

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
FOR THE PERIOD: July 1, 2008 TO June 30, 2009

AGENCY NAME: Any Agency Inc.
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: 11110
COUNTY NAME: New York
COUNTY CODE: 31

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

Person to Contact with Regard to Questions Concerning this Report:

Ms. Sally Sanders 212 355-5555 Ext. 123

Name Telephone Number
Accountant 212 355-6666

Title FAX Number
ssanders@anyagency.com

E-mail Address

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

SCHOOL CODE (SED ONLY): 010205005555

FEDERAL EMPLOYER ID NUMBER: 14-2345678

CHECK THE STATE AGENCY(IES): OMH
 OMRDD
 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.

10/16/2009

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
FOR THE PERIOD: July 1, 2008 TO June 30, 2009

SCHEDULE CFR-ii
ACCOUNTANT'S REPORT
VOLUNTARY AGENCY or
COUNTY GOVERNMENT
PAGE 2

AGENCY NAME: Any Agency Inc.

AGENCY CODE: 11110

SCHOOL CODE (SED ONLY): 010205005555

We have audited the accompanying balance sheet of the Agency/County as of June 30, 2009 and the accompanying related statements of operations, changes in net assets or equity, and cash flows for the year then ended. These financial statements are the responsibility of the Agency's/County's management. 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 of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe our audit provides a reasonable basis for our opinion.

In our opinion, the aforementioned financial statements present fairly, in all material respects, the financial position of the Agency/County as of June 30, 2009 and the results of its operations, changes in net assets or equity and its cash flows, for the year then ended, in conformity with accounting principles generally accepted in the United States of America.

Our audit was made for the purpose of forming an opinion on the basic financial statements taken 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; DMH-1; OMRDD-3; OMRDD-4; OMH-1; and SED-1, which is the responsibility the Agency's/County's management, is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such accompanying information reported on the CFR with Document Control Number 04360422 has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, are stated fairly in all material respects when considered in relation to the basic financial statements taken as a whole.

The other information included in this Consolidated Fiscal Report identified by Document Control Number 04360422, not detailed in the preceding paragraph, was not audited by us and, accordingly, we express no opinion thereon.

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 June 30, 2009. The Agency's/County'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 Report 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 of Mental Retardation and Developmental Disabilities, New York State Office of Mental Health, New York State Office of Alcoholism and Substance Abuse, and New York State Education Department for the year ended June 30, 2009.

This report is intended solely for the information and use of management of the Agency/County, 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 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 above 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.

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
FOR THE PERIOD: July 1, 2008 TO June 30, 2009

10/16/2009

Date CFR-ii signed

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

315 222-3535

Telephone Number

Signature of Independent Accountant, Firm, or Sole Practitioner
Alexandria Countit

A. Countit & Company

Firm Name

66 Wall St.
Homer, NY 13222

Address

Firm Contact Person

1234567

CPA Firm Registration Number

AGENCY NAME: Any Agency Inc.

AGENCY CODE: 11110

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 of Mental Retardation and 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: 10/16/2009 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 New York - 31
Unit: _____

Date: _____

Funding State Agency:
 OMH SED
 OMRDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: July 1, 2008 TO June 30, 2009

SCHEDULE CFR-1
 PROGRAM/SITE
 DATA

AGENCY NAME: Any Agency Inc.
 AGENCY CODE: 11110
 SCHOOL CODE: (SED ONLY)

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
SECTION A: GENERAL INFORMATION						
1) Program Type	00070 Continuing Day Treatment			Advocacy/Support Services	Advocacy/Support Services	Community Residence, Children
2) Program Code (Program Code Index)	00010 1310 (00)			1760 (00)	1760 (00)	7050 (00)
3) Program/Site Identification Number	00050 1111052			1111050	1111276	1111975
4) Program/Site Name	00020 OMH CDT			OMH Answers	OMH Shoulders	Regency House
5) Program/Site Address (Line One)	00030 25 Bunn St			25 Stewart St.	22 My Way Drive	200 105th St
6) Program/Site Address (Line Two)	00040 New York, NY 10014-1111			New York, NY 10001-3101	New York, NY 10003-1111	New York, NY 10012-1122
7) Medicaid Provider Agreement Number (DMH only)	00060 14141414					01305850
8) County Code (See Appendix C)	00080 31			31	31	31
9) Date Site Opened	00090 02/02/1992			06/01/1996	01/01/2001	01/16/1991
10) Certified Capacity (OASAS, OMRDD and SED only)	00100	0	0	0	0	0
11) Actual Capacity (OMH, OMRDD and SED only)	00110	0	0	0	0	8
12) Actual Days Program/Site Open	00160	251	135	135	365	
13) Units Of Service	00120	52,992	839	860	2,628	
14) Respite or TUBS Units of Service (OMRDD only)	00130	0	0	0	0	
15) Program/Site Square Footage (OASAS, OMRDD and SED Only)	00150	0	0	0	0	

Funding State Agency:
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 PROGRAM/SITE
 DATA

AGENCY NAME: Any Agency Inc.
 AGENCY CODE: 11110
 SCHOOL CODE: (SED ONLY)

