

DUE DATE: FYE + 120 days

**AUDITED FINANCIAL STATEMENT
FISCAL YEAR ENDING 2009**

Institution Name:

SEDCODE:

Your institution's audited financial statement should contain information for only the institution named above. If you have any questions regarding which campuses to include or any aspect of this request, feel free to call the Office of Higher Education at (518) 486-3633.

The Commissioner of Education requires that all degree-granting institutions in the State of New York annually submit independently audited financial statements within 120 days after the close of each fiscal year. Your due date is based on our records of your institution's fiscal year end date (FYE). Please notify us at heds@mail.nysed.gov if your fiscal year has changed. (Our calculation of your due date for this form can be viewed on your institution's annual list of required HEDS forms and due dates for 2009 reporting. This customized list was e-mailed to your HEDS Coordinator at the end of June, 2009.)

Minimum Content of Independently Audited Financial Reports

For independent not-for-profit degree-granting institutions:

1. Statement of financial position
2. Statement of activities
3. Statement of cash flows
4. Auditor's opinion letter and notes to financial statement and audit

For proprietary degree-granting institutions:

1. Balance sheet
2. Statement of profit and loss
3. Statement of changes in financial position
4. Auditor's opinion letter and notes to financial statement and audit

IMPORTANT: PLEASE RETURN THIS COVER PAGE AND THE COMPLETED FORM PROCESSING INFORMATION PAGE ALONG WITH TWO COPIES OF YOUR AUDITED FINANCIAL STATEMENT TO:

Joseph P. Frey, Associate Commissioner
Office of Higher Education
New York State Education Department
Room 977, Education Building Annex
Albany, New York 12234

DUE DATE: FYE + 120 days

Form Processing Information

Form:	AUDITED FINANCIAL STATEMENT
SEDCODE:	
Institution Name:	

Respondent Information (To better direct our questions about your data, please enter the name of the person who aggregated the majority of the data for this form for this campus.)

Name:			
Title:			
Telephone: ()	Ext.	Facsimile No.: ()	Ext.
E-Mail Address:			

TOTAL -- (Check box if all applicable branches are included.
 Otherwise, please list branches below.)

Branches Included: <i>(Please list.)</i>	<i>Applicable</i> Branches Not Included: <i>(List.)</i>

Indicate **Time Required** by all staff retrieving information from files and completing this form.
Whole Hours:
(No decimals)

Notes and Explanations regarding data provided and/or comments about this form and its completion. If necessary, continue comments on reverse side and check box. *Notes continued on back.*

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