9190 (SS)	9805 (FF)	9805 (SS)
	Program/Site Identification Number		1000919	1000980	1000980
53)	Mortgage/Cap Imprv Interest (Report MCFFA Bond Int. on Line 59)	16060	55	0	0
54)	Mortgage Expenses	16070	9	0	0
55)	Insurance - Property & Casualty	16080	36	0	0
56)	Real Estate Taxes	16090	144	0	0
57)	Interest on Capital Indebtedness	16100	148	0	0
58)	Start-Up Expenses	16110	14	0	0
59)	MCFFA/DASNY Interest Expense	16120	0	0	0
60)	MCFFA/DASNY Administration Fees	16130	0	0	0
61)	Maintenance in Lieu of Rent (LGU Only)	16140	0	0	0
62)	Other (Detail Required)	16998	198	0	0
63)	Total Property-Provider Paid (Sum of Lines 49-62)	16999	4,235	0	0
TOTALS					
64)	Total Operating Costs (Sum lines 16,17,20,41 minus 29)	19010	26,413	0	0
65)	Agency Admin. Alloc.* (Line 64 times 0.097691)	19050	2,580	0	0
66)	Adjustments/Non-Allowable Costs (Detail Required)	19030	0	0	0
67)	Total Prog/Site Costs (Sum lines 29, 48, 63-65 minus 66)	19060	33,623	750	750
OPWDD Only - Informational					
68a)	Other Than To/From Transportation Allocation	19101	0	0	0
68b)	To/From Transportation Allocation	19102	0	0	0
68c)	ICF/DD SED Contract Liability	19103	0	0	0
68d)	Program Administration Property	19104	0	0	0

* The applicable 6 digit adjusted ratio value factor from CFR-3.2, line 65 through 69. Agency administration should not be allocated to programs 0880, 0890 and state agency specific programs which are exempt from agency administration.

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SCHEDULE CFR-1
 PROGRAM/SITE
 DATA

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: 010205005555

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	6 9190 (SS) 1000919	7 9805 (FF) 1000980	8 9805 (SS) 1000980
SECTION C: REVENUES					
69)	Participant Fee (Less SSI & SSA)	20010	0	0	0
70)	SSI and SSA	20020	0	0	0
71)	Home Relief/Public Assistance	20030	0	0	0
72)	Medicaid	20040	0	0	0
73)	Medicare	20060	0	0	0
74)	Other Third Parties (Detail Required)	20070	0	0	0
75)	OPWDD Residential Room and Board/NYS OPTS	20080	0	0	0
76)	Transportation, Medicaid	20090	0	0	0
77)	Transportation, Other (Detail Required)	20100	0	0	0
78)	Sales: Contract Total	21070	0	0	0
79)	Federal Grants (Detail Required)	22040	0	0	0
80)	State Grants (Detail Required)	22030	0	0	0
81)	LTSE Income Total (OMH and OPWDD only)	22080	0	0	0
82)	SNAP (OASAS, OPWDD), Food Revenue (SED Only)	22160	0	0	0
83)	Gifts, Legacies, Bequests, Restricted Donations	22010	0	0	0
84)	Section 202/8/811 HUD Funds *	22020	0	0	0
85)	Interest/Dividend Income	22050	72	0	0
86)	Prior Period Rate Adjustments**	22090	0	0	0
87)	Excessive Teacher Turnover Prevention Grant (SED only)	22100	0	0	0
88)	LDSS County Revenue (SED only)	22110	0	0	0
89)	4402 Revenue (School District In-State) (SED only)	22120	0	0	0

** Refer to CFR manual for specific instructions.

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 DATA

 AGENCY NAME: Any Agency
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 SCHOOL CODE: 010205005555

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	6	7	8
	Program Code (Program Code Index)		9190 (SS)	9805 (FF)	9805 (SS)
	Program/Site Identification Number		1000919	1000980	1000980
90)	Department of Health Chapter 428 Revenue (SED only)	22130	0	0	0
91)	4408 Revenue (School District) (SED only)	22140	0	0	0
92)	4410 Revenue (Preschool) (SED only)	22150	36,482	0	0
93)	Net Deficit Funding (State & LGU Funding only)*	20110	0	0	0
94)	Other Revenue (Detail Required)	22998	0	750	750
95)	Gross Revenues (Sum Lines 69-94)	23999	36,554	750	750
GAAP ADJUSTMENTS TO REVENUE					
96)	Participant Allowance	24010	0	0	0
97)	Uncollectible Accounts Receivable	24040	0	0	0
98)	Other (Detail Required)	24996	0	0	0
99)	Total GAAP Adjustments (Sum Lines 96-98)	24997	0	0	0
100)	Net GAAP Revenues (Line 95 minus 99)	24998	36,554	750	750
NON-GAAP ADJUSTMENTS TO REVENUE					
101)	Exempt Contract Income	24050	0	0	0
102)	Exempt LTSE Income	24060	0	0	0
103)	Net Deficit Funding**	24070	0	0	0
104)	Other (Detail Required)	24080	0	0	0
105)	Total NON-GAAP Adjustments (Sum Lines 101-104)	24097	0	0	0
106)	TOTAL ADJ. TO REVENUE (Sum Lines 99 & 105)	24999	0	0	0
107)	TOTAL NET REVENUES (Line 95 minus 106)	25999	36,554	750	750

* Do not include non-funded or voluntary contributions.

** Amounts should equal the corresponding amounts reported as revenue on line 93 above.

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SCHEDULE CFR-2
AGENCY FISCAL
SUMMARY

AGENCY NAME: Any Agency
AGENCY CODE: 10000
SCHOOL CODE: 010205005555

THE RECONCILIATION SCHEDULE MUST BE COMPLETED WHEN:
(1) the expenses and revenues in the CFR do not equal the expenses and revenues in the audited financial statements and
(2) the reporting periods of the CFR and financial statements coincide.

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1 AGENCY TOTALS (Sum Col. 2-7)	2 OASAS TOTALS	3 OMH TOTALS	4 OPWDD TOTALS	5 SED TOTALS	6 SHARED PRG. TOTALS	7 OTHER PROGRAMS TOTALS*
EXPENSES									
1)	Personal Services (CFR-1, Line 16)	31999	11,091,193	1,684,071	997,127	4,318,253	391,742	0	3,700,000
2)	Vacation Leave Accruals (CFR-1, Line 17)	32999	187,122	18,702	2,842	-435	7,063	0	158,950
3)	Fringe Benefits (CFR-1, Line 20)	33999	2,844,001	510,341	271,023	834,266	102,371	0	1,126,000
4)	OTPS (CFR-1, Line 41)	34999	4,796,208	512,104	241,566	3,010,891	23,707	0	1,007,940
5)	Equipment-Provider Paid (CFR-1, Line 48)	35999	1,855,459	30,994	4,115	1,481,051	5,299	0	334,000
6)	Property-Provider Paid (CFR-1, Line 63)	36999	1,799,496	110,042	109,775	665,862	38,817	0	875,000
7)	Net Agency Admin. (CFR-1, Line 65)	38050	1,711,406	266,230	147,764	660,683	51,276	0	585,453
8)	Adj./Non-Allow. Costs (CFR-1, Line 66)	38030	1,824	0	1,000	0	324	0	500
9)	Total Adj. Expenses (Sum Lines 1-7 minus 8)	38999	24,283,061	3,132,484	1,773,212	10,970,571	619,951	0	7,786,843
REVENUES									
10)	Gross Revenues (CFR-1, Line 95)	40999	24,358,005	3,243,755	1,787,557	10,988,132	546,714	0	7,791,847
11)	GAAP Adj. to Revenue (CFR-1, Line 99)	43999	0	0	0	0	0	0	0
12)	Net GAAP Revenues (Line 10 minus Line 11)	44999	24,358,005	3,243,755	1,787,557	10,988,132	546,714	0	7,791,847

* These amounts are not detailed elsewhere in the CFR and, therefore, will not crossfoot to CFR-1.

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CONSOLIDATED FISCAL REPORT
FOR THE PERIOD: January 1, 2015 TO December 31, 2015

SCHEDULE CFR-3
AGENCY
ADMINISTRATION

AGENCY NAME: Any Agency
AGENCY CODE: 10000
SCHOOL CODE: 010205005555

Line No.	ITEM DESCRIPTION	Cost Codes	AGENCY ADMIN TOTALS	Line No.	ITEM DESCRIPTION	Cost Codes	AGENCY ADMIN TOTALS
	PERSONAL SERVICES			21)	Depreciation - Vehicle	15041	0
1)	Total Personal Services (from CFR-4, Agency Admin.)	11998	1,070,000	22)	Depreciation - Equipment	15060	0
2)	Vacation Leave Accruals	12998	7,565	23)	Interest - Vehicle	15071	0
	FRINGE BENEFITS			24)	Other (Detail Required)	15997	0
3)	Mandated Fringe Benefits	13201	295,000	25)	Total Equipment (Sum Lines 19-24)	15996	1,200
4)	Non-Mandated Fringe Benefits	13301	48,000		PROPERTY - PROVIDER PAID		
5)	Total Fringe Benefits (Sum Lines 3-4)	13998	343,000	26)	Lease/Rental - Real Property	16011	0
	OTHER THAN PERSONAL SERVICES (OTPS)			27)	Leasehold/Leasehold Improvements	16021	0
6)	Audit/Legal	14200	103,326	28)	Depreciation - Building	16031	1,749
7)	Utilities	14210	3,097	29)	Depreciation - Building/Land Improvements	16050	12,648
8)	Telephone	14220	5,362	30)	Mortgage Interest	16061	0
9)	Repairs and Maintenance	14021	18,643	31)	Mortgage Expenses	16071	0
10)	Office Supplies and Postage	14161	7,130	32)	Insurance - Property & Casualty	16081	0
11)	Organizational Expense	14230	0	33)	Real Estate Taxes	16091	8,953
12)	Interest - Working Capital	14240	8,323	34)	Maintenance in Lieu of Rent (LGU only)	16141	0
13)	Expensed Equipment	14081	0	35)	Interest on Capital Indebtedness	16101	0
14)	Contracted Personal Services	14151	33,598	36)	Other (Detail Required)	16997	962
15)	Staff Travel	14251	5,178	37)	Total Property (Sum Lines 26-36)	16996	24,312
16)	Insurance - General	14261	0		-----		
17)	Other (Detail Required)	14997	81,872	38)	Parent Agency Administration Allocation	19070	0
18)	Total OTPS (Sum Lines 6-17)	14996	266,529	39)	County Wide Cost Allocation (LGU Only)	19080	0
	EQUIPMENT - PROVIDER PAID			40)	Total Agency Administration (Sum Lines 1,2,5,18,25,37,38,39)	19090	1,712,606
19)	Lease/Rental - Vehicle	15011	1,200	41)	Adjustments/Non-Allowable Costs (Detail Required)	19031	1,200
20)	Lease/Rental - Equipment	15030	0	42)	Net Agency Administration (Line 40 minus 41)	19998	1,711,406

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
FOR THE PERIOD: January 1, 2015 TO December 31, 2015

SCHEDULE CFR-3
AGENCY
ADMINISTRATION

AGENCY NAME: Any Agency
AGENCY CODE: 10000
SCHOOL CODE: 010205005555

RATIO VALUE WORKSHEET (AGENCY-WIDE)				ADJUSTED RATIO VALUE WORKSHEET (WITHIN STATE AGENCY)			
Line No.	State Agency	Cost Codes	Amount	Line No.	State Agency	Cost Codes	Amount
CALCULATION OF OPERATING COSTS *				CALCULATION OF ADJUSTED OPERATING COSTS ****			
43)	OASAS Subtotal	19110	2,725,218	60)	OASAS Adjusted Subtotal	19310	2,725,218
44)	OMH Subtotal	19120	1,512,558	61)	OMH Adjusted Subtotal	19320	1,512,558
45)	OPWDD Subtotal	19130	6,762,975	62)	OPWDD Adjusted Subtotal	19330	6,762,975
46)	SED Subtotal	19140	524,883	63)	SED Adjusted Subtotal	19340	524,883
47)	Shared Programs Subtotal	19150	0	64)	Shared Programs Adjusted Subtotal	19350	0
48)	Other Programs Subtotal**	19160	5,992,890				
49)	Total Agency Operating Costs	19170	17,518,524				
CALCULATION OF RATIO VALUE FACTOR				CALCULATION OF ADJUSTED RATIO VALUE FACTOR *****			
50)	Net Agency Administration (CFR-3, Line 42)	19999	1,711,406	65)	OASAS Ratio Value Factor (line 53 divided by line 60)	19410	0.097691
51)	Total Agency Operating Costs (CFR-3, Line 49)	19171	17,518,524	66)	OMH Ratio Value Factor (line 54 divided by line 61)	19420	0.097691
52)	Ratio Value Factor (Line 50 divided by Line 51)	19180	0.097691	67)	OPWDD Ratio Value Factor (line 55 divided by line 62)	19430	0.097691
				68)	SED Ratio Value Factor (line 56 divided by line 63)	19440	0.097691
				69)	Shared Programs Ratio Value Factor (line 57 divided by line 64)	19450	0.000000
ALLOCATION OF AGENCY ADMINISTRATION USING RATIO VALUE ***							
53)	OASAS Allocation (line 43 x line 52)	19210	266,230				
54)	OMH Allocation (line 44 x line 52)	19220	147,764				
55)	OPWDD Allocation (line 45 x line 52)	19230	660,683				
56)	SED Allocation (line 46 x line 52)	19240	51,276				
57)	Shared Programs Allocation (line 47 x line 52)	19250	0				
58)	Other Programs Allocation (line 48 x line 52)	19260	585,453				
59)	Total Agency Administration (sum lines 53 - 58)	19270	1,711,406				