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
	Program Code (Program Code Index)		1310 (00)	1760 (00)	1760 (00)	7050 (00)
	Program/Site Identification Number		1111052	1111050	1111276	1111975
SECTION B: EXPENSES						
PERSONAL SERVICES						
16)	Personal Services-Program/Site & Program Admin*	11999	471,265	24,163	21,818	578,598
17)	Vacation Accruals-Program/Site & Program Admin*	12999	685	414	431	1,312
FRINGE BENEFITS						
18)	Mandated Fringe Benefits	13200	56,520	3,273	2,723	75,906
19)	Non-Mandated Fringe Benefits	13300	37,680	1,376	1,245	45,901
20)	Total Fringe Benefits (Sum Lines 18 & 19)	13999	94,200	4,649	3,968	121,807
OTHER THAN PERSONAL SERVICES (OTPS)						
21)	Food	14010	0	0	0	17,861
22)	Repairs and Maintenance	14020	30,412	272	272	11,204
23)	Utilities	14030	24,737	681	681	9,522
24)	Transportation Related - Participant**	14040	0	16	16	11,176
25)	Staff Travel	14250	120	1,950	1,211	134
26)	Participant Incidentals	14050	7,804	0	0	3,903
27)	Expensed Adaptive Equipment (OMRDD and SED only)	14070	0	0	0	0
28)	Expensed Equipment	14080	1,768	83	23	0
29)	Sub-Contract Raw Materials	14090	0	0	0	0
30)	Participant Wages - Non-Contract	14100	0	0	0	0

Funding State Agency:
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SCHEDULE CFR-1
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 AGENCY NAME: Any Agency Inc.
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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
	Program Code (Program Code Index)		1310 (00)	1760 (00)	1760 (00)	7050 (00)
	Program/Site Identification Number		1111052	1111050	1111276	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 (OMRDD only)	14130	0	0	0	0
34)	Staff Development	14140	3,628	45	184	3,255
35)	Contracted Direct Care and Clinical Personal Services (from CFR-4A)	14150	58,885	0	0	0
36)	Supplies and Materials - Non-Household	14160	14,348	81	43	1,587
37)	Household Supplies	14170	3,524	182	181	5,517
38)	Telephone	14190	8,908	231	228	7,033
39)	Insurance - General	14260	3,182	17	17	3,295
40)	Other (Detail Required)	14998	7,692	127	127	0
41)	Total Other Than Personal Services (Sum Lines 21-40)	14999	165,008	3,685	2,983	74,487
	EQUIPMENT - PROVIDER PAID					
42)	Lease/Rental Vehicle	15010	0	0	0	0
43)	Lease/Rental Equipment	15020	0	0	0	0
44)	Depreciation - Vehicle	15040	0	21	21	1,221
45)	Depreciation - Equipment	15050	0	126	126	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	0	147	147	1,221
	PROPERTY - PROVIDER PAID					
49)	Lease/Rental - Real Property	16010	68,620	1,105	1,205	0
50)	Leasehold/Leasehold Improvements	16020	0	0	0	0
51)	Depreciation - Building	16030	0	0	0	12,674
52)	Depreciation - Building/Land Improvements	16040	0	0	0	0

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SCHEDULE CFR-1
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 DATA

 AGENCY NAME: Any Agency Inc.
 AGENCY CODE: 11110
 SCHOOL CODE: (SED ONLY)

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
	Program Code (Program Code Index)		1310 (00)	1760 (00)	1760 (00)	7050 (00)
	Program/Site Identification Number		1111052	1111050	1111276	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	0	300	200	3,013
56)	Real Estate Taxes	16090	0	0	0	848
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	68,620	1,405	1,405	37,313
TOTALS						
64)	Total Operating Costs (Sum lines 16,17,20,41 minus 29)	19010	731,158	32,911	29,200	776,204
65)	Agency Admin. Alloc.* (Line 64 times 0.097691)	19050	71,428	3,215	2,853	75,828
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	871,206	37,678	33,605	890,566
OMRDD 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)	ICF/DD Day Services Liability	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 0190, 0880, 0890 and state agency specific programs which are exempt from agency administration.

Funding State Agency:
 OMH SED
 OMRDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
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SCHEDULE CFR-1
 PROGRAM/SITE
 DATA

AGENCY NAME: Any Agency Inc.
 AGENCY CODE: 11110
 SCHOOL CODE: (SED ONLY)

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
	Program Code (Program Code Index)		1310 (00)	1760 (00)	1760 (00)	7050 (00)
	Program/Site Identification Number		1111052	1111050	1111276	1111975
SECTION C: REVENUES						
69)	Participant Fee (Less SSI & SSA)	20010	0	0	0	0
70)	SSI and SSA	20020	0	0	0	69,505
71)	Home Relief/Public Assistance	20030	0	0	0	0
72)	Medicaid	20040	935,128	0	0	816,070
73)	Medicare	20060	0	0	0	0
74)	Other Third Parties (Detail Required)	20070	1,278	0	0	0
75)	OMRDD 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 OMRDD only)	22080	0	0	0	0
82)	Food Stamps (OASAS Only), 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

* For OMRDD programs, if this line is completed, complete Schedule OMRDD-3 (HUD Revenues and Expenses).
 ** Refer to CFR manual for specific instructions.

