NEW YORK STATE

CONSOLIDATED FISCAL REPORT

For the Period: July 1, 1998 to June 30, 1999

SCHEDULE CFR-6
GOVERNING BOARD AND
COMPENSATION SUMMARY

Page __

NCY CODE:	_		-					
OOL CODE: (SED ONLY)								
BERS OF THE GOVERNING AUTHO	<u> </u>							
Do any employees of your agency a f "YES", attach detail providing the	also serve on the gover e employee name and po	ning authority? osition title.	YESNO					
PENSATION OF BOARD OFFICERS								
List the names of all individuals wh	no receive compensation	n as Board Officers	, Members of	the Board of Direc	tors or Board Trus	stees:		
	AMOUNT PAID CONTRACTED PAYMENT			FRINGE	OTHER	TOTAL		
<u>NAME</u>	(<u>PER W-2)</u>	AMOUNT (PER 1099)	BENEFITS	BENEFITS *	COMPENSATION		
A								
В								
c								
D								
E								
PENSATION OF THE FIVE HIGHES	T PAID EMPLOYEES							
List the five highest paid employee	s whose total annualize	ed salary and/or con	tracted payn	nent amount (colun	nn 7) is in excess o	of \$50,000 per year		
		AND						
ALL employees whose total annual	lized salary and/or contr	racted payment amo	ount (column	7) is in excess of \$				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
						TOTAL		
	POSITION	AMOUNT			CONTRACTED	ANNUALIZED SALARY AND		
	TITLE	AMOUNT PAID		ANNUALIZED	PAYMENT AMOUNT	CONTRACTED	FRINGE	OTHER
<u>NAME</u>	CODE	(PER W-2)	<u>FTE</u>	SALARY	(PER 1099)	PAYMENT	BENEFITS	BENEFITS *
Α.								
AB								
B. C.								
B. C. D.								
B. C. D. E.								
B. C. D.		and/or contracted p	payment amo	ount (per 1099) is in	excess of \$50,000)		