* Totals by State Agency from CFR-1, Line 64. Do not report operating costs for programs 0880 and 0890.
** This amount must equal the sum of lines 1 through 4 of column 7 on schedule CFR-2. These amounts are not detailed elsewhere in the CFR and, therefore, will not cross foot to CFR-1.
*** For each state agency, the sum of agency administration allocated to each program/site on CFR-1, line 65, must equal the agency administration calculated below.
**** Totals by State Agency from CFR-1, Line 64. Do not report operating cost for programs 0880 and 0890 and programs which are exempt from agency administration.
For OPWDD (line 62), do not include operating costs for program 7091.
For OMH (line 61), do not include operating costs for programs 0860, 0870, 0920, 1230, 1690, 1910, 2740, 2850, 2860, 2980, 6910, 6920, 8810 and programs with an "A" program code index (startup).
***** The adjusted ratio value factor for each State Agency should appear in the item description column of that State Agency specific CFR-1, line 65.

Funding State Agency:
 OMH SED
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2015 TO December 31, 2015

SCHEDULE CFR-4
 PERSONAL
 SERVICES

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: (SED ONLY)

FTE'S MUST BE CALCULATED TO 3 DECIMAL PLACES.

Provide all applicable information. Refer to Appendix R for Position Title Codes and Definitions. Indicate the standard work week or provide the number of hours in the "other" column. Indicate the applicable staffing category on the line below to which each page applies.

PROGRAM/SITE-PROGRAM ADMIN./LGU ADMIN. (Position Title Codes 100-599 and 700-799 series) <input checked="" type="checkbox"/>				AGENCY ADMINISTRATION (Position Title Codes 600-699 series) <input type="checkbox"/> *																							
Position Title Code	COLUMN NUMBER	1				2				3				4													
		PROGRAM CODE ** (PROGRAM CODE INDEX)	1760 (00)	1760 (00)	2100 (00)	7050 (00)	PROGRAM/SITE IDENTIFICATION NUMBER **	1111050	1111276	1111052	1111975	PROGRAM/SITE NAME	OMH Answers	OMH Shoulders	Bunn Street Clinic	Regency House	PROGRAM/SITE ADDRESS (Line One)	29 Stewart St	22 My Way Drive	25 Bunn St	200 East 105th St	PROGRAM/SITE ADDRESS (Line Two)	New York, New York 10001-3101	New York, New York 10003-1111	New York, New York 10003-1111	New York, New York 10003-1113	
Code	COUNTY CODE	31	31	31	31	Standard Work Week	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid
Appendix R	Position Title	35	37.5	40	Other																						
	102 Housekeeping and Maintenance	X											236	0.130	3,708												
	201 Mental Hygiene Worker (not	X	X				980	0.503	10,642	970	0.497	10,525															
	203 Counselor (OMH CR only)			X												13,520	6.500	260,961									
	205 Senior Counselor (OMH CR o	X														1,820	1.000	46,389									
	205 Senior Counselor (OMH CR o		X													6,825	3.500	156,498									
	206 Supervisor (OMH CR only)		X													1,950	1.000	55,333									
	301 Case Manager		X													1,950	1.000	59,417									
	318 Psychiatrist			X									841	0.404	78,843												
	324 Social Worker, Licensed (L	X											3,812	2.095	145,533												
	325 Social Worker Master's Lev	X											1,157	0.636	45,123												
	343 Intake/Screening	X											460	0.253	9,605												
	501 Program or Site Director	X											900	0.495	36,458												
	501 Program or Site Director		X				970	0.497	11,695	980	0.503	11,818															
	505 Office Worker	X											2,456	1.349	47,745												

Total "Hours Paid", "FTE" and "Amount Paid" for Positions.

* Report Agency Administration in one column on a separate page.

** For OASAS, program code = service level and program/site = PRU level.

Totals are transferred to Schedule CFR-1 Line 16 (Program/Site, Program Administration & LGU Administration), or Schedule CFR-3 Line 1 (Agency Administration).

Note: FTE's DO NOT get transferred.

Funding State Agency:
 OMH SED
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2015 TO December 31, 2015

SCHEDULE CFR-4
 PERSONAL
 SERVICES

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: (SED ONLY)

FTE'S MUST BE CALCULATED TO 3 DECIMAL PLACES.

Provide all applicable information. Refer to Appendix R for Position Title Codes and Definitions. Indicate the standard work week or provide the number of hours in the "other" column. Indicate the applicable staffing category on the line below to which each page applies.

PROGRAM/SITE-PROGRAM ADMIN./LGU ADMIN. (Position Title Codes 100-599 and 700-799 series) <input checked="" type="checkbox"/>				AGENCY ADMINISTRATION (Position Title Codes 600-699 series) <input type="checkbox"/> *												
Column Number	1	2	3	4												
PROGRAM CODE ** (PROGRAM CODE INDEX)	1760 (00)	1760 (00)	2100 (00)	7050 (00)												
PROGRAM/SITE IDENTIFICATION NUMBER **	1111050	1111276	1111052	1111975												
PROGRAM/SITE NAME	OMH Answers	OMH Shoulders	Bunn Street Clinic	Regency House												
Position PROGRAM/SITE ADDRESS (Line One)	29 Stewart St	22 My Way Drive	25 Bunn St	200 East 105th St												
Title PROGRAM/SITE ADDRESS (Line Two)	New York, New York 10001-3101	New York, New York 10003-1111	New York, New York 10003-1111	New York, New York 10003-1113												
Code COUNTY CODE	31	31	31	31												
Appendix R	Standard Work Week	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid
	35 37.5 40 Other															
505 Office Worker	X	75	0.038	650	75	0.038	651									
590 Other Program Administrati	X							126	0.069	5,533						
Total "Hours Paid", "FTE" and "Amount Paid" for Positions.																
		2,025	1.038	22,987	2,025	1.038	22,994	9,988	5.431	372,548	26,065	13.000	578,598			

* Report Agency Administration in one column on a separate page.
 ** For OASAS, program code = service level and program/site = PRU level.
 Totals are transferred to Schedule CFR-1 Line 16 (Program/Site, Program Administration & LGU Administration), or Schedule CFR-3 Line 1 (Agency Administration).
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Funding State Agency:
 OMH SED
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2015 TO December 31, 2015

SCHEDULE CFR-4
 PERSONAL
 SERVICES

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: (SED ONLY)

FTE'S MUST BE CALCULATED TO 3 DECIMAL PLACES.

Provide all applicable information. Refer to Appendix R for Position Title Codes and Definitions. Indicate the standard work week or provide the number of hours in the "other" column. Indicate the applicable staffing category on the line below to which each page applies.

PROGRAM/SITE-PROGRAM ADMIN./LGU ADMIN. (Position Title Codes 100-599 and 700-799 series) AGENCY ADMINISTRATION (Position Title Codes 600-699 series) *

Position Title	PROGRAM/SITE ADDRESS (Line One)	PROGRAM/SITE ADDRESS (Line Two)	COUNTY CODE	1			2			3			4		
				Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid
101 Food Service Worker							2,161	1.108	56,666	4,071	2.088	70,390			
102 Housekeeping and Maintenance				73	0.037	1,304	9,377	4.809	187,255	3,112	1.596	52,435			
104 Transportation Worker							15,222	7.806	259,605	11,589	5.943	167,863			
207 Developmental Disabilities							48,574	24.910	851,858	32,226	16.526	546,097			
290 Other Direct Care Staff				1,423	0.730	27,117	45,081	23.118	611,973	18,817	9.650	247,068			
324 Social Worker, Licensed (L)							1,225	0.628	31,874						
343 Intake/Screening							4,605	2.362	114,991						
349 Utilization Review/Quality							20,306	10.413	443,964	2,028	1.040	39,696			
501 Program or Site Director				1,830	0.938	30,030	6,719	3.446	252,240						
502 Assistant Program or Assis							1,973	1.012	45,642	2,835	1.454	66,615			
505 Office Worker				41	0.021	1,193	10,676	5.475	181,834	2,271	1.165	30,543			
Total "Hours Paid", "FTE" and "Amount Paid" for Positions.				3,367	1.726	59,644	165,919	85.087	3,037,902	76,949	39.462	1,220,707	0	0.000	0

* Report Agency Administration in one column on a separate page.

** For OASAS, program code = service level and program/site = PRU level.

Totals are transferred to Schedule CFR-1 Line 16 (Program/Site, Program Administration & LGU Administration), or Schedule CFR-3 Line 1 (Agency Administration).

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Funding State Agency:
 OMH SED
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2015 TO December 31, 2015

SCHEDULE CFR-4
 PERSONAL
 SERVICES

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: (SED ONLY)

FTE'S MUST BE CALCULATED TO 3 DECIMAL PLACES.

Provide all applicable information. Refer to Appendix R for Position Title Codes and Definitions. Indicate the standard work week or provide the number of hours in the "other" column. Indicate the applicable staffing category on the line below to which each page applies.

PROGRAM/SITE-PROGRAM ADMIN./LGU ADMIN. (Position Title Codes 100-599 and 700-799 series) AGENCY ADMINISTRATION (Position Title Codes 600-699 series) *

Appendix R	Position Title	35	Standard Work Week			Column 1		Column 2		Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid
			37.5	40	Other	Hours Paid	FTE	Amount Paid	Hours Paid									
	590 Other Program Administrati	X				914	0.502	28,555	2,376	1.305	69,285							

Total "Hours Paid", "FTE" and "Amount Paid" for Positions. 17,457 9.593 441,036 51,839 28.483 1,243,035

* Report Agency Administration in one column on a separate page.
 ** For OASAS, program code = service level and program/site = PRU level.
 Totals are transferred to Schedule CFR-1 Line 16 (Program/Site, Program Administration & LGU Administration), or Schedule CFR-3 Line 1 (Agency Administration).
 Note: FTE's DO NOT get transferred.

Funding State Agency:
 OMH SED
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2015 TO December 31, 2015

SCHEDULE CFR-4
 PERSONAL
 SERVICES

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: 010205005555

FTE'S MUST BE CALCULATED TO 3 DECIMAL PLACES.

Provide all applicable information. Refer to Appendix R for Position Title Codes and Definitions. Indicate the standard work week or provide the number of hours in the "other" column. Indicate the applicable staffing category on the line below to which each page applies.

PROGRAM/SITE-PROGRAM ADMIN./LGU ADMIN. (Position Title Codes 100-599 and 700-799 series) AGENCY ADMINISTRATION (Position Title Codes 600-699 series) *

Position Title	Appendix Code	R	COLUMN NUMBER 1				COLUMN NUMBER 2				COLUMN NUMBER 3				COLUMN NUMBER 4				COLUMN NUMBER 5			
			35	37.5	40	Other	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	
218 Teacher - Special Educati	X				2,421	1.330	60,017	2,420	1.330	62,167	703	0.386	21,806	703	0.386	18,934						
228 Teacher Aide	X				4,042	2.221	40,683	4,042	2.221	40,683												
236 Guidance Counselor	X																					
322 Psychologist (Master's Lev	X																224	0.123	3,793			
333 Therapist - Occupational			X		44	0.023	832										6	0.003	118			
334 Therapist - Physical			X		877	0.450	22,083	877	0.450	22,083							249	0.128	6,267			
335 Therapist - Speech			X		958	0.491	20,000	958	0.491	20,000							272	0.139	5,676			
390 Other Clinical Staff/Assis				X													133	0.064	2,802			
501 Program or Site Director	X				453	0.249	9,873	453	0.249	9,874												
505 Office Worker	X										146	0.080	2,704	146	0.080	2,689						
Total "Hours Paid", "FTE" and "Amount Paid" for Positions.					8,795	4.764	153,488	8,750	4.741	154,807	849	0.466	24,510	849	0.466	21,623	884	0.457	18,656			

* Report Agency Administration in one column on a separate page.

