

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
 January 1, 2018 to December 31, 2018

SCHEDULE CFR-2A
AGENCY
FISCAL DATA

| | |
|--------------------|-------------------------------|
| AGENCY NAME: _____ | SCHOOL CODE: (SED ONLY) _____ |
| AGENCY CODE: _____ | TYPE OF OWNERSHIP: _____ |

Complete the following schedule using data from your Financial Statements submitted in accordance with Section 2.0 and 6.0 of the CFR Manual and data from the underlying year-end-adjusted accounting records that support these Financial Statements.

Section A - Reports

- 1 Year End Date of Financial Statements
- 2 CPA or Audit Firm (skip if statements are not audited or reviewed)
- 3 Opinion -- use drop-down (skip if statements are not audited) This is a drop-down with the following selections:
Unmodified, Qualified, Disclaimer, Adverse
- 4 Type of Financial Statements This is a drop-down with the following selections:
Consolidated, Combined, Consolidated and Combined, Single Entity

Section B - Statement of Financial Position/Balance Sheet

- 5 Cash and Cash Equivalents
 - 6 Accounts Receivable, Net
 - 7 Related Party Receivables
 - 8 Investments
 - 9 Property & Equipment, Net
 - 10 Total Assets
 - 11 Accounts Payable and Accrued Liabilities
 - 12 Debt - Current Portion
 - 13 Long-Term Debt, Net of Current Portion
 - 14 Total Liabilities
 - 15 Total Current Assets
 - 16 Total Current Liabilities
 - 17 Retained Earnings, Beginning of the Year
 - 18 Retained Earnings, End of the Year
- | | Total | Without Donor Restrictions | With Donor Restrictions |
|-------------------------------------------------------------|----------------------|----------------------------|-------------------------|
| 19 Net Assets/Stockholder's Equity, Beginning of the Year | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 20 Change in Net Assets /Net income or Net Deficit/Net Loss | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 21 Other Changes in Net Assets/Other Comprehensive Income | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 22 Net Assets/Stockholder's Equity, End of the Year | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Section C - Statement of Activities/Income Statement

- 23 Total Revenue and Total Gains
- 24 Management and General
- 25 Interest Expense
- 26 Income Tax Expense
- 27 Total Expenses and Total Losses
- 28 Operating Transactions
 - A. Operating Revenues and Operating Gains
 - B. Operating Expenses and Operating Losses

Section D - Line of Credit & Debt

- Operating Capital**
- | | Total | Line of Credit 1 | Line of Credit 2 | All Other Lines of Credit |
|--------------------------------|----------------------|----------------------|----------------------|---------------------------|
| 29 Maximum Borrowing Potential | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 30 Loan Balance at Year End | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 31 Interest Rate at Year End | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
- 32 In the current reporting period, has your agency:

| | | |
|-------------------------------------------------------------------------------------------|----------------------|----------------------|
| A. Refinanced or restructured debt in order to extend the term of the repayment schedule? | Yes | No |
| B. Converted short-term debt into long-term debt? | <input type="text"/> | <input type="text"/> |
 - 33 **Debt Management**

| | | |
|------------------------------------------------------------------------------------------------------------|----------------------|----------------------|
| A. Is the agency in compliance with all debt covenants with their lender(s) on their lines of credit/debt? | Yes | No |
| B. If 33A is "No", did the agency get a waiver from the creditor? | <input type="text"/> | <input type="text"/> |
 - 34 **Going Concern**

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| In the audited financial statements, was there substantial doubt raised about your entity's ability to continue as a going concern? | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------|-----|----|