Funding State Agency:
 OMH SED
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 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: July 1, 2008 TO June 30, 2009

SCHEDULE CFR-1
 PROGRAM/SITE
 DATA

AGENCY NAME: Any Agency Inc.
 AGENCY CODE: 11110
 SCHOOL CODE: (SED ONLY)

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
	Program Code (Program Code Index)		1310 (00)	1760 (00)	1760 (00)	7050 (00)
	Program/Site Identification Number		1111052	1111050	1111276	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	0	5,410	5,402	2,005
94)	Other (Detail Required)	22998	0	123	131	168
95)	Gross Revenues (Sum Lines 69-94)	23999	936,406	5,533	5,533	888,798
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	936,406	5,533	5,533	888,798
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	0	5,410	5,402	2,005
104)	Other (Detail Required)	24080	0	0	0	0
105)	Total NON-GAAP Adjustments (Sum Lines 101-104)	24097	0	5,410	5,402	2,005
106)	TOTAL ADJ. TO REVENUE (Sum Lines 99 & 105)	24999	0	5,410	5,402	2,005
107)	TOTAL NET REVENUES (Line 95 minus 106)	25999	936,406	123	131	886,793

* Do not include non-funded or voluntary contributions.

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

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: July 1, 2008 TO June 30, 2009

SCHEDULE CFR-2
 AGENCY FISCAL
 SUMMARY

AGENCY NAME: Any Agency Inc.
 AGENCY CODE: 11110
 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 OMRDD TOTALS	5 SED TOTALS	6 SHARED PRG. TOTALS	7 OTHER PROGRAMS TOTALS*
EXPENSES									
1)	Personal Services (CFR-1, Line 16)	31999	4,236,953	0	1,095,844	0	391,742	0	2,749,367
2)	Vacation Leave Accruals (CFR-1, Line 17)	32999	10,971	0	2,842	0	7,963	0	166
3)	Fringe Benefits (CFR-1, Line 20)	33999	1,219,577	0	224,624	0	81,677	0	913,276
4)	OTPS (CFR-1, Line 41)	34999	1,671,879	0	246,163	0	23,707	0	1,402,009
5)	Equipment-Provider Paid (CFR-1, Line 48)	35999	230,473	0	1,515	0	5,299	0	223,659
6)	Property-Provider Paid (CFR-1, Line 63)	36999	923,147	0	108,743	0	38,817	0	775,587
7)	Net Agency Admin. (CFR-1, Line 65)	38050	697,456	0	153,324	0	49,343	0	494,789
8)	Adj./Non-Allow. Costs (CFR-1, Line 66)	38030	824	0	0	0	324	0	500
9)	Total Adj. Expenses (Sum Lines 1-7 minus 8)	38999	8,989,632	0	1,833,055	0	598,224	0	6,558,353
REVENUES									
10)	Gross Revenues (CFR-1, Line 95)	40999	9,349,602	0	1,836,270	0	524,987	0	6,988,345
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	9,349,602	0	1,836,270	0	524,987	0	6,988,345

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

NEW YORK STATE
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SCHEDULE CFR-3
 AGENCY
 ADMINISTRATION

 AGENCY NAME: Any Agency Inc.
 AGENCY CODE: 11110
 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	2,330
1)	Total Personal Services (from CFR-4, Agency Admin.)	11998	379,487	22)	Depreciation - Equipment	15060	4,754
2)	Vacation Leave Accruals	12998	12,513	23)	Interest - Vehicle	15071	1,258
	FRINGE BENEFITS			24)	Other (Detail Required)	15997	0
3)	Mandated Fringe Benefits	13201	35,886	25)	Total Equipment (Sum Lines 19-24)	15996	16,339
4)	Non-Mandated Fringe Benefits	13301	38,784		PROPERTY - PROVIDER PAID		
5)	Total Fringe Benefits (Sum Lines 3-4)	13998	74,670	26)	Lease/Rental - Real Property	16011	50,726
	OTHER THAN PERSONAL SERVICES (OTPS)			27)	Leasehold/Leasehold Improvements	16021	0
6)	Audit/Legal	14200	25,935	28)	Depreciation - Building	16031	0
7)	Utilities	14210	18,931	29)	Depreciation - Building/Land Improvements	16050	0
8)	Telephone	14220	13,725	30)	Mortgage Interest	16061	0
9)	Repairs and Maintenance	14021	18,685	31)	Mortgage Expenses	16071	0
10)	Office Supplies and Postage	14161	24,971	32)	Insurance - Property & Casualty	16081	15,643
11)	Organizational Expense	14230	0	33)	Real Estate Taxes	16091	0
12)	Interest - Working Capital	14240	844	34)	Maintenance in Lieu of Rent (LGU only)	16141	0
13)	Expensed Equipment	14081	1,590	35)	Interest on Capital Indebtedness	16101	0
14)	Contracted Personal Services	14151	23,510	36)	Other (Detail Required)	16997	0
15)	Staff Travel	14251	13,400	37)	Total Property (Sum Lines 26-36)	16996	66,369
16)	Insurance - General	14261	4,900		-----		
17)	Other (Detail Required)	14997	1,587	38)	Parent Agency Administration Allocation	19070	0
18)	Total OTPS (Sum Lines 6-17)	14996	148,078	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	697,456
19)	Lease/Rental - Vehicle	15011	5,297	41)	Adjustments/Non-Allowable Costs (Detail Required)	19031	0
20)	Lease/Rental - Equipment	15030	2,700	42)	Net Agency Administration (Line 40 minus 41)	19998	697,456