** For OASAS, program code = service level and program/site = PRU level.

Totals are transferred to Schedule CFR-1 Line 16 (Program/Site, Program Administration & LGU Administration), or Schedule CFR-3 Line 1 (Agency Administration).

Note: FTE's DO NOT get transferred.

Funding State Agency:
 OMH SED
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2015 TO December 31, 2015

SCHEDULE CFR-4
 PERSONAL
 SERVICES

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: 010205005555

FTE'S MUST BE CALCULATED TO 3 DECIMAL PLACES.

Provide all applicable information. Refer to Appendix R for Position Title Codes and Definitions. Indicate the standard work week or provide the number of hours in the "other" column. Indicate the applicable staffing category on the line below to which each page applies.

PROGRAM/SITE-PROGRAM ADMIN./LGU ADMIN. (Position Title Codes 100-599 and 700-799 series) AGENCY ADMINISTRATION (Position Title Codes 600-699 series) *

Position Title	Appendix R	COLUMN NUMBER	6			7			8			Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid
			PROGRAM CODE ** (PROGRAM CODE INDEX)	PROGRAM/SITE IDENTIFICATION NUMBER **	PROGRAM/SITE NAME	PROGRAM/SITE ADDRESS (Line One)	PROGRAM/SITE ADDRESS (Line Two)	COUNTY CODE	Hours Paid	FTE	Amount Paid						
218 Teacher - Special Educati	X	35	9190 (SS)	1000919	Preschool Evaluations	53 Bunn Street	New York, New York	10003-1111	31								
228 Teacher Aide	X	37.5	9805 (FF)	1000980	611 Grants	53 Bunn Street	New York, New York	10003-1111	31								
236 Guidance Counselor	X	40	9805 (SS)	1000980	611 Grants	53 Bunn Street	New York, New York	10003-1111	31								
322 Psychologist (Master's Lev	X	Other															
333 Therapist - Occupational																	
334 Therapist - Physical																	
335 Therapist - Speech																	
390 Other Clinical Staff/Assis																	
501 Program or Site Director	X																
505 Office Worker	X																
Total "Hours Paid", "FTE" and "Amount Paid" for Positions.			875	0.461	18,658	0	0.000	0	0	0.000	0						

* Report Agency Administration in one column on a separate page.
 ** For OASAS, program code = service level and program/site = PRU level.
 Totals are transferred to Schedule CFR-1 Line 16 (Program/Site, Program Administration & LGU Administration), or Schedule CFR-3 Line 1 (Agency Administration).
 Note: FTE's DO NOT get transferred.

Report only program/site specific positions (Position Title Codes 200-399 series).

Funding State Agency:
 OMH SED
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2015 TO December 31, 2015

SCHEDULE CFR-4A
 CONTRACTED DIRECT
 CARE AND CLINICAL
 PERSONAL SERVICES
 PAGE 47

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: (SED ONLY)

Refer to Appendix R for Position Title Codes and definitions.

Position Title Code	1		2		3		4		Hours Paid	Amount Paid
	PROGRAM CODE (PROGRAM CODE INDEX)	PROGRAM/SITE IDENTIFICATION NUMBER	PROGRAM CODE (PROGRAM CODE INDEX)	PROGRAM/SITE IDENTIFICATION NUMBER	PROGRAM CODE (PROGRAM CODE INDEX)	PROGRAM/SITE IDENTIFICATION NUMBER	PROGRAM CODE (PROGRAM CODE INDEX)	PROGRAM/SITE IDENTIFICATION NUMBER		
207 Developmental Disabilities Specialist QIPD - Direc	0150 (00)	1539150	0223 (00)	1539223	0225 (00)	1539151	0880 (00)	1539880	60	1,324
309 QIPD - Clinical Developmental Disabilities Special	0150 (00)	1539150	0223 (00)	1539223	0225 (00)	1539151	0880 (00)	1539880	3,376	69,879

Total "Hours Paid" and "Amount Paid" for Positions.

0 0 3,436 71,203 6,109 124,976 0 0

Totals are transferred to Schedule CFR-1 Line 35 (Program/Site).

Report only program/site specific positions (Position Title Codes 200-399 series).

Funding State Agency:
 OMH SED
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2015 TO December 31, 2015

SCHEDULE CFR-4A
 CONTRACTED DIRECT
 CARE AND CLINICAL
 PERSONAL SERVICES
 PAGE 48

 AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: (SED ONLY)

Refer to Appendix R for Position Title Codes and definitions.

Column	1	2	3	4	5	6	7	8	9	10	
PROGRAM CODE (PROGRAM CODE INDEX)	3520 (00)	3520 (01)									
PROGRAM/SITE IDENTIFICATION NUMBER	12345	54321									
PROGRAM/SITE NAME	Help On The Way Clinic	Wharf Rats Clinic									
PROGRAM/SITE ADDRESS (Line One)	300 West Broadway	349 West 125th Street									
PROGRAM/SITE ADDRESS (Line Two)	New York, New York 10012-11	New York, New York 10012-12									
COUNTY CODE	31	31									
Appendix R	Position Title	Hours Paid	Amount Paid	Hours Paid	Amount Paid	Hours Paid	Amount Paid	Hours Paid	Amount Paid	Hours Paid	Amount Paid
	319 Physician's Assistant	231	27,660	319	38,330						

Total "Hours Paid" and "Amount Paid" for Positions. 231 27,660 319 38,330

Totals are transferred to Schedule CFR-1 Line 35 (Program/Site).

Report only program/site specific positions (Position Title Codes 200-399 series).

Funding State Agency:
 OMH SED
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2015 TO December 31, 2015

SCHEDULE CFR-4A
 CONTRACTED DIRECT
 CARE AND CLINICAL
 PERSONAL SERVICES
 PAGE 49

 AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: 010205005555

Refer to Appendix R for Position Title Codes and definitions.

Position Title Code	1		2		3		4		5	
	Hours Paid	Amount Paid	Hours Paid	Amount Paid	Hours Paid	Amount Paid	Hours Paid	Amount Paid	Hours Paid	Amount Paid
224 Teacher - Substitute	20	1,625	20	1,625						
318 Psychiatrist									1	245
321 Psychologist (Licensed)									5	300
322 Psychologist (Master's Level)/Behavioral Specialis									5	200
325 Social Worker Master's Level (MSW)			15	1,000						
335 Therapist - Speech										
339 Nurse's Aide/Medical Aide	15	1,000								
Total "Hours Paid" and "Amount Paid" for Positions.	35	2,625	35	2,625	0	0	0	0	11	745

Totals are transferred to Schedule CFR-1 Line 35 (Program/Site).

Report only program/site specific positions (Position Title Codes 200-399 series).

Funding State Agency:
 OMH SED
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2015 TO December 31, 2015

SCHEDULE CFR-4A
 CONTRACTED DIRECT
 CARE AND CLINICAL
 PERSONAL SERVICES
 PAGE 50

 AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: 010205005555

Refer to Appendix R for Position Title Codes and definitions.

Position Title Code	6		7		8		Hours Paid	Amount Paid	Hours Paid	Amount Paid
	PROGRAM CODE (PROGRAM CODE INDEX)	PROGRAM/SITE IDENTIFICATION NUMBER	PROGRAM/SITE NAME	PROGRAM CODE (PROGRAM CODE INDEX)	PROGRAM/SITE IDENTIFICATION NUMBER	PROGRAM/SITE NAME				
224 Teacher - Substitute	9190 (SS)	1000919	Preschool Evaluations	9805 (FF)	1000980	611 Grants				
318 Psychiatrist			53 Bunn Street			53 Bunn Street				
321 Psychologist (Licensed)			New York, New York 10003-11			New York, New York 10003-11				
322 Psychologist (Master's Level)/Behavioral Specialis			31			31				
325 Social Worker Master's Level (MSW)										
335 Therapist - Speech										
339 Nurse's Aide/Medical Aide										

Total "Hours Paid" and "Amount Paid" for Positions. 11 745 0 0 0 0

Totals are transferred to Schedule CFR-1 Line 35 (Program/Site).

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
FOR THE PERIOD: January 1, 2015 TO December 31, 2015

SCHEDULE CFR-5
TRANSACTIONS WITH RELATED
ORGANIZATIONS/INDIVIDUALS

AGENCY NAME: Any Agency

AGENCY CODE: 10000

SCHOOL CODE: (SED ONLY)

SECTION A: NOTE: (OASAS and OPWDD providers only): For purposes of this schedule, "related organizations and/or individuals" shall include closely allied entities as described and defined in Article 25.06 of Mental Hygiene Law and on page 18.2 of the CFR Manual. OASAS providers are also directed to refer to Local Services Bulletin 1999-02. Question #1: During the reporting period, were there any PAYMENTS TO related organizations or individuals associated with the provider that involved any OASAS, OMH, OPWDD and/or SED programs and/or agency administration? YES [X] NO [] If yes, Sections B and C of this schedule must be completed. Question #2: (Applies only to OASAS and OPWDD service providers) During the reporting period, were there any transactions with related organizations or individuals FROM WHICH the service provider received any financial aid/assistance or TO WHICH the service provider provided financial aid/assistance? YES [X] NO [] If yes, Section D must be completed.

SECTION B: Please list all PAYMENTS TO related organizations and/or individuals below:

1 Line No.	2 Item No.	3 PROGRAM/SITES AFFECTED ENTER PROG/SITE ID# (CODE) OR ADMINISTRATION	4 DESCRIPTION OF TRANSACTION	5 NAME OF RELATED ORGANIZATION/INDIVIDUAL	6 RELATIONSHIP TO PROVIDER*	7 AMOUNT OF TRANSACTION REPORTED	8 ALLOWABLE COSTS	9 ADJUSTMENTS TO COSTS (COL.7 MINUS 8)
1.	1	2100 (00)/1111052	leased space	Any Agency Foundation	G	68,620	67,620	1,000

SECTION C: For space lease/rental agreements listed in section B above, detail the related organization's/individual's allowable costs reported in section B, col. 8 above:

1 Line No.	2 Item No.	3 PROGRAM/SITES AFFECTED ENTER PROG/SITE ID# (CODE) OR ADMIN.	4 DEPRECIATION	5 MORTGAGE INTEREST	6 INSURANCE	7 PROPERTY TAXES	8 OTHER (SPECIFY)	9 TOTAL ALLOWABLE COSTS
1.	1	2100 (00)/1111052	41,620	14,000	5,500	6,500	0	67,620

SECTION D: (This section applies only to OASAS and OPWDD service providers.) Report each related party/related individual FROM WHICH the service provider received any financial aid or assistance or TO WHICH the service provider provided any financial aid or assistance.

1 Line No.	2 Item No.	3 Name of Related Party/Individual	4 Street Address	5 City, State	6 Type of Financial Support/Aid	7 Funding To/From	8 Funding To/From Amount
1.	1	Marcus Welby	242 West 42nd St	New York	loan	FROM	5,000

* See section 18.0 of the CFR Manual for the relationship key.

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
FOR THE PERIOD: January 1, 2015 TO December 31, 2015

SCHEDULE CFR-6
GOVERNING BOARD AND
COMPENSATION SUMMARY

PAGE 52

AGENCY NAME: Any Agency
AGENCY CODE: 10000
SCHOOL CODE: (SED ONLY)

MEMBERS OF THE GOVERNING AUTHORITY

1. Do any employees of your agency also serve on the governing authority? YES NO
If "YES", provide detail of the employee name and position title.

