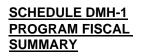
Funding State Agency:

□ OMH

NEW YORK STATE CONSOLIDATED FISCAL REPORT For the Period: July 1, 2008 to June 30, 2009



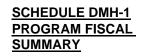
Page

AGENCY NAME:						
AGENCY CODE:						
Line COLUMN NUMBER	Cost					
No. ITEM DESCRIPTION	Codes					
1 Program Type	00071					
2 Program Code (Program Code Index)	00011	()	()	()	()	()
UNITS OF SERVICE						
3 OMH Units of Service	00121					
4 OMRDD Units of Service	00161					
5 OASAS Units of Service	00170					
EXPENSES*						
6 Personal Services	17010					
7 Vacation Leave Accruals	17020					
8 Fringe Benefits	17030					
9 Other Than Personal Services	17040					
10 Equipment-Provider Paid	17050					
11 Property-Provider Paid	17060					
12 Agency Administration	17080					
13 Adjustments/Non-Allowable Costs	17090					
14 Total Adjusted Expenses (Lines 6-12 minus 13)	17999					
REVENUES*						
15 Participant Fees (less SSI & SSA)	26010					
16 SSI & SSA	26020					
17 Home Relief/Public Assistance	26030					
18 Medicaid	26040					
19 Medicare	26060					
20 Other Third Parties	26070					
21 OMRDD Residential Room and Board/NYS OPTS	26080					
22 Transportation, Medicaid	26090					
23 Transportation, Other	26100					
24 Sales: Contract Total	26140					
25 Federal Grants (Detail Required)	26160					

* 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.

□ OMH

NEW YORK STATE CONSOLIDATED FISCAL REPORT For the Period: July 1, 2008 to June 30, 2009



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AGE	NCY CODE:										
		Cost									
Line		Codes									
No.	Program Type	00071									
	Program Code (Program Code Index)	00011	()		()	()	()	(
	State Grants (Detail Required)	26190									
27	LTSE Income Total (OMH and OMRDD only)	26220									
28	Food Stamps (OASAS Only)	26240									
29	Net Deficit Funding (State & LGU Funding only)*	26110									
30	Other (Detail Required)	26230									
31	Total Gross Revenues (Sum Lines 15-30)	26999									
	GAAP ADJUSTMENTS TO REVENUE**										
32	Participant Allowance	27010									
33	Uncollectible Accounts Receivable	27040									
	Other (Detail Required)	27045									
	Total GAAP Adjustments (Sum Lines 32-34)	27049									
36	Net GAAP Revenues (Line 31 minus 35)	27025									
	NON-GAAP ADJUSTMENTS TO REVENUE**										
	Exempt Contract Income	27050									
38	Exempt LTSE Income	27060									
39	Net Deficit Funding***	27070									
40	Other (Detail Required)	27080									
41	Total NON-GAAP Adjustments (Sum Lines 37-40)	27998									
42	Subtotal Adj. to Revenue (Sum Lines 35 & 41)	27999									
	Total Net Revenues (Line 31 minus 42)	28999									
44	Net Operating Cost (Line 14 minus 43)	29999									

* 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. DMH-1.2

8-May-2009 Rev.

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