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: July 1, 2008 TO June 30, 2009

SCHEDULE CFR-3
 AGENCY
 ADMINISTRATION

 AGENCY NAME: Any Agency Inc.
 AGENCY CODE: 11110
 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	0	60)	OASAS Adjusted Subtotal	19310	0
44)	OMH Subtotal	19120	1,569,473	61)	OMH Adjusted Subtotal	19320	1,569,473
45)	OMRDD Subtotal	19130	0	62)	OMRDD Adjusted Subtotal	19330	0
46)	SED Subtotal	19140	505,089	63)	SED Adjusted Subtotal	19340	505,089
47)	Shared Programs Subtotal	19150	0	64)	Shared Programs Adjusted Subtotal	19350	0
48)	Other Programs Subtotal**	19160	5,064,818				
49)	Total Agency Operating Costs	19170	7,139,380				
CALCULATION OF RATIO VALUE FACTOR				CALCULATION OF ADJUSTED RATIO VALUE FACTOR *****			
50)	Net Agency Administration (CFR-3, Line 42)	19999	697,456	65)	OASAS Ratio Value Factor (line 53 divided by line 60)	19410	0.000000
51)	Total Agency Operating Costs (CFR-3, Line 49)	19171	7,139,380	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)	OMRDD Ratio Value Factor (line 55 divided by line 62)	19430	0.000000
				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	0				
54)	OMH Allocation (line 44 x line 52)	19220	153,324				
55)	OMRDD Allocation (line 45 x line 52)	19230	0				
56)	SED Allocation (line 46 x line 52)	19240	49,343				
57)	Shared Programs Allocation (line 47 x line 52)	19250	0				
58)	Other Programs Allocation (line 48 x line 52)	19260	494,789				
59)	Total Agency Administration (sum lines 53 - 58)	19270	697,456				

* Totals by State Agency from CFR-1, Line 64. Do not report operating costs for programs 0190, 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 0190, 0880 and 0890 and programs which are exempt from agency administration.
 For OMH (line 61), do not include operating costs for programs 0860, 0870, 1690, 2820, 2830, 2860, 8810 and programs with an "A" program code index (startup).
 For OMRDD (line 62), do not include operating costs for programs 2091 and 5091.
 ***** 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
 OMRDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: July 1, 2008 TO June 30, 2009

SCHEDULE CFR-4
 PERSONAL
 SERVICES

AGENCY NAME: Any Agency Inc.
 AGENCY CODE: 11110
 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) [X] *

COLUMN NUMBER		1																		
PROGRAM CODE ** (PROGRAM CODE INDEX)		ADMINISTRATION																		
PROGRAM/SITE IDENTIFICATION NUMBER **																				
PROGRAM/SITE NAME																				
Position	PROGRAM/SITE ADDRESS (Line One)																			
Title	PROGRAM/SITE ADDRESS (Line Two)																			
Code	COUNTY CODE																			
Appendix		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
R	Position Title	35	37.5	40	Other															
601	Executive Director/Chief E		X			2,080	1.000	110,014												
603	Comptroller/Controller		X			2,080	1.000	78,216												
605	Office Worker		X			6,448	3.100	77,002												
609	Computer/Data/Statistical		X			2,080	1.000	42,500												
610	Community Relations		X			1,040	0.500	23,817												
690	Other Agency Administratio		X			3,120	1.500	47,938												

Total "Hours Paid", "FTE" and "Amount Paid" for Positions. 16,848 8.100 379,487

* 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
 OMRDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: July 1, 2008 TO June 30, 2009

SCHEDULE CFR-4
 PERSONAL
 SERVICES

AGENCY NAME: Any Agency Inc.
 AGENCY CODE: 11110
 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)	1310 (00)	1760 (00)	1760 (00)	7050 (00)																
PROGRAM/SITE IDENTIFICATION NUMBER **	1111052	1111050	1111276	1111975																
PROGRAM/SITE NAME	OMH CDT	OMH Answers	OMH Shoulders	Regency House																
Position PROGRAM/SITE ADDRESS (Line One)	25 Bunn St	25 Stewart St.	22 My Way Drive	200 105th St																
Title PROGRAM/SITE ADDRESS (Line Two)	New York, New York 10014-1111	New York, New York 10001-3101	New York, New York 10003-1111	New York, New York 10012-1122																
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	Hours Paid	FTE	Amount Paid	
	35 37.5 40 Other																			
201 Mental Hygiene Worker (not	X							1,950	1.000	21,167										
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				
317 Nurse - Registered			X		4,160	2.000	138,788													
318 Psychiatrist			X		882	0.424	84,624													
343 Intake/Screening			X		2,496	1.200	31,786													
390 Other Clinical Staff/Assis			X		11,164	5.367	155,640													
501 Program or Site Director			X					1,950	1.000	23,513										
501 Program or Site Director			X		2,080	1.000	49,608													
505 Office Worker			X					75	0.038	650				75	0.038	651				
505 Office Worker			X		1,040	0.500	10,819													
Total "Hours Paid", "FTE" and "Amount Paid" for Positions.					21,822	10.491	471,265	2,025	1.038	24,163	2,025	1.038	21,818	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).
 Note: FTE's DO NOT get transferred.