EMPLOYEE NAME	POSITION TITLE
1. Robert House	602

COMPENSATION OF BOARD OFFICERS, BOARD OF DIRECTORS, AND BOARD TRUSTEES

2. List the names of all individuals who receive compensation as Board Officers, Members of the Board of Directors or Board Trustees:

NAME	AMOUNT PAID	CONTRACTED PAYMENT AMOUNT	FRINGE BENEFITS	OTHER BENEFITS**	TOTAL COMPENSATION
------	-------------	---------------------------	-----------------	------------------	--------------------

NO DATA WAS FOUND FOR THIS SECTION

COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES AND INDEPENDENT CONTRACTORS

3. List the five highest paid - employees whose total annualized salary and contracted payment amount (column 7) is in excess of \$75,000 per year.
AND

ALL employees whose total annualized salary and contracted payment amount (column 7) is in excess of \$125,000 per year:

[1] NAME	[2] POSITION TITLE CODE*	[3] AMOUNT PAID	[4] FTE	[5] ANNUALIZED SALARY	[6] CONTRACTED PAYMENT AMOUNT	[7] TOTAL ANNUALIZED SALARY AND CONTRACTED PAYMENT	[8] FRINGE BENEFITS	[9] OTHER BENEFITS**
1. Mary Reynolds	601	225,000	1.000	225,000	0	225,000	60,750	1,200
2. Robert House	602	195,000	1.000	195,000	0	195,000	52,650	0
3. Marcus Welby	318	195,000	1.000	195,000	0	195,000	43,264	0
4. John P Morgan	521	110,000	1.000	110,000	20,000	130,000	40,301	0
5. Shirley Maldowny	604	125,000	1.000	125,000	0	125,000	44,995	0
6. Robert H Smith	604	125,000	1.000	125,000	0	125,000	42,647	0
7. Lewis Knowberry	603	110,000	1.000	110,000	0	110,000	34,100	0
8. Dennis Steele	609 X	76,500	0.850	90,000	0	90,000	29,703	0
9. Paul Ryan	621 X	63,750	0.750	85,000	0	85,000	28,051	0

4. List five highest paid independent contractors (individual or firm) that received payments in excess of \$50,000.

[1] NAME	[2] TYPE OF SERVICE	[3] AMOUNT PAID
1. Ed Norton	Medical	71,885

5. Number of additional employees whose annualized salary and/or contracted payment amount is in excess of \$75,000: 0

* If an individual is reported under more than one position title code on CFR-4, please check the box in column 2.

** Cash value of awards, rewards, loans or other benefits made in lieu of, or in addition to, monetary compensation or regular fringe benefits.

Regular fringe benefits are received by all classes or categories of employees. (e.g.: Payroll Taxes, Health Insurance, Pension Contributions, and Tuition Reimbursement)

Funding State Agency:
 OMH
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2015 TO December 31, 2015

SCHEDULE DMH-1
 PROGRAM FISCAL
 SUMMARY

AGENCY NAME: Any Agency
 AGENCY CODE: 10000

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3
1)	Program Type	00071	Advocacy/Support Serv	Clinic Treatment	Community Residence,
2)	Program Code (Program Code Index)	00011	1760 (00)	2100 (00)	7050 (00)
UNITS OF SERVICE					
3)	OMH Units of Service	00121	257	6,216	3,750
4)	OPWDD Units of Service	00161	0	0	0
5)	OASAS Units of Service	00170	0	0	0
EXPENSES *					
6)	Personal Services	17010	45,981	372,548	578,598
7)	Vacation Leave Accruals	17020	845	685	1,312
8)	Fringe Benefits	17030	12,501	101,259	157,263
9)	Other Than Personal Services	17040	6,668	160,411	74,487
10)	Equipment - Provider Paid	17050	294	2,600	1,221
11)	Property - Provider Paid	17060	2,845	69,618	37,312
12)	Agency Administration	17080	6,448	62,024	79,292
13)	Adjustments/Non-Allowable Costs	17090	0	1,000	0
14)	Total Adjusted Expenses (Lines 6-12 Minus 13)	17999	75,582	768,145	929,485
REVENUES *					
15)	Participant Fees (less SSI and SSA)	26010	0	19,786	0
16)	SSI and SSA	26020	0	0	69,505
17)	Home Relief/Public Assistance	26030	0	0	0
18)	Medicaid	26040	0	680,382	868,526
19)	Medicare	26060	0	65,627	0
20)	Other Third Parties	26070	0	4,279	0
21)	OPWDD Residential Room and Board/NYS OPTS	26080	0	0	0
22)	Transportation, Medicaid	26090	0	0	0
23)	Transportation, Other	26100	0	0	0
24)	Sales: Contract Total	26140	0	0	0
25)	Federal Grants (Detail Required)	26160	0	0	0

* These amounts are the program type totals for all program/sites aggregated from Schedule CFR-1. This does not apply to agencies filing abbreviated CFR forms.

Funding State Agency:
 OMH
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2015 TO December 31, 2015

SCHEDULE DMH-1
 PROGRAM FISCAL
 SUMMARY

AGENCY NAME: Any Agency
 AGENCY CODE: 10000

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3
	Program Type	00071	Advocacy/Support Serv	Clinic Treatment	Community Residence,
	Program Code (Program Code Index)	00011	1760 (00)	2100 (00)	7050 (00)
26)	State Grants (Detail Required)	26190	0	0	0
27)	LTSE Income Total (OMH and OPWDD only)	26220	0	0	0
28)	SNAP (OASAS, OPWDD)	26240	0	0	0
29)	Net Deficit Funding (State & LGU Funding only)*	26110	76,500	0	0
30)	Other (Detail Required)	26230	236	1,498	1,218
31)	Total Gross Revenues (Sum Lines 15-30)	26999	76,736	771,572	939,249
GAAP ADJUSTMENTS TO REVENUE **					
32)	Participant Allowance	27010	0	0	0
33)	Uncollectible Accounts Receivable	27040	0	0	0
34)	Other (Detail Required)	27045	0	0	0
35)	Total GAAP Adjustments (Sum Lines 32-34)	27049	0	0	0
36)	Net GAAP Revenues (Line 31 minus 35)	27025	76,736	771,572	939,249
NON-GAAP ADJUSTMENTS TO REVENUE **					
37)	Exempt Contract Income	27050	0	0	0
38)	Exempt LTSE Income	27060	0	0	0
39)	Net Deficit Funding***	27070	76,500	0	0
40)	Other (Detail Required)	27080	0	0	0
41)	Total NON-GAAP Adjustments (Sum Lines 37-40)	27998	76,500	0	0
42)	Subtotal Adj. to Revenue (Sum Lines 35 & 41)	27999	76,500	0	0
43)	Total Net Revenues (Line 31 Minus 42)	28999	236	771,572	939,249
44)	Net Operating Cost (Line 14 Minus 43)	29999	75,346	-3,427	-9,764

* Do not include non-funded or voluntary contributions.

** These amounts are the program type totals for all program/sites aggregated from Schedule CFR-1. This does not apply to agencies filing abbreviated CFR forms.

*** Amounts should equal the corresponding amounts reported as revenue on line 29 above.

Funding State Agency:
 OMH
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2015 TO December 31, 2015

SCHEDULE DMH-1
 PROGRAM FISCAL
 SUMMARY

AGENCY NAME: Any Agency
 AGENCY CODE: 10000

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
1) Program Type		00071	Family Support Servic	HCBS Group Day Hab. S	HCBS Individual Day H	Subcontract Service
2) Program Code (Program Code Index)		00011	0150 (00)	0223 (00)	0225 (00)	0880 (00)
UNITS OF SERVICE						
3) OMH Units of Service		00121	0	0	0	0
4) OPWDD Units of Service		00161	2,030	56,831	27,159	0
5) OASAS Units of Service		00170	0	0	0	0
EXPENSES *						
6) Personal Services		17010	59,644	3,037,902	1,220,707	0
7) Vacation Leave Accruals		17020	-6	-306	-123	0
8) Fringe Benefits		17030	7,699	641,981	184,586	0
9) Other Than Personal Services		17040	11,903	929,157	669,831	1,400,000
10) Equipment - Provider Paid		17050	5,937	183,437	25,184	1,266,493
11) Property - Provider Paid		17060	296	363,690	301,876	0
12) Agency Administration		17080	7,741	450,233	202,709	0
13) Adjustments/Non-Allowable Costs		17090	0	0	0	0
14) Total Adjusted Expenses (Lines 6-12 Minus 13)		17999	93,214	5,606,094	2,604,770	2,666,493
REVENUES *						
15) Participant Fees (less SSI and SSA)		26010	0	0	0	0
16) SSI and SSA		26020	0	0	0	0
17) Home Relief/Public Assistance		26030	0	0	0	0
18) Medicaid		26040	0	6,990,980	3,455,949	0
19) Medicare		26060	0	0	0	0
20) Other Third Parties		26070	0	177,136	0	0
21) OPWDD Residential Room and Board/NYS OPTS		26080	0	0	0	0
22) Transportation, Medicaid		26090	0	0	0	0
23) Transportation, Other		26100	0	0	0	0
24) Sales: Contract Total		26140	0	0	0	0
25) Federal Grants (Detail Required)		26160	0	131,846	104,081	0

* These amounts are the program type totals for all program/sites aggregated from Schedule CFR-1. This does not apply to agencies filing abbreviated CFR forms.

Funding State Agency:
 [] OMH
 [X] OPWDD
 [] OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2015 TO December 31, 2015

SCHEDULE DMH-1
 PROGRAM FISCAL
 SUMMARY

AGENCY NAME: Any Agency
 AGENCY CODE: 10000

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
	Program Type	00071	Family Support Servic	HCBS Group Day Hab. S	HCBS Individual Day H	Subcontract Service
	Program Code (Program Code Index)	00011	0150 (00)	0223 (00)	0225 (00)	0880 (00)
26)	State Grants (Detail Required)	26190	0	0	0	0
27)	LTSE Income Total (OMH and OPWDD only)	26220	0	0	0	0
28)	SNAP (OASAS, OPWDD)	26240	0	0	0	0
29)	Net Deficit Funding (State & LGU Funding only)*	26110	92,645	0	0	0
30)	Other (Detail Required)	26230	545	22,767	12,183	0
31)	Total Gross Revenues (Sum Lines 15-30)	26999	93,190	7,322,729	3,572,213	0
GAAP ADJUSTMENTS TO REVENUE **						
32)	Participant Allowance	27010	0	0	0	0
33)	Uncollectible Accounts Receivable	27040	0	0	0	0
34)	Other (Detail Required)	27045	0	0	0	0
35)	Total GAAP Adjustments (Sum Lines 32-34)	27049	0	0	0	0
36)	Net GAAP Revenues (Line 31 minus 35)	27025	93,190	7,322,729	3,572,213	0
NON-GAAP ADJUSTMENTS TO REVENUE **						
37)	Exempt Contract Income	27050	0	0	0	0
38)	Exempt LTSE Income	27060	0	0	0	0
39)	Net Deficit Funding***	27070	92,645	0	0	0
40)	Other (Detail Required)	27080	0	0	0	0
41)	Total NON-GAAP Adjustments (Sum Lines 37-40)	27998	92,645	0	0	0
42)	Subtotal Adj. to Revenue (Sum Lines 35 & 41)	27999	92,645	0	0	0
43)	Total Net Revenues (Line 31 Minus 42)	28999	545	7,322,729	3,572,213	0
44)	Net Operating Cost (Line 14 Minus 43)	29999	92,669	-1,716,635	-967,443	2,666,493

* Do not include non-funded or voluntary contributions.

** These amounts are the program type totals for all program/sites aggregated from Schedule CFR-1. This does not apply to agencies filing abbreviated CFR forms.

*** Amounts should equal the corresponding amounts reported as revenue on line 29 above.

Funding State Agency:
 OMH
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2015 TO December 31, 2015

SCHEDULE DMH-1
 PROGRAM FISCAL
 SUMMARY

AGENCY NAME: Any Agency
 AGENCY CODE: 10000

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2
1)	Program Type	00071	Medically Supervised	Medically Supervised
2)	Program Code (Program Code Index)	00011	3520 (00)	3520 (01)
UNITS OF SERVICE				
3)	OMH Units of Service	00121	0	0
4)	OPWDD Units of Service	00161	0	0
5)	OASAS Units of Service	00170	15,124	24,891
EXPENSES *				
6)	Personal Services	17010	441,036	1,243,035
7)	Vacation Leave Accruals	17020	7,800	10,902
8)	Fringe Benefits	17030	101,841	408,500
9)	Other Than Personal Services	17040	217,081	295,023
10)	Equipment - Provider Paid	17050	13,805	17,189
11)	Property - Provider Paid	17060	77,542	32,500
12)	Agency Administration	17080	75,003	191,227
13)	Adjustments/Non-Allowable Costs	17090	0	0
14)	Total Adjusted Expenses (Lines 6-12 Minus 13)	17999	934,108	2,198,376
REVENUES *				
15)	Participant Fees (less SSI and SSA)	26010	58,119	91,500
16)	SSI and SSA	26020	0	0
17)	Home Relief/Public Assistance	26030	0	0
18)	Medicaid	26040	275,392	2,117,207
19)	Medicare	26060	0	0
20)	Other Third Parties	26070	159,123	111,555
21)	OPWDD Residential Room and Board/NYS OPTS	26080	0	0
22)	Transportation, Medicaid	26090	0	0
23)	Transportation, Other	26100	0	0
24)	Sales: Contract Total	26140	0	0
25)	Federal Grants (Detail Required)	26160	0	0

* These amounts are the program type totals for all program/sites aggregated from Schedule CFR-1. This does not apply to agencies filing abbreviated CFR forms.

