NEW YORK STATE

CONSOLIDATED FISCAL REPORT

For the Period: January 1, 2012 to December 31, 2012

SCHEDULE CFR-5
TRANSACTIONS WITH RELATED
ORGANIZATIONS/INDIVIDUALS
Page ___

AGEN	CY NAM	E:	AGEN	CY CODE: SC	HOOL CODE: (SED O	NLY)	· — — — ·		_
SECTION A: Question #1:		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. 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 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 NO If yes, Section D must be completed.							
SECTION B:		Please list all PAYMENTS TO related organizations and/or individuals below:							
1	2	3	4	5	6	7	8		9
Line	Item No.	PROGRAM/SITES AFFECTED ENTER PROG/SITE ID# (CODE) OR ADMINISTRATION	DESCRIPTION OF	NAME OF RELATED ORGANIZATION/INDIVIDUAL	RELATIONSHIP TO PROVIDER*	AMOUNT OF TRANSACTION REPORTED	ALLOWA COSTS		ADJUSTMENTS TO COSTS (COL. 7 MINUS 8)
No. 1 2		OR ADMINISTRATION	TRANSACTION	ORGANIZATION/INDIVIDUAL	PROVIDER	REPORTED	COST	3	(COL. 7 MINUS 8)
3									
4									
5									
CECT	ION O	For space lease/rental agreements listed in s	action Dahawa datail the					-	
SEC I	ION C:	For space lease/remai agreements iisteu iii s	section b above, detail the	reialed organization s/individual	s allowable costs rep	orted in section B. co	oi. 8 above:		
<u>3ECT</u>	<u>ION C:</u> 2	3	4	related organization s/individual	s allowable costs rep	orted in section B, co	oi. 8 above:		9
1 Line No.		PROGRAM/SITES AFFECTED ENTER PROG/SITE ID# (CODE) OR ADMIN.	DEPRECIATION		•	PROPERTY TAXES			9 TOTAL ALLOWABLE COSTS
1 Line No.	2 Item No.	3 PROGRAM/SITES AFFECTED	4	5 MORTGAGE	6	7 PROPERTY	8 OTHEI		
Line No.	2 Item No.	3 PROGRAM/SITES AFFECTED	4	5 MORTGAGE	6	7 PROPERTY	8 OTHEI		
1 Line No. 1 2	2 Item No.	3 PROGRAM/SITES AFFECTED	4	5 MORTGAGE	6	7 PROPERTY	8 OTHEI		
1 Line No. 1 2 3	Item No.	3 PROGRAM/SITES AFFECTED	4	5 MORTGAGE	6	7 PROPERTY	8 OTHEI		
1 Line No. 1 2 3 4	Item No.	3 PROGRAM/SITES AFFECTED	4 DEPRECIATION WDD service providers.)	5 MORTGAGE INTEREST Report each related party/related	6 INSURANCE	PROPERTY TAXES	8 OTHEI (SPECIF	FY)	COSTS
1 Line No. 1 2 3 4	2 Item No.	PROGRAM/SITES AFFECTED ENTER PROG/SITE ID# (CODE) OR ADMIN. (This section applies only to OASAS and OP)	4 DEPRECIATION WDD service providers.)	5 MORTGAGE INTEREST Report each related party/related	6 INSURANCE individual FROM WH	PROPERTY TAXES	8 OTHEI (SPECIF	FY)	COSTS
1 Line No. 1 2 3 4	ltem No.	PROGRAM/SITES AFFECTED ENTER PROG/SITE ID# (CODE) OR ADMIN. (This section applies only to OASAS and OP) assistance or TO WHICH the service provide	4 DEPRECIATION WDD service providers.) If provided any financial aid	MORTGAGE INTEREST Report each related party/related or assistance.	6 INSURANCE individual FROM WH	PROPERTY TAXES	8 OTHEI (SPECIF der received	I any fi	COSTS
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1 Line No. 1 2 3 4 5 5 SECT	ltem #	PROGRAM/SITES AFFECTED ENTER PROG/SITE ID# (CODE) OR ADMIN. (This section applies only to OASAS and OP) assistance or TO WHICH the service provide	4 DEPRECIATION WDD service providers.) If provided any financial aid	MORTGAGE INTEREST Report each related party/related or assistance.	6 INSURANCE individual FROM WH	PROPERTY TAXES	der received To Fundin	I any fi	nancial aid or 8 Funding To/From
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