Funding State Agency:
 OMH SED
 OMRDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: July 1, 2008 TO June 30, 2009

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

 AGENCY NAME: Any Agency Inc.
 AGENCY CODE: 11110
 SCHOOL CODE: (SED ONLY)

Refer to Appendix R for Position Title Codes and definitions.
 Report only program/site specific positions (Position Title Codes 200-399 series).

POSITION	1	2	3	4						
COLUMN NUMBER	1	2	3	4						
PROGRAM CODE (PROGRAM CODE INDEX)	1310 (00)	1760 (00)	1760 (00)	7050 (00)						
PROGRAM/SITE IDENTIFICATION NUMBER	1111052	1111050	1111276	1111975						
PROGRAM/SITE NAME	OMH CDT	OMH Answers	OMH Shoulders	Regency House						
PROGRAM/SITE ADDRESS (Line One)	25 Bunn St	25 Stewart St.	22 My Way Drive	200 105th St						
Title PROGRAM/SITE ADDRESS (Line Two)	New York, New York									
Code COUNTY CODE	10014-11 31	10001-31 31	10003-11 31	10012-11 31						
Appendix R	Hours Paid	Amount Paid	Hours Paid	Amount Paid	Hours Paid	Amount Paid	Hours Paid	Amount Paid	Hours Paid	Amount Paid
Position Title										
318 Psychiatrist	180	58,885								

Total "Hours Paid" and "Amount Paid" for Positions. 180 58,885 0 0 0 0 0 0

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

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
FOR THE PERIOD: July 1, 2008 TO June 30, 2009

SCHEDULE CFR-6
GOVERNING BOARD AND
COMPENSATION SUMMARY

AGENCY NAME: Any Agency Inc.
AGENCY CODE: 11110
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.

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 \$50,000 per year.

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

[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]
NAME	POSITION TITLE	AMOUNT PAID	FTE	ANNUALIZED SALARY	CONTRACTED PAYMENT AMOUNT	TOTAL ANNUALIZED SALARY AND CONTRACTED PAYMENT	FRINGE BENEFITS	OTHER BENEFITS**
1. Marcus Welby	318	135,005	1.000	135,005	135,005	135,005	33,750	0
2. Mary Reynolds	601	110,014	1.000	110,014	110,014	110,014	27,503	1,200
3. Gregory House	501	100,000	1.000	100,000	100,000	100,000	25,001	0
4. Lewis Knoxberry	603	78,216	1.000	78,216	78,216	78,216	19,554	0
5. Sam Malone	317 X	55,000	0.880	62,500	62,500	62,500	15,002	0

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

[1]	[2]	[3]
NAME	TYPE OF SERVICE	AMOUNT PAID
1. Ed Norton MD	Medical	58,885

5. Number of additional employees and independent contractors whose annualized salary and/or contracted payment amount is in excess of \$50,000: 3

* 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)

Funding State Agency:
 OMH
 OMRDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: July 1, 2008 TO June 30, 2009

SCHEDULE DMH-1
 PROGRAM FISCAL
 SUMMARY

AGENCY NAME: Any Agency Inc.
 AGENCY CODE: 11110

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3
1)	Program Type	00071	Continuing Day Treatm	Advocacy/Support Serv	Community Residence,
2)	Program Code (Program Code Index)	00011	1310 (00)	1760 (00)	7050 (00)
UNITS OF SERVICE					
3)	OMH Units of Service	00121	52,992	1,699	2,628
4)	OMRDD Units of Service	00161	0	0	0
5)	OASAS Units of Service	00170	0	0	0
EXPENSES *					
6)	Personal Services	17010	471,265	45,981	578,598
7)	Vacation Leave Accruals	17020	685	845	1,312
8)	Fringe Benefits	17030	94,200	8,617	121,807
9)	Other Than Personal Services	17040	165,008	6,668	74,487
10)	Equipment - Provider Paid	17050	0	294	1,221
11)	Property - Provider Paid	17060	68,620	2,810	37,313
12)	Agency Administration	17080	71,428	6,068	75,828
13)	Adjustments/Non-Allowable Costs	17090	0	0	0
14)	Total Adjusted Expenses (Lines 6-12 Minus 13)	17999	871,206	71,283	890,566
REVENUES *					
15)	Participant Fees (less SSI and SSA)	26010	0	0	0
16)	SSI and SSA	26020	0	0	69,505
17)	Home Relief/Public Assistance	26030	0	0	0
18)	Medicaid	26040	935,128	0	816,070
19)	Medicare	26060	0	0	0
20)	Other Third Parties	26070	1,278	0	0
21)	OMRDD 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:
 [X] OMH
 [] OMRDD
 [] OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: July 1, 2008 TO June 30, 2009