Funding State Agency:
 OMH
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2015 TO December 31, 2015

SCHEDULE DMH-1
 PROGRAM FISCAL
 SUMMARY

AGENCY NAME: Any Agency
 AGENCY CODE: 10000

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2
	Program Type	00071	Medically Supervised	Medically Supervised
	Program Code (Program Code Index)	00011	3520 (00)	3520 (01)
26)	State Grants (Detail Required)	26190	0	0
27)	LTSE Income Total (OMH and OPWDD only)	26220	0	0
28)	SNAP (OASAS, OPWDD)	26240	0	0
29)	Net Deficit Funding (State & LGU Funding only)*	26110	426,369	0
30)	Other (Detail Required)	26230	0	4,490
31)	Total Gross Revenues (Sum Lines 15-30)	26999	919,003	2,324,752
GAAP ADJUSTMENTS TO REVENUE **				
32)	Participant Allowance	27010	0	0
33)	Uncollectible Accounts Receivable	27040	0	0
34)	Other (Detail Required)	27045	0	0
35)	Total GAAP Adjustments (Sum Lines 32-34)	27049	0	0
36)	Net GAAP Revenues (Line 31 minus 35)	27025	919,003	2,324,752
NON-GAAP ADJUSTMENTS TO REVENUE **				
37)	Exempt Contract Income	27050	0	0
38)	Exempt LTSE Income	27060	0	0
39)	Net Deficit Funding***	27070	426,369	0
40)	Other (Detail Required)	27080	0	0
41)	Total NON-GAAP Adjustments (Sum Lines 37-40)	27998	426,369	0
42)	Subtotal Adj. to Revenue (Sum Lines 35 & 41)	27999	426,369	0
43)	Total Net Revenues (Line 31 Minus 42)	28999	492,634	2,324,752
44)	Net Operating Cost (Line 14 Minus 43)	29999	441,474	-126,376

* Do not include non-funded or voluntary contributions.

** These amounts are the program type totals for all program/sites aggregated from Schedule CFR-1. This does not apply to agencies filing abbreviated CFR forms.

*** Amounts should equal the corresponding amounts reported as revenue on line 29 above.

Funding State Agency:
 OMH
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2015 TO December 31, 2015

SCHEDULE DMH-2
 AID TO LOCALITIES/
 DIRECT CONTRACT
 SUMMARY

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 COUNTY NAME & CODE: New York 31

PREPARED BY: Sally Sanders
 Please check the box if the preparer changed from the previous submission.

TELEPHONE: 212 355-7778 Ext. 123

PLEASE CHECK: ESTIMATED CLAIM: FINAL CLAIM:

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3
1)	Accounting Method				
2)	State Contract Number/LGU Contract Number *	00200	Accrual C004325 (State)	Modified NEWYORK (Local)	Modified C008363 (State)
3)	Program Type	00072	Advocacy/Support Serv	Clinic Treatment	Community Residence,
4)	Program Code (Program Code Index)	00012	1760 (00)	2100 (00)	7050 (00)
EXPENSES					
5)	Personal Services	18010	45,981	372,548	578,598
6)	Vacation Leave Accruals **	18020	845	685	1,312
7)	Fringe Benefits	18030	12,501	101,259	157,263
8)	Other Than Personal Services (OTPS)	18040	6,668	160,411	74,487
9)	Equipment - Provider Paid ***	18050	294	2,600	1,221
10)	Property - Provider Paid ****	18060	2,845	69,618	37,312
11)	Agency Administration	18080	6,448	62,024	79,292
12)	Adjustments/Non-Allowable Costs (Detail Required)	18090	0	1,000	0
13)	Total Adjusted Expenses (Lines 5-11 Minus 12)	18999	75,582	768,145	929,485
REVENUES					
14)	Participant Fees (less SSI & SSA)	46010	0	19,786	0
15)	SSI & SSA	46020	0	0	69,505
16)	Home Relief/Public Assistance	46030	0	0	0
17)	Medicaid	46040	0	680,382	868,526
18)	Medicare	46060	0	65,627	0
19)	Other Third Parties	46070	0	4,279	0
20)	OPWDD Residential Room and Board/NYS OPTS	46080	0	0	0
21)	Transportation, Medicaid	46090	0	0	0
22)	Transportation, Other	46100	0	0	0
23)	Sales: Contract Total	46140	0	0	0
24)	Federal Grants (Detail Required)	46160	0	0	0

* For direct contracts, enter the State Contract Number. For local contracts, enter the local Contract Number, if applicable.
 ** OASAS funded service providers cannot report vacation leave accruals for State aid reimbursement.
 *** OASAS funded service providers cannot report equipment depreciations for State aid reimbursement.
 **** OASAS funded service providers cannot report property related depreciation for State aid reimbursement.

Funding State Agency:
 OMH
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2015 TO December 31, 2015

SCHEDULE DMH-2
 AID TO LOCALITIES/
 DIRECT CONTRACT
 SUMMARY

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 COUNTY NAME & CODE: New York 31

PREPARED BY: Sally Sanders
 Please check the box if the preparer changed from the previous submission.

TELEPHONE: 212 355-7778 Ext. 123___

PLEASE CHECK: ESTIMATED CLAIM: FINAL CLAIM:

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3
	Program Type	00072	Advocacy/Support Serv	Clinic Treatment	Community Residence,
	Program Code (Program Code Index)	00012	1760 (00)	2100 (00)	7050 (00)
25)	State Grants (Detail Required)	46190	0	0	0
26)	LTSE Income Total (OMH and OPWDD only)	46220	0	0	0
27)	SNAP (OASAS, OPWDD)	46240	0	0	0
28)	Net Deficit Funding (State & LGU Funding only)*	46110	76,500	0	0
29)	Other (Detail Required)	46230	4,236	1,498	1,218
30)	Total Gross Revenues (Sum Lines 14-29)	46999	80,736	771,572	939,249
GAAP ADJUSTMENTS TO REVENUE					
31)	Participant Allowance	47010	0	0	0
32)	Uncollectible Accounts Receivable	47040	0	0	0
33)	Other (Detail Required)	47045	0	0	0
34)	Total GAAP Adjustments (Sum Lines 31-33)	47049	0	0	0
35)	Net GAAP Revenues (Line 30 minus 34)	47025	80,736	771,572	939,249
NON-GAAP ADJUSTMENTS TO REVENUE					
36)	Exempt Contract Income	47050	0	0	0
37)	Exempt LTSE Income	47060	0	0	0
38)	Net Deficit Funding**	47070	76,500	0	0
39)	Other (Detail Required)	47080	0	0	4,990
40)	Total NON-GAAP Adjustments (Sum Lines 36-39)	47998	76,500	0	4,990
41)	Subtotal Adj. to Revenue (Sum Lines 34 & 40)	47999	76,500	0	4,990
42)	Total Net Revenues (Line 30 minus 41)	48999	4,236	771,572	934,259
43)	Net Operating Cost (Line 13 minus 42)	49999	71,346	-3,427	-4,774
DEFICIT FUNDING					
44)	State Share	60010	76,500	0	0
45)	Local Government Share	60020	0	0	0
46)	Service Provider Share (Voluntary Contributions)	60030	0	0	0
47)	Total Approved Deficit Funding (Sum lines 44 - 46)	60039	76,500	0	0
48)	Non-Funded	60040	-5,154	-3,427	-4,774
49)	Total Deficit Funding (Sum Lines 47-48)	60999	71,346	-3,427	-4,774

* Do not include non funded or voluntary contributions.

** Amounts should equal the corresponding amounts reported as revenue on line 28 above.

Funding State Agency:
 OMH
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2015 TO December 31, 2015

SCHEDULE DMH-2
 AID TO LOCALITIES/
 DIRECT CONTRACT
 SUMMARY
 PAGE 61

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 COUNTY NAME & CODE: New York 31

PREPARED BY: Sally Sanders
 Please check the box if the preparer changed from the previous submission.

TELEPHONE: 212 355-7778 Ext. 123___

PLEASE CHECK: ESTIMATED CLAIM: FINAL CLAIM:

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2
1)	Accounting Method			
2)	State Contract Number/LGU Contract Number *	00200	C002345 (State)	NEWYORK (Local)
3)	Program Type	00072	Family Support Servic	Subcontract Service
4)	Program Code (Program Code Index)	00012	0150 (00)	0880 (00)
EXPENSES				
5)	Personal Services	18010	59,644	0
6)	Vacation Leave Accruals **	18020	-6	0
7)	Fringe Benefits	18030	7,699	0
8)	Other Than Personal Services (OTPS)	18040	11,903	2,666,493
9)	Equipment - Provider Paid ***	18050	6,001	0
10)	Property - Provider Paid ****	18060	296	0
11)	Agency Administration	18080	7,741	0
12)	Adjustments/Non-Allowable Costs (Detail Required)	18090	0	0
13)	Total Adjusted Expenses (Lines 5-11 Minus 12)	18999	93,278	2,666,493
REVENUES				
14)	Participant Fees (less SSI & SSA)	46010	0	0
15)	SSI & SSA	46020	0	0
16)	Home Relief/Public Assistance	46030	0	0
17)	Medicaid	46040	0	0
18)	Medicare	46060	0	0
19)	Other Third Parties	46070	0	0
20)	OPWDD Residential Room and Board/NYS OPTS	46080	0	0
21)	Transportation, Medicaid	46090	0	2,666,493
22)	Transportation, Other	46100	0	0
23)	Sales: Contract Total	46140	0	0
24)	Federal Grants (Detail Required)	46160	0	0

* For direct contracts, enter the State Contract Number. For local contracts, enter the local Contract Number, if applicable.
 ** OASAS funded service providers cannot report vacation leave accruals for State aid reimbursement.
 *** OASAS funded service providers cannot report equipment depreciations for State aid reimbursement.
 **** OASAS funded service providers cannot report property related depreciation for State aid reimbursement.

Funding State Agency:
 OMH
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2015 TO December 31, 2015

SCHEDULE DMH-2
 AID TO LOCALITIES/
 DIRECT CONTRACT
 SUMMARY

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 COUNTY NAME & CODE: New York 31

PREPARED BY: Sally Sanders
 Please check the box if the preparer changed from the previous submission.

TELEPHONE: 212 355-7778 Ext. 123___

PLEASE CHECK: ESTIMATED CLAIM: FINAL CLAIM:

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2
	Program Type	00072	Family Support Servic	Subcontract Service
	Program Code (Program Code Index)	00012	0150 (00)	0880 (00)
25)	State Grants (Detail Required)	46190	0	0
26)	LTSE Income Total (OMH and OPWDD only)	46220	0	0
27)	SNAP (OASAS, OPWDD)	46240	0	0
28)	Net Deficit Funding (State & LGU Funding only)*	46110	92,645	0
29)	Other (Detail Required)	46230	545	0
30)	Total Gross Revenues (Sum Lines 14-29)	46999	93,190	2,666,493
GAAP ADJUSTMENTS TO REVENUE				
31)	Participant Allowance	47010	0	0
32)	Uncollectible Accounts Receivable	47040	0	0
33)	Other (Detail Required)	47045	0	0
34)	Total GAAP Adjustments (Sum Lines 31-33)	47049	0	0
35)	Net GAAP Revenues (Line 30 minus 34)	47025	93,190	2,666,493
NON-GAAP ADJUSTMENTS TO REVENUE				
36)	Exempt Contract Income	47050	0	0
37)	Exempt LTSE Income	47060	0	0
38)	Net Deficit Funding**	47070	92,645	0
39)	Other (Detail Required)	47080	0	0
40)	Total NON-GAAP Adjustments (Sum Lines 36-39)	47998	92,645	0
41)	Subtotal Adj. to Revenue (Sum Lines 34 & 40)	47999	92,645	0
42)	Total Net Revenues (Line 30 minus 41)	48999	545	2,666,493
43)	Net Operating Cost (Line 13 minus 42)	49999	92,733	0
DEFICIT FUNDING				
44)	State Share	60010	92,733	0
45)	Local Government Share	60020	0	0
46)	Service Provider Share (Voluntary Contributions)	60030	0	0
47)	Total Approved Deficit Funding (Sum lines 44 - 46)	60039	92,733	0
48)	Non-Funded	60040	0	0
49)	Total Deficit Funding (Sum Lines 47-48)	60999	92,733	0

* Do not include non funded or voluntary contributions.

** Amounts should equal the corresponding amounts reported as revenue on line 28 above.

Funding State Agency:
 OMH
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2015 TO December 31, 2015

SCHEDULE DMH-2
 AID TO LOCALITIES/
 DIRECT CONTRACT
 SUMMARY

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 COUNTY NAME & CODE: New York 31

PREPARED BY: Sally Sanders
 Please check the box if the preparer changed from the previous submission.

TELEPHONE: 212 355-7778 Ext. 123___

PLEASE CHECK: ESTIMATED CLAIM: FINAL CLAIM:

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2
1)	Accounting Method		Modified	Modified
2)	State Contract Number/LGU Contract Number *	00200	C004532 (State)	C006543 (State)
3)	Program Type	00072	Medically Supervised	Medically Supervised
4)	Program Code (Program Code Index)	00012	3520 (00)	3520 (01)
EXPENSES				
5)	Personal Services	18010	441,036	1,243,035
6)	Vacation Leave Accruals **	18020	0	0
7)	Fringe Benefits	18030	101,841	408,500
8)	Other Than Personal Services (OTPS)	18040	217,081	295,023
9)	Equipment - Provider Paid ***	18050	6,500	0
10)	Property - Provider Paid ****	18060	77,542	32,500
11)	Agency Administration	18080	75,003	191,227
12)	Adjustments/Non-Allowable Costs (Detail Required)	18090	0	0
13)	Total Adjusted Expenses (Lines 5-11 Minus 12)	18999	919,003	2,170,285
REVENUES				
14)	Participant Fees (less SSI & SSA)	46010	58,119	91,500
15)	SSI & SSA	46020	0	0
16)	Home Relief/Public Assistance	46030	0	0
17)	Medicaid	46040	275,392	2,117,207
18)	Medicare	46060	0	0
19)	Other Third Parties	46070	159,123	111,555
20)	OPWDD Residential Room and Board/NYS OPTS	46080	0	0
21)	Transportation, Medicaid	46090	0	0
22)	Transportation, Other	46100	0	0
23)	Sales: Contract Total	46140	0	0
24)	Federal Grants (Detail Required)	46160	0	0

* For direct contracts, enter the State Contract Number. For local contracts, enter the local Contract Number, if applicable.
 ** OASAS funded service providers cannot report vacation leave accruals for State aid reimbursement.
 *** OASAS funded service providers cannot report equipment depreciations for State aid reimbursement.
 **** OASAS funded service providers cannot report property related depreciation for State aid reimbursement.

Funding State Agency:

- OMH
- OPWDD
- OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2015 TO December 31, 2015

SCHEDULE DMH-2
 AID TO LOCALITIES/
 DIRECT CONTRACT
 SUMMARY

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 COUNTY NAME & CODE: New York 31

PREPARED BY: Sally Sanders
 Please check the box if the preparer changed from the previous submission.

TELEPHONE: 212 355-7778 Ext. 123___

PLEASE CHECK: ESTIMATED CLAIM: FINAL CLAIM:

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2
	Program Type	00072	Medically Supervised	Medically Supervised
	Program Code (Program Code Index)	00012	3520 (00)	3520 (01)
25)	State Grants (Detail Required)	46190	0	0
26)	LTSE Income Total (OMH and OPWDD only)	46220	0	0
27)	SNAP (OASAS, OPWDD)	46240	0	0
28)	Net Deficit Funding (State & LGU Funding only)*	46110	426,369	0
29)	Other (Detail Required)	46230	0	4,490
30)	Total Gross Revenues (Sum Lines 14-29)	46999	919,003	2,324,752
GAAP ADJUSTMENTS TO REVENUE				
31)	Participant Allowance	47010	0	0
32)	Uncollectible Accounts Receivable	47040	0	0
33)	Other (Detail Required)	47045	0	0
34)	Total GAAP Adjustments (Sum Lines 31-33)	47049	0	0
35)	Net GAAP Revenues (Line 30 minus 34)	47025	919,003	2,324,752
NON-GAAP ADJUSTMENTS TO REVENUE				
36)	Exempt Contract Income	47050	0	0
37)	Exempt LTSE Income	47060	0	0
38)	Net Deficit Funding**	47070	426,369	0
39)	Other (Detail Required)	47080	0	0
40)	Total NON-GAAP Adjustments (Sum Lines 36-39)	47998	426,369	0
41)	Subtotal Adj. to Revenue (Sum Lines 34 & 40)	47999	426,369	0
42)	Total Net Revenues (Line 30 minus 41)	48999	492,634	2,324,752
43)	Net Operating Cost (Line 13 minus 42)	49999	426,369	-154,467
DEFICIT FUNDING				
44)	State Share	60010	426,369	0
45)	Local Government Share	60020	0	0
46)	Service Provider Share (Voluntary Contributions)	60030	0	0
47)	Total Approved Deficit Funding (Sum lines 44 - 46)	60039	426,369	0
48)	Non-Funded	60040	0	-154,467
49)	Total Deficit Funding (Sum Lines 47-48)	60999	426,369	-154,467

* Do not include non funded or voluntary contributions.

** Amounts should equal the corresponding amounts reported as revenue on line 28 above.

Funding State Agency:
 OMH
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2015 TO December 31, 2015

SCHEDULE DMH-3
 AID TO LOCALITIES AND DIRECT CONTRACTS
 PROGRAM FUNDING SOURCE SUMMARY

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 COUNTY NAME & CODE: New York 31

PREPARED BY: Sally Sanders
 Please check the box if the preparer changed from the previous submission.

TELEPHONE: 212 355-7778 Ext. 123___

PLEASE CHECK: ESTIMATED CLAIM: FINAL CLAIM:

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	TOTAL
1) Accounting Method						
2) Program Type		00073	Accrual	Modified	Modified	
3) Program Code (Program Code Index)		00013	Advocacy/Support Serv	Clinic Treatment	Community Residence,	
4) Total Persons Served/Month		00220	1760 (00)	2100 (00)	7050 (00)	
5) Total Units of Service		00999	0	939	312	
6) Gross Cost/Unit of Service		70999	257	6,216	3,750	
7) Net Cost/Unit of Service		71999	294.09	123.58	247.86	
8) Please Check:			277.61	-0.55	-1.27	
9) A FUNDING SOURCE CO (Children CR Operating (OMH Only)) Index (OM		072	B	072	B	
10) Number Persons Served/Month		00260			308	308
11) Number Units of Service		00250			3,700	3,700
12) Total Adjusted Expenses		50999			892,172	892,172
13) Less Applied Net Revenue		61999			896,946	896,946
14) Net Operating Costs		62999			-4,774	-4,774
15) Contract Number (State/LGU)*		00201			C008363 (State)	
16) B FUNDING SOURCE CO (Children CR Property (OMH Only)) Index (OMH		073	B	073	B	
17) Number Persons Served/Month		00260			4	4
18) Number Units of Service		00250			50	50
19) Total Adjusted Expenses		50999			37,313	37,313
20) Less Applied Net Revenue		61999			37,313	37,313
21) Net Operating Costs		62999			0	0
22) Contract Number (State/LGU)*		00201			C008363 (State)	
23) C FUNDING SOURCE CO (Non-Funded) Index (OMH/OASAS)		090		090		
24) Number Persons Served/Month		00260		939		939
25) Number Units of Service		00250		6,216		6,216
26) Total Adjusted Expenses		50999		768,145		768,145
27) Less Applied Net Revenue		61999		771,572		771,572
28) Net Operating Costs		62999		-3,427		-3,427
29) Contract Number (State/LGU)*		00201		NEWYORK (Local)		

* For direct contracts, enter the State Contract Number. For local contracts, enter the local Contract Number, if applicable.

Funding State Agency:
 OMH
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2015 TO December 31, 2015

SCHEDULE DMH-3
 AID TO LOCALITIES AND DIRECT CONTRACTS
 PROGRAM FUNDING SOURCE SUMMARY

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 COUNTY NAME & CODE: New York 31

PREPARED BY: Sally Sanders
 Please check the box if the preparer changed from the previous submission.

TELEPHONE: 212 355-7778 Ext. 123__

PLEASE CHECK: ESTIMATED CLAIM: FINAL CLAIM:

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	TOTAL
1) Accounting Method		Accrual		Modified	Modified	
2) Program Type		00073 Advocacy/Support Serv		Clinic Treatment	Community Residence,	
3) Program Code (Program Code Index)		00013 1760 (00)		2100 (00)	7050 (00)	
4) Total Persons Served/Month		00220	0	939	312	
5) Total Units of Service		00999	257	6,216	3,750	
6) Gross Cost/Unit of Service		70999	294.09	123.58	247.86	
7) Net Cost/Unit of Service		71999	277.61	-0.55	-1.27	
8) Please Check:						
9) D FUNDING SOURCE CO (Community Reinvestment) Index (OMH/OASAS)		200		200	200	
10) Number Persons Served/Month		00260	0			0
11) Number Units of Service		00250	257			257
12) Total Adjusted Expenses		50999	75,582			75,582
13) Less Applied Net Revenue		61999	4,236			4,236
14) Net Operating Costs		62999	71,346			71,346
15) Contract Number (State/LGU)*		00201 C004325 (State)				
30) Total Adjusted Expenses		51999	75582	768145	929485	1,773,212
31) Less Net Revenue		63999	4236	771572	934259	1,710,067
32) Net Operating Costs		52999	71346	-3427	-4774	63,145

* For direct contracts, enter the State Contract Number. For local contracts, enter the local Contract Number, if applicable.

Funding State Agency:
 OMH
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2015 TO December 31, 2015

SCHEDULE DMH-3
 AID TO LOCALITIES AND DIRECT CONTRACTS
 PROGRAM FUNDING SOURCE SUMMARY

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 COUNTY NAME & CODE: New York 31

PREPARED BY: Sally Sanders
 Please check the box if the preparer changed from the previous submission.

TELEPHONE: 212 355-7778 Ext. 123

PLEASE CHECK: ESTIMATED CLAIM: FINAL CLAIM:

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	TOTAL
1) Accounting Method			Accrual	Modified	
2) Program Type		00073	Family Support Servic	Subcontract Service	
3) Program Code (Program Code Index)		00013	0150 (00)	0880 (00)	
4) Total Persons Served/Month		00220	6	0	
5) Total Units of Service		00999	2,030	0	
6) Gross Cost/Unit of Service		70999	45.95	0.00	
7) Net Cost/Unit of Service		71999	45.68	0.00	
8) Please Check:			NON-PARTICIPANT SPECI	NON-PARTICIPANT SPECI	
9) A FUNDING SOURCE CO (Fam Support Services) Index (OMH/OASAS)		058		058	
10) Number Persons Served/Month		00260	6	0	6
11) Number Units of Service		00250	2,030	0	2,030
12) Total Adjusted Expenses		50999	93,278	0	93,278
13) Less Applied Net Revenue		61999	545	0	545
14) Net Operating Costs		62999	92,733	0	92,733
15) Contract Number (State/LGU)*		00201	C002345 (State)	NEWYORK (Local)	
16) B FUNDING SOURCE CO (Non-Funded) Index (OMH/OASAS)		090		090	
17) Number Persons Served/Month		00260		0	0
18) Number Units of Service		00250		0	0
19) Total Adjusted Expenses		50999		2,666,493	2,666,493
20) Less Applied Net Revenue		61999		2,666,493	2,666,493
21) Net Operating Costs		62999		0	0
22) Contract Number (State/LGU)*		00201		NEWYORK (Local)	
30) Total Adjusted Expenses		51999	93278	2666493	2,759,771
31) Less Net Revenue		63999	545	2666493	2,667,038
32) Net Operating Costs		52999	92733	0	92,733

* For direct contracts, enter the State Contract Number. For local contracts, enter the local Contract Number, if applicable.