SCHEDULE DMH-1
 PROGRAM FISCAL
 SUMMARY

AGENCY NAME: Any Agency Inc.
 AGENCY CODE: 11110

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3
	Program Type	00071	Continuing Day Treatm	Advocacy/Support Serv	Community Residence,
	Program Code (Program Code Index)	00011	1310 (00)	1760 (00)	7050 (00)
26)	State Grants (Detail Required)	26190	0	0	0
27)	LTSE Income Total (OMH and OMRDD only)	26220	0	0	0
28)	Food Stamps (OASAS Only)	26240	0	0	0
29)	Net Deficit Funding (State & LGU Funding only)*	26110	0	10,812	2,005
30)	Other (Detail Required)	26230	0	254	1,218
31)	Total Gross Revenues (Sum Lines 15-30)	26999	936,406	11,066	888,798
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	936,406	11,066	888,798
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	0	10,812	2,005
40)	Other (Detail Required)	27080	0	0	0
41)	Total NON-GAAP Adjustments (Sum Lines 37-40)	27998	0	10,812	2,005
42)	Subtotal Adj. to Revenue (Sum Lines 35 & 41)	27999	0	10,812	2,005
43)	Total Net Revenues (Line 31 Minus 42)	28999	936,406	254	886,793
44)	Net Operating Cost (Line 14 Minus 43)	29999	-65,200	71,029	3,773

* 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
 OMRDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: July 1, 2008 TO June 30, 2009

SCHEDULE DMH-2
 AID TO LOCALITIES/
 DIRECT CONTRACT
 SUMMARY

AGENCY NAME: Any Agency Inc.
 AGENCY CODE: 11110
 COUNTY NAME & CODE: New York 31

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

TELEPHONE: 212 355-5555 Ext. 123___

PLEASE CHECK: ESTIMATED CLAIM: [] FINAL CLAIM: [X]

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3
1)	Accounting Method		Accrual	Cash	Modified
2)	State Contract Number/LGU Contract Number *	00200	NEWYORK	NEWYORK	C006363
3)	Program Type	00072	Continuing Day Treatm	Advocacy/Support Serv	Community Residence,
4)	Program Code (Program Code Index)	00012	1310 (00)	1760 (00)	7050 (00)
EXPENSES					
5)	Personal Services	18010	471,265	45,981	578,598
6)	Vacation Leave Accruals **	18020	685	845	1,312
7)	Fringe Benefits	18030	94,200	8,617	121,807
8)	Other Than Personal Services (OTPS)	18040	165,008	6,668	74,487
9)	Equipment - Provider Paid ***	18050	0	1,005	3,005
10)	Property - Provider Paid ****	18060	68,620	2,810	37,313
11)	Agency Administration	18080	71,428	6,068	75,828
12)	Adjustments/Non-Allowable Costs (Detail Required)	18090	0	0	0
13)	Total Adjusted Expenses (Lines 5-11 Minus 12)	18999	871,206	71,994	892,350
REVENUES					
14)	Participant Fees (less SSI & SSA)	46010	0	0	0
15)	SSI & SSA	46020	0	0	69,505
16)	Home Relief/Public Assistance	46030	0	0	0
17)	Medicaid	46040	874,928	60,200	816,070
18)	Medicare	46060	0	0	0
19)	Other Third Parties	46070	1,278	0	0
20)	OMRDD 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
 OMRDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: July 1, 2008 TO June 30, 2009

SCHEDULE DMH-2
 AID TO LOCALITIES/
 DIRECT CONTRACT
 SUMMARY

AGENCY NAME: Any Agency Inc.
 AGENCY CODE: 11110
 COUNTY NAME & CODE: New York 31

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

TELEPHONE: 212 355-5555 Ext. 123____

PLEASE CHECK: ESTIMATED CLAIM: FINAL CLAIM:

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3
	Program Type	00072			
	Program Code (Program Code Index)	00012			
25)	State Grants (Detail Required)	46190			
26)	LTSE Income Total (OMH and OMRDD only)	46220			
27)	Food Stamps (OASAS Only)	46240			
28)	Net Deficit Funding (State & LGU Funding only)*	46110			
29)	Other (Detail Required)	46230			
30)	Total Gross Revenues (Sum Lines 14-29)	46999			
			1310 (00)	1760 (00)	7050 (00)
			0	0	0
			0	0	0
			0	0	0
			0	10,812	2,005
			10,000	254	1,218
			886,206	71,266	888,798
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	886,206	71,266	888,798
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	0	10,812	2,005
39)	Other (Detail Required)	47080	15,000	0	0
40)	Total NON-GAAP Adjustments (Sum Lines 36-39)	47998	15,000	10,812	2,005
41)	Subtotal Adj. to Revenue (Sum Lines 34 & 40)	47999	15,000	10,812	2,005
42)	Total Net Revenues (Line 30 minus 41)	48999	871,206	60,454	886,793
43)	Net Operating Cost (Line 13 minus 42)	49999	0	11,540	5,557
DEFICIT FUNDING					
44)	State Share	60010	0	10,812	2,005
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	0	10812	2005
48)	Non-Funded	60040	0	728	3,552
49)	Total Deficit Funding (Sum Lines 47-48)	60999	0	11,540	5,557

* 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
 OMRDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: July 1, 2008 TO June 30, 2009

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

AGENCY NAME: Any Agency Inc.
 AGENCY CODE: 11110
 COUNTY NAME & CODE: New York 31

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

TELEPHONE: 212 355-5555 Ext. 123____

PLEASE CHECK: ESTIMATED CLAIM: FINAL CLAIM:

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	TOTAL
1)	Accounting Method		Accrual	Cash	Modified	
2)	Program Type	00073	Continuing Day Treatm	Advocacy/Support Serv	Community Residence,	
3)	Program Code (Program Code Index)	00013	1310 (00)	1760 (00)	7050 (00)	
4)	Total Persons Served/Month	00220	108	100	8	
5)	Total Units of Service	00999	52,992	1,719	2,628	
6)	Gross Cost/Unit of Service	70999	16.44	41.88	339.55	
7)	Net Cost/Unit of Service	71999	0.00	6.71	2.11	
8)	Please Check:					
9)	A FUNDING SOURCE CO (Ongoing Int Spt Emp Serv.-OMH Only) Index (037		037		
10)	Number Persons Served/Month	00260		100		100
11)	Number Units of Service	00250		1,719		1,719
12)	Total Adjusted Expenses	50999		71,266		71,266
13)	Less Applied Net Revenue	61999		60,454		60,454
14)	Net Operating Costs	62999		10,812		10,812
15)	Contract Number (State/LGU)*	00201		NEWYORK		
16)	B FUNDING SOURCE CO (Children CR Operating (OMH Only)) Index (OM	072	B	072	B	
17)	Number Persons Served/Month	00260			8	8
18)	Number Units of Service	00250			2,628	2,628
19)	Total Adjusted Expenses	50999			851,485	851,485
20)	Less Applied Net Revenue	61999			849,480	849,480
21)	Net Operating Costs	62999			2,005	2,005
22)	Contract Number (State/LGU)*	00201			C006363	
23)	C FUNDING SOURCE CO (Children CR Property (OMH Only)) Index (OMH	073	B	073	B	
24)	Number Persons Served/Month	00260			0	0
25)	Number Units of Service	00250			0	0
26)	Total Adjusted Expenses	50999			37,313	37,313
27)	Less Applied Net Revenue	61999			37,313	37,313
28)	Net Operating Costs	62999			0	0
29)	Contract Number (State/LGU)*	00201			C006363	

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

Funding State Agency:
 OMH
 OMRDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: July 1, 2008 TO June 30, 2009

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

AGENCY NAME: Any Agency Inc.
 AGENCY CODE: 11110
 COUNTY NAME & CODE: New York 31

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

TELEPHONE: 212 355-5555 Ext. 123____

PLEASE CHECK: ESTIMATED CLAIM: FINAL CLAIM:

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	TOTAL
1) Accounting Method		Accrual		Cash	Modified	
2) Program Type		00073	Continuing Day Treatm	Advocacy/Support Serv	Community Residence,	
3) Program Code (Program Code Index)		00013	1310 (00)	1760 (00)	7050 (00)	
4) Total Persons Served/Month		00220	108	100	8	
5) Total Units of Service		00999	52,992	1,719	2,628	
6) Gross Cost/Unit of Service		70999	16.44	41.88	339.55	
7) Net Cost/Unit of Service		71999	0.00	6.71	2.11	
8) Please Check:						
9) D FUNDING SOURCE CO (Non-Funded) Index (OMH/OASAS)		090		090	090	
10) Number Persons Served/Month		00260	108	0	0	108
11) Number Units of Service		00250	52,992	0	0	52,992
12) Total Adjusted Expenses		50999	871,206	728	3,552	875,486
13) Less Applied Net Revenue		61999	871,206		0	871,206
14) Net Operating Costs		62999	0	728	3,552	4,280
15) Contract Number (State/LGU)*		00201	NEWYORK	NEWYORK	C006363	
30) Total Adjusted Expenses		51999	871206	71994	892350	1,835,550
31) Less Net Revenue		63999	871206	60454	886793	1,818,453
32) Net Operating Costs		52999	0	11540	5557	17,097

* 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: July 1, 2008 TO June 30, 2009

AGENCY NAME: Any Agency Inc.
AGENCY CODE: 11110

Line No.	COLUMN NUMBER PROGRAM CODE PROGRAM TYPE PROG/SITE ID.#	1 1310 (00) Continuing Day Treatment 1111052			2 1760 (00) Advocacy/Support Services 1111050			3 1760 (00) Advocacy/Support Services 1111276			4 7050 (00) Community Residence, Childre 1111975			
		TYPE OF SERVICE (PROGRAM CODE)	WEIGHT FACTOR	TOTAL VISITS	WEIGHTED VISITS	SERVICE HOURS	TOTAL VISITS	WEIGHTED VISITS	SERVICE HOURS	TOTAL VISITS	WEIGHTED VISITS	SERVICE HOURS	TOTAL VISITS	WEIGHTED VISITS
Continuing Day Treatment (1310) Pa														
1)	Regular		10,691		28,060									
2)	Collateral		5,710		12,010									
3)	Group Collateral		4,080		8,110									
4)	Crisis		2,610		4,812									
Intensive Psychiatric Rehab (2320)														
5)	Regular													
Clinic Treatment (2100)														
6)	Brief	0.50												
7)	Regular	1.00												
8)	Group	0.35												
9)	Collateral	1.00												
10)	Group Collateral	0.35												
11)	Crisis	1.00												
Day Treatment (0200)														
12)	Brief Day	0.33												
13)	Half Day	0.50												
14)	Full Day	1.00												
15)	Collateral	0.33												
Other / Residential / Total														
16)	All Other	1.00				839	839		860	860				
17)	Residential (Patient Days)	1.00										2,628	2,628	
18)	Total		23,091	0	52,992	839	839	0	860	860	0	2,628	2,628	0