Funding State Agency:
 OMH
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2015 TO December 31, 2015

SCHEDULE DMH-3
 AID TO LOCALITIES AND DIRECT CONTRACTS
 PROGRAM FUNDING SOURCE SUMMARY

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 COUNTY NAME & CODE: New York 31

PREPARED BY: Sally Sanders
 Please check the box if the preparer changed from the previous submission.

TELEPHONE: 212 355-7778 Ext. 123

PLEASE CHECK: ESTIMATED CLAIM: FINAL CLAIM:

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	TOTAL
1)	Accounting Method				
2)	Program Type	00073	Modified	Modified	
3)	Program Code (Program Code Index)	00013	Medically Supervised	Medically Supervised	
4)	Total Persons Served/Month	00220	3520 (00)	3520 (01)	
5)	Total Units of Service	00999	0	0	
6)	Gross Cost/Unit of Service	70999	15,124	24,891	
7)	Net Cost/Unit of Service	71999	60.76	87.19	
8)	Please Check:		28.19	-6.21	
9)	A FUNDING SOURCE CO (Federal SAPT) Index (OMH/OASAS)				
10)	Number Persons Served/Month	00260	013 F	013 F	0
11)	Number Units of Service	00250	0		15,124
12)	Total Adjusted Expenses	50999	15,124		15,124
13)	Less Applied Net Revenue	61999	919,003		919,003
14)	Net Operating Costs	62999	492,634		492,634
15)	Contract Number (State/LGU)*	00201	426,369		426,369
			C004532 (State)		
16)	B FUNDING SOURCE CO (Non-Funded - State) Index (OMH/OASAS)				
17)	Number Persons Served/Month	00260	090 S	090 S	0
18)	Number Units of Service	00250		0	24,891
19)	Total Adjusted Expenses	50999		24,891	24,891
20)	Less Applied Net Revenue	61999		2,170,285	2,170,285
21)	Net Operating Costs	62999		2,324,752	2,324,752
22)	Contract Number (State/LGU)*	00201		-154,467	-154,467
				C006543 (State)	
30)	Total Adjusted Expenses	51999	919003	2170285	3,089,288
31)	Less Net Revenue	63999	492634	2324752	2,817,386
32)	Net Operating Costs	52999	426369	-154467	271,902

* For direct contracts, enter the State Contract Number. For local contracts, enter the local Contract Number, if applicable.

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
FOR THE PERIOD: January 1, 2015 TO December 31, 2015

AGENCY NAME: Any Agency
AGENCY CODE: 10000

Line No.	COLUMN NUMBER PROGRAM CODE PROGRAM TYPE PROG/SITE ID.#	1 1760 (00) Advocacy/Support Services 1111050			2 1760 (00) Advocacy/Support Services 1111276			3 2100 (00) Clinic Treatment 1111052			4 7050 (00) Community Residence, Childre 1111975		
		TOTAL VISITS	WEIGHTED VISITS	SERVICE HOURS	TOTAL VISITS	WEIGHTED VISITS	SERVICE HOURS	TOTAL VISITS	WEIGHTED VISITS	SERVICE HOURS	TOTAL VISITS	WEIGHTED VISITS	SERVICE HOURS
Partial Hospitalization (2200)													
1)	Regular												
2)	Collateral												
3)	Group Collateral												
4)	Crisis												
Intensive Psychiatric Rehab (2320)													
5)	Regular												
Clinic Treatment (2100)													
6)	Service Days		1.00						6,216	6,216			
Continuing Day Treatment (1310)													
7)	Half Day		0.50										
8)	Full Day		1.00										
PROS (6340) (7340) (8340)													
9)	PROS Units		1.00										
Day Treatment (0200)													
On Site Rehabilitation (0320)													
10)	Brief Day		0.33										
11)	Half Day & Pre-Admission Half		0.50										
12)	Full Day & Pre-Admission Full		1.00										
13)	Collateral, Home & Crisis Visi		0.33										
Other / Residential / Total													
14)	All Other		1.00	125	125			132	132				
15)	Residential (Patient Days)		1.00								3,750	3,750	
16)	Total			125	125	0		132	132	0	6,216	6,216	0

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2015 TO December 31, 2015

AGENCY NAME: Any Agency
 AGENCY CODE: 10000

Line No.	COLUMN NUMBER PROGRAM CODE PROGRAM TYPE PROG/SITE ID.#	1 1760 (00) Advocacy/Support Services 1111050			2 1760 (00) Advocacy/Support Services 1111276			3 2100 (00) Clinic Treatment 1111052			4 7050 (00) Community Residence, Childre 1111975			
		TOTAL VISITS	WEIGHTED VISITS	SERVICE HOURS	TOTAL VISITS	WEIGHTED VISITS	SERVICE HOURS	TOTAL VISITS	WEIGHTED VISITS	SERVICE HOURS	TOTAL VISITS	WEIGHTED VISITS	SERVICE HOURS	
Partial Hospitalization (2200)														
1)	Regular													
2)	Collateral													
3)	Group Collateral													
4)	Crisis													
Intensive Psychiatric Rehab (2320)														
5)	Regular													
Clinic Treatment (2100)														
6)	Service Days		1.0						5,011	5,011				
Continuing Day Treatment (1310)														
7)	Half Day		0.50											
8)	Full Day		1.00											
PROS (6340) (7340) (8340)														
9)	PROS Units		1.00											
Day Treatment (0200)														
10)	Brief Day		0.33											
11)	Half Day & Pre-Admission Half		0.50											
12)	Full Day & Pre-Admission Full		1.00											
13)	Collateral, Home & Crisis Visi		0.33											
Other / Residential / Total														
14)	All Other		1.00											
15)	Residential (Patient Days)		1.00								3,441	3,441		
16)	Total								5,011	5,011	0	3,441	3,441	0

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2015 TO December 31, 2015

SCHEDULE OPWDD-1
 SCHEDULE OF SERVICES
 ICF/DDs Only

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 MEDICAID PROVIDER AGREEMENT NUMBER:

SITE ADDRESS:
 PROGRAM TYPE & CODE NUMBER:
 OPERATING CERTIFICATE NUMBER:

Complete a separate schedule for each site. For each service type or supply, check Cols. 1, 2 or 3. If Col. 2 or 3 is checked, show the dollar amount associated with Col. 2 or 3 in Column 4.

Line No.	SERVICE TYPE	Col. 1	Col. 2	Col. 3	Col. 4	Line No.	SERVICE TYPE	Col. 1	Col. 2	Col. 3	Col. 4
		Exclusively Purchased w/ Medicaid Card	Exclusively Purchased by ICF	ICF Purchases Made Only Where MA Card Did Not Cover Items	ICF Purchase Amount Associated w/ Col. 2 or 3			Exclusively Purchased w/ Medicaid Card	Exclusively Purchased by ICF	ICF Purchases Made Only Where MA Card Did Not Cover Items	ICF Purchase Amount Associated w/ Col. 2 or 3

NO DATA WAS FOUND FOR THIS SCHEDULE

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
FOR THE PERIOD: January 1, 2015 TO December 31, 2015

SCHEDULE OPWDD-2
ICD/DD
MEDICAL SUPPLIES

AGENCY NAME: Any Agency
AGENCY CODE: 10000
MEDICAID PROVIDER AGREEMENT NUMBER:

PROGRAM TYPE & CODE NUMBER:
OPERATING CERTIFICATE NUMBER:

If Schedule CFR-1 includes amounts for medical supplies, this schedule must be completed. In addition, medical supplies on Schedule OPWDD-1 should be marked in the column labeled "Included in Report - Yes". This schedule should show specifically which items of medical supplies are included or not included in the costs reported on Schedule CFR-1.

Line No.	MEDICAL SUPPLY DESCRIPTION	INCLUDED	NOT INCLUDED	Line No.	MEDICAL SUPPLY DESCRIPTION	INCLUDED	NOT INCLUDED
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NO DATA WAS FOUND FOR THIS SCHEDULE

* Include all Decubitus supplies here.

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2015 TO December 31, 2015

SCHEDULE OPWDD-5
 CAPITAL SCHEDULE

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 MEDICAID PROVIDER AGREEMENT NUMBER: 2693052

SITE ADDRESS: 25 Bunn Street
 PROGRAM TYPE & CODE NUMBER: 0223 (00) HCBS Group Day Hab. Service (Incl. of HCBS Supp. Group
 OPERATING CERTIFICATE NUMBER: 1539223

	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
CATEGORY PER DOH PROVIDED SCHEDULE	REIMBURSEMENT PER DOH PROVIDED SCHEDULE	RELATING AMOUNT REPORTED ON CFR-1	CFR-1 LINE NUMBER	DIFFERENCE BETWEEN REIMBURSEMENT AND CFR-1	DETAIL OF COLUMN 4
Site Address (Line One)	LEASE/RENTAL-REAL PROPERTY	0	0	49	0
Site Address (Line Two)	DEPRECIATION-BUILDINGS/PRINCIPAL	0	0	51	0
	DEPRECIATION-IMPROV./LEASEHOLD IMPROV.	0	0	50/52	0
	MORTGAGE INTEREST	0	0	53	0
	SHORT TERM LOAN INTEREST	0	0	51	0
	OTHER LOAN INTEREST	0	0	53	0
	START-UP AMORTIZATION	0	0	58	0
	CO-OP/CONDO FEES	0	0	62	0
	OTHER (EX. REAL ESTATE TAXES)	0	0	56/62	0
	DASNY DEBT SERVICE	0	0	51/59	0
	DASNY OPWDD FEE	0	0	60	0
	DORMITORY AUTHORITY FEE	0	0	60	0

This schedule must be completed on a site specific basis for each ICF/DD, Day Treatment, Group Day Habilitation and Prevocational Services site.

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
 For the Period: January 1, 2015 to December 31, 2015

SCHEDULE SED-1
PROGRAM AND
ENROLLMENT DATA

AGENCY NAME: <u>ANY AGENCY</u>											
AGENCY CODE: <u>10000</u>											
SCHOOL CODE: <u>010205005555</u>											
Line No.	COLUMN NUMBER PROGRAM NAME PROGRAM CODE (PROGRAM CODE INDEX)	9100 (FF)		9100 (SS)		9135 (FF)		9135 (SS)		()	
		ENROLLMENT (FTE) BY FUNDING SOURCE	SUMMER	SCHOOL YEAR	SUMMER						
100	Non-disabled-UPK										
101	Non-disabled-Other										
102	Sec.4402 (Art.89) Sch. Dist. Placement										
103	Department of Health Chapter 428										
104	Sec.4408 (Art.89) Sch. Dist. Placement										
105	Sec.4410 (3-4 yr olds) Sch. Dist. Placement	15.661		13.900		15.400		5.000		4.250	
106	Local Social Services District										
107	Other										
108	Total by Funding Source (Sum Lines 102-107)										
109	Number of Days in Session	30		72		108		30		72	
110	Care Days (Line 108 times Line 109)	470		1,001		1,663		150		306	
111	Mandated SEIS or SEIT Units of Service							120		250	
115	Actual SEIS or SEIT Units Provided							100		225	
201	Approved Classroom Ratio	8:1:2		8:1:2		12:1:1					
202	Number of Classrooms	2.000		1.000		1.000					
203	Student FTE	10.500		8.000		9.500					
301	Approved Classroom Ratio	6:1:1		6:1:1		6:1:1					
302	Number of Classrooms	1.000		1.000		1.000					
303	Student FTE	5.161		5.900		5.900					
401	Approved Classroom Ratio										
402	Number of Classrooms										
403	Student FTE										
501	Approved Classroom Ratio										
502	Number of Classrooms										
503	Student FTE										
601	Approved Classroom Ratio										
602	Number of Classrooms										
603	Student FTE										
701	Approved Classroom Ratio										
702	Number of Classrooms										
703	Student FTE										
801	Approved Classroom Ratio										
802	Number of Classrooms										
803	Student FTE										
901	Approved Classroom Ratio										
902	Number of Classrooms										
903	Student FTE										
999	Total Student FTE	15.661		13.900		15.400					

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
FOR THE PERIOD: July 1, 2014 TO June 30, 2015

SCHEDULE SED-4
Related Service Capacity
Need and Productivity

Agency Name: Any Agency
Agency Code: 10000
School Code: 010205005555
Program Code: 9100

Contact Person: Sally Sanders
Phone Number: 212 355-7778 Ext. 123__

Column 1	Capacity				Need					Productivity	
	Column 2a	Column 2b	Column 2c	Column 3	Column 4a	Column 4b	Column 4c	Column 4d	Column 4e	Column 5	Column 6
Related Service	Annual Related Service Employee FTE Allocated to Program	Annual Contracted Related Service Hours	Program Hours Per Week	Annual Capacity of Related Service Time in Half-Hour Units (Column 2a x 52 Weeks x column 2c x 2) + (Column 2b x 2)	Annual IEP Mandated Individual Related Service Sessions on All Students IEPs	Annual IEP Mandated Group Related Service Sessions on All Students IEPs	Average # of Students Served in Group	Annual Group Sessions (Column 4b divided by Column 4c)	Annual IEP Mandated Half-Hour Related Service Sessions (Sum Columns 4a and 4d)	Annual IEP Mandated Half-Hour Related Service Sessions Provided (RS-2 col 7a + (RS-2 col 7b / SED-4 col 4c))	Percentage of Time Related Service Sessions Provided (Column 5 Divided By Column 3)
Speech Therapy	0.983	30	25	2,615.80	2,200.00	547.00	2.00	274	2,473.50	2,175.00	83.1486
Physical Therapy	0.899	0	25	2,337.40	2,015.00	375.00	3.00	125	2,140.00	1,977.00	84.5812
Occupational Therapy	0.023	0	25	59.80	50.00	0.00	0.00	0	50.00	47.00	78.5953
Counseling	0.000	0	25	0.00	0.00	0.00	0.00	0	0.00	0.00	0.0000
Skilled Nursing	0.000	0	25	0.00	0.00	0.00	0.00	0	0.00	0.00	0.0000
Other	0.000	0	25	0.00	0.00	0.00	0.00	0	0.00	0.00	0.0000

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2015 TO December 31, 2015

RECONCILIATION

PAGE 78

AGENCY CODE: 10000

AGENCY NAME: Any Agency

Total agency expenses from Financial Statements	24,291,085	Total agency Revenues from Financial Statements	24,309,428
Additions:		Additions:	
Elimination of Intercompany Transactions	1,605	Prior Period Rate Adjustment	48,521
Depreciation Differences	0	Elimination of Intercompany Transactions	0
Fundraising	0	Fundraising	0
Rounding	0	Rounding	0
Total Additions:	1,605	Total Additions:	48,521
Subtractions:		Subtractions:	
Depreciation Variance	6,450	Total Adjustments:	48,521
Depreciation Differences	0	Adjusted Financial Statement Revenues	24,357,949
Rounding	0	Total agency Revenues from CFR-2, Col. 1, line 12	24,358,005
Total Subtractions:	6,450	Difference	-56
Total adjustments:	-4,845		
Adjusted Financial Statement Expenses	24,286,240		
CFR-2, Col. 1, line 9	24,283,061		
CFR-2, Col. 1, line 8	1,824		
CFR-3, line 41	1,200		
Total CFR Expenses	24,286,085		
Difference	155		

[X] OMH [] SED
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NEW YORK STATE
CONSOLIDATED FISCAL REPORT
FOR THE PERIOD: January 1, 2015 TO December 31, 2015

WORKSHEET/OTHER
DETAILS

AGENCY CODE: 10000

AGENCY NAME: Any Agency

SCHEDULE: CFR-1

PROGRAM: 1760 (00)
SITE: 1111050

PROGRAM: 1760 (00)
SITE: 1111276

PROGRAM: 2100 (00)
SITE: 1111052

Line 39	Other Insurance	17	Line 39	Other Insurance	17	Line 39	Other Insurance	3,182
Line 40	Contracted Support Personal Service	127	Line 40	Contracted Support Personal Service	127	Line 40	Data Processing	7,692
Line 94	All Items <\$1,000 Each	123	Line 94	All Items <\$1,000 Each	113	Line 66	Line [49] - adjustment to lease	1,000
						Line 74	Medicaid Managed Care Other Third Parties	3,001 1,278
						Line 94	Uncompensated Care Pool	1,498

[X] OMH [] SED
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NEW YORK STATE
CONSOLIDATED FISCAL REPORT
FOR THE PERIOD: January 1, 2015 TO December 31, 2015

WORKSHEET/OTHER
DETAILS

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AGENCY CODE: 10000

AGENCY NAME: Any Agency

SCHEDULE: CFR-1

PROGRAM: 7050 (00)
SITE: 1111975

Line 39	Other Insurance	3,295
Line 62	All Items <\$1,000 Each	1,522
Line 94	All Items <\$1,000 Each	168

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NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2015 TO December 31, 2015

WORKSHEET/OTHER
 DETAILS

AGENCY CODE: 10000

AGENCY NAME: Any Agency

SCHEDULE: CFR-1

PROGRAM: 0150 (00)
 SITE: 1539150

PROGRAM: 0223 (00)
 SITE: 1539223

PROGRAM: 0225 (00)
 SITE: 1539151

Line 40 All Items <\$1,000 Each 737
 Other Professional Fees 3,656
 Line 94 All Items <\$1,000 Each 518

Line 39 Vehicle Insurance 37,414
 Line 40 Data Processing 25,294
 All Items <\$1,000 Each 807
 Other Professional Fees 167,722
 Pension Admin Expenses 10,204
 Licensing, Permits, Dues 4,337
 Line 74 Other Third Parties 177,136
 Line 79 CACFP Food Reimbursement 131,846
 Line 94 All Items <\$1,000 Each -172
 Sale of vehicle/other insurance ref 18,412
 Insurance Dividend 1,949
 Vending Machine 1,316

Line 39 Vehicle Insurance 29,870
 Line 40 Data Processing 10,164
 All Items <\$1,000 Each 675
 Other Professional Fees 88,199
 Licensing, Permits, Dues 4,100
 Line 79 CACFP Grant 104,081
 Line 94 All Items <\$1,000 Each 164
 Vehicle Reimbursement (personal use 7,158
 Insurance Dividend 1,100
 Gain on vehicle sale 3,047

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NEW YORK STATE
CONSOLIDATED FISCAL REPORT
FOR THE PERIOD: January 1, 2015 TO December 31, 2015

WORKSHEET/OTHER
DETAILS

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AGENCY CODE: 10000

AGENCY NAME: Any Agency

SCHEDULE: CFR-1

PROGRAM: 3520 (00)
SITE: 12345

PROGRAM: 3520 (01)
SITE: 54321

Line 39 Vehicle Insurance 2,883
Professional Malpractice 800
Crime/Fidelity 10
General Liability 854
Umbrella 1,060
Other Insurance 81

Line 39 Vehicle Insurance 3,968
Professional Malpractice 1,310
Crime/Fidelity 24
General Liability 1,748
Umbrella 1,500
Other Insurance 208

Line 40 Lab Services 65,891
All Items <\$1,000 Each 3,038
Dues and Subscriptions 4,275
Auditing and Legal 2,000

Line 40 Lab Services 37,810
All Items <\$1,000 Each 1,896
Printing 1,227
Dues & Subscriptions 1,395
Community Relations 2,052
Rubbish Removal 3,999
Moving & Storage 11,390
MIscellaneous 1,605

Line 47 All Items <\$1,000 Each 797

Line 47 Auto Repair 37

Line 74 Other Third Parties 159,123

Line 74 Other Third Parties 111,555

Line 94 Miscellaneous Income 1,326

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NEW YORK STATE
CONSOLIDATED FISCAL REPORT
FOR THE PERIOD: January 1, 2015 TO December 31, 2015

WORKSHEET/OTHER
DETAILS

AGENCY CODE: 10000

AGENCY NAME: Any Agency

SCHEDULE: CFR-1

PROGRAM: 9100 (FF)
SITE: 1000910

PROGRAM: 9100 (SS)
SITE: 1000910

PROGRAM: 9135 (FF)
SITE: 1000913

Line 39 Other Insurance 450
Line 40 Data Processing 125
All Items <\$1,000 Each 150
Line 47 All Items <\$1,000 Each 475
Line 62 All Items <\$1,000 Each 346
Line 66 Line [62] - other 324
Line 94 All Items <\$1,000 Each 12

Line 39 Other Insurance 450
Line 40 Data Processing 125
All Items <\$1,000 Each 150
Line 47 All Items <\$1,000 Each 475
Line 62 All Items <\$1,000 Each 346
Line 94 All Items <\$1,000 Each 13

Line 40 Data Processing 7
All Items <\$1,000 Each 9

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NEW YORK STATE
CONSOLIDATED FISCAL REPORT
FOR THE PERIOD: January 1, 2015 TO December 31, 2015

WORKSHEET/OTHER
DETAILS

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AGENCY CODE: 10000

AGENCY NAME: Any Agency

SCHEDULE: CFR-1

PROGRAM: 9135 (SS)
SITE: 1000913

PROGRAM: 9190 (FF)
SITE: 1000919

PROGRAM: 9190 (SS)
SITE: 1000919

Line 40 Data Processing 8
All Items <\$1,000 Each 8

Line 39 Other Insurance 128

Line 39 Other Insurance 128

Line 40 Data Processing 33
All Items <\$1,000 Each 45

Line 40 Data Processing 33
All Items <\$1,000 Each 45

Line 47 All Items <\$1,000 Each 135

Line 47 All Items <\$1,000 Each 135

Line 62 All Items <\$1,000 Each 198

Line 62 All Items <\$1,000 Each 198

Line 94 All Items <\$1,000 Each 9

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NEW YORK STATE
CONSOLIDATED FISCAL REPORT
FOR THE PERIOD: January 1, 2015 TO December 31, 2015

WORKSHEET/OTHER
DETAILS

AGENCY CODE: 10000

AGENCY NAME: Any Agency

SCHEDULE: CFR-1

PROGRAM: 9805 (FF)
SITE: 1000980

PROGRAM: 9805 (SS)
SITE: 1000980

Line 94 Section 611/619 IDEA Money 750

Line 94 Section 611/619 IDEA Money 750

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NEW YORK STATE
CONSOLIDATED FISCAL REPORT
FOR THE PERIOD: January 1, 2015 TO December 31, 2015

WORKSHEET/OTHER
DETAILS

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AGENCY CODE: 10000

AGENCY NAME: Any Agency

SCHEDULE: CFR-3

Line 14	Security Contract	33,598
Line 17	Data Processing	15,252
	All Items <\$1,000 Each	156
	Training & Conferences	11,075
	Pension Admin. Expense	4,137
	Licensing, Permits, Dues	3,154
	IT Professional Fees	38,547
	Bank Charges	9,551
Line 36	All Items <\$1,000 Each	962
Line 41	Line [19] - M Reynolds Auto Lease	1,200

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NEW YORK STATE
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WORKSHEET/OTHER
DETAILS

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AGENCY CODE: 10000

AGENCY NAME: Any Agency

SCHEDULE: DMH-2

PROGRAM: 1760 (00)
COUNTY: 31 - New York

PROGRAM: 2100 (00)
COUNTY: 31 - New York

PROGRAM: 7050 (00)
COUNTY: 31 - New York

Line 29	Other Revenue	4,000	Line 12	Adjustment to Lease	1,000	Line 17	Base Medicaid	868,526
	All Items <\$1,000 Each	236	Line 17	Base Medicaid	680,382	Line 29	Non-Medicaid CRs Prior years	1,218
			Line 19	Other Third Parties	4,279	Line 39	OMH Share Medicaid CR Exempt Income	2,000
			Line 29	All Items <\$1,000 Each	1,498		Provider Share Medicaid CR Exempt I	2,990

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NEW YORK STATE
CONSOLIDATED FISCAL REPORT
FOR THE PERIOD: January 1, 2015 TO December 31, 2015

WORKSHEET/OTHER
DETAILS

AGENCY CODE: 10000

AGENCY NAME: Any Agency

SCHEDULE: DMH-2

PROGRAM: 0150 (00)
COUNTY: 31 - New York

Line 29 All Items <\$1,000 Each

545

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NEW YORK STATE
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FOR THE PERIOD: January 1, 2015 TO December 31, 2015

WORKSHEET/OTHER
DETAILS

PAGE 90

AGENCY CODE: 10000

AGENCY NAME: Any Agency

SCHEDULE: DMH-2

PROGRAM: 3520 (00)
COUNTY: 31 - New York

PROGRAM: 3520 (01)
COUNTY: 31 - New York

Line 17 Base Medicaid 275,392
Line 19 Medicaid Managed Care 159,123

Line 17 Base Medicaid 2,117,207
Line 19 Medicaid Managed Care 111,555
Line 29 All Items <\$1,000 Each 4,490