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: July 1, 2008 TO June 30, 2009

AGENCY NAME: Any Agency Inc.
 AGENCY CODE: 11110

Line No.	COLUMN NUMBER PROGRAM CODE PROGRAM TYPE PROG/SITE ID.#	WEIGHT FACTOR	1 1310 (00) Continuing Day Treatment 1111052			2 1760 (00) Advocacy/Support Services 1111050			3 1760 (00) Advocacy/Support Services 1111276			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
Continuing Day Treatment (1310) Pa														
1)	Regular		9,691		26,473									
2)	Collateral		4,710		10,730									
3)	Group Collateral		3,990		3,443									
4)	Crisis		2,500		1,960									
Intensive Psychiatric Rehab (2320)														
5)	Regular													
Clinic Treatment (2100)														
6)	Brief	0.50												
7)	Regular	1.00												
8)	Group	0.35												
9)	Collateral	1.00												
10)	Group Collateral	0.35												
11)	Crisis	1.00												
Day Treatment (0200)														
12)	Brief Day	0.33												
13)	Half Day	0.50												
14)	Full Day	1.00												
15)	Collateral	0.33												
Other / Residential / Total														
16)	All Other	1.00												
17)	Residential (Patient Days)	1.00									2,628	2,628		
18)	Total		20,891	0	42,606						2,628	2,628	0	

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: July 1, 2008 TO June 30, 2009

SCHEDULE OMH-3
 CLIENT
 INFORMATION

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 AGENCY NAME: Any Agency Inc.
 AGENCY CODE: 11110

Line No.	COLUMN NUMBER	1	2	3	4
	PROGRAM CODE	1310 (00)	1760 (00)	1760 (00)	7050 (00)
	PROGRAM TYPE	Continuing Day Treatment	Advocacy/Support Services	Advocacy/Support Services	Community Residence, Childr
	PROG/SITE ID.#	1111052	1111050	1111276	1111975

PERSONS SERVED DURING THE YEAR

1) Persons on Rolls Beginning of Year	100	24	26	8
2) New Persons added to Rolls	100	26	24	1
3) Persons Removed from Rolls	92	24	26	1
4) Persons on Rolls, End of Year	108	26	24	8

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OMH-3

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: July 1, 2008 TO June 30, 2009

AGENCY CODE: 11110

AGENCY NAME: Any Agency Inc.

Total agency expenses from Financial Statements	8,989,632	Total agency Revenues from Financial Statements	9,396,977
Additions:		Additions:	0
Depreciation variance	1,000	Subtractions:	
Total Additions:	1,000	Prior Year Adjustment	47,021
Subtractions:	0	Total Subtractions:	47,021
Total adjustments:	1,000	Total Adjustments:	-47,021
Adjusted Financial Statement Expenses	8,990,632	Adjusted Financial Statement Revenues	9,349,956
Total agency Expenses from CFR-2, Col. 1, lines 8 + 9	8,990,456	Total agency Revenues from CFR-2, Col. 1, line 12	9,349,602
Difference	176	Difference	354

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NEW YORK STATE
CONSOLIDATED FISCAL REPORT
FOR THE PERIOD: July 1, 2008 TO June 30, 2009

WORKSHEET/OTHER
DETAILS

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AGENCY CODE: 11110

AGENCY NAME: Any Agency Inc.

SCHEDULE: CFR-1

PROGRAM: 1310 (00)
SITE: 1111052

PROGRAM: 1760 (00)
SITE: 1111050

PROGRAM: 1760 (00)
SITE: 1111276

Line 39 Other Insurance 3,182
Line 40 Data Processing 7,692
Line 74 Other Third Parties 1,278

Line 39 Other Insurance 17
Line 40 Contracted Support Personal Service 127
Line 94 All Items <\$1,000 Each 123

Line 39 Other Insurance 17
Line 40 Contracted Support Personal Service 127
Line 94 All Items <\$1,000 Each 131

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NEW YORK STATE
CONSOLIDATED FISCAL REPORT
FOR THE PERIOD: July 1, 2008 TO June 30, 2009

WORKSHEET/OTHER
DETAILS

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AGENCY CODE: 11110

AGENCY NAME: Any Agency Inc.

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: July 1, 2008 TO June 30, 2009

WORKSHEET/OTHER
DETAILS

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AGENCY CODE: 11110

AGENCY NAME: Any Agency Inc.

SCHEDULE: CFR-3

Line 16	General Liability	4,900
Line 17	Data Processing	1,587

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NEW YORK STATE
CONSOLIDATED FISCAL REPORT
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WORKSHEET/OTHER
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AGENCY CODE: 11110

AGENCY NAME: Any Agency Inc.

SCHEDULE: DMH-2

PROGRAM: 1310 (00)
COUNTY: 31 - New York

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

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

Line 17 Base Medicaid 799,399
COPS 75,529
Line 19 Other Third Parties 1,278
Line 29 COPS Prior Years 10,000
Line 39 COPS Reserve 15,000

Line 17 CSP 60,200
Line 29 All Items <\$1,000 Each 254

Line 17 Base Medicaid 816,070
Line 29 All Items <\$1,000 Each 1,218