

UNITED STATES DEPARTMENT OF AGRICULTURE
STATEMENT OF BUDGET, INCOME AND EQUITY

Schedule 1

Name	Address
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(1) <u>OPERATING INCOME</u>	PRIOR YEAR <u>Actual</u> (2)	ANNUAL BUDGET		For the _____ Months Ended _____		
		BEG _____	END _____	CURRENT YEAR		Actual YTD (Over) Under Budget Col. 3 - 5 = 6 (6)
		Actual Data		Current Quarter (4)	Year To Date (5)	
1. _____						
2. _____						
3. _____						
4. _____						
5. Miscellaneous						
6. Less: Allowances and Deductions						
7. Total Operating Income (Add lines 1 through 6)						
<u>OPERATING EXPENSES</u>						
8. _____						
9. _____						
10. _____						
11. _____						
12. _____						
13. _____						
14. _____						
15. Interest						
16. Depreciation						
17. Total Operating Expense (Add Lines 8 through 16)						
18. NET OPERATING INCOME (LOSS) (Line 7 less 17)						
<u>NONOPERATING INCOME</u>						
19. _____						
20. _____						
21. Total Nonoperating Income (Add 19 and 20)						
22. NET INCOME (LOSS) (Add lines 18 and 21)						
23. Equity Beginning of Period						
24. _____						
25. _____						
26. Equity End of Period (Add lines 22 through 25)						

Budget and Annual Report Approved by Governing Body	Quarterly Reports Certified Correct
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Secretary
Date
Appropriate Official
Date

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0015. The time required to complete this information collection is estimated to average 2-1/2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

SUPPLEMENTAL DATA

The Following Data Should Be Supplied Where Applicable

Circle One

1. ALL BORROWERS

- a. Are deposited funds in institutions insured by the Federal Government? Yes No
- b. Are you exempt from Federal Income Tax? Yes No
- c. Are Local, State and Federal Taxes paid current? Yes No
- d. Is corporate status in good standing with State? Yes No

e. List kinds and amounts of insurance and fidelity bond: Complete Only when submitting annual budget information:

<u>Insurance Coverage and Policy Number</u>	<u>Insurance Company and Address</u>	<u>Amount of Coverage</u>	<u>Expiration Date of Policy</u>
Property Insurance			
Policy # _____	_____	_____	_____
Liability			
Policy # _____	_____	_____	_____
Fidelity			
Policy # _____	_____	_____	_____

2. RECREATION AND GRAZING ASSOCIATION BORROWERS ONLY

Current Quarter

Year to Date

a. Number of Members _____ _____

3. WATER AND/OR SEWER UTILITY BORROWERS ONLY

a. Water purchased or produced (CU FT - GAL)	_____ gal.	_____ gal.
b. Water sold (CU FT - GAL)	_____ gal.	_____ gal.
c. Treated waste (CU FT - GAL)	_____ gal.	_____ gal.
d. Number of users - water	_____	_____
e. Number of users - sewer	_____	_____

4. OTHER UTILITIES

a. Number of users	_____	_____
b. Product purchased	_____	_____
c. Product sold	_____	_____

5. HEALTH CARE BORROWERS ONLY

a. Number of beds	_____	_____
b. Patient days of care	_____	_____
c. Percentage of occupancy	_____ %	_____ %
d. Number of outpatient visits	_____	_____

6. DISTRIBUTION OF ALL CASH AND INVESTMENTS*

Indicate balances in the following accounts:

	<u>Construction</u>	<u>Revenue</u>	<u>Debt Service</u>	<u>Operation & Maintenance</u>	<u>Reserve</u>	<u>All Others</u>	<u>Grand Total</u>
Cash	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Savings	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
and Invest- ments	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

7. AGE ACCOUNTS RECEIVABLE AS FOLLOWS:

	<u>Days</u>				
	<u>0-30</u>	<u>31-60</u>	<u>61-90</u>	<u>91 and Older</u>	<u>*Total</u>
Dollar Values	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Number of Accounts	_____	_____	_____	_____	_____

*Totals must agree with those on Balance Sheet.

PROJECTED CASH FLOW

For the Year BEG. _____ END. _____
(same as schedule 1 column 3)

A. Line 22 from Schedule 1, Column 3 NET INCOME (LOSS) \$ _____

Add

B. Items in Operations not Requiring Cash:

- 1. Depreciation (line 16 schedule 1)
- 2. Others:

C. Cash Provided From:

- 1. Proceeds from Agency loan/grant
- 2. Proceeds from others
- 3. Increase (Decrease) in Accounts Payable, Accruals and other Current Liabilities
- 4. Decrease (Increase) in Accounts Receivable, Inventories and
 Other Current Assets (Exclude cash)
- 5. Other:
- 6.

D. Total all A, B and C Items

E. Less: Cash Extended for:

- 1. All Construction, Equipment and New Capital Items (loan & grant funds)
- 2. Replacement and Additions to Existing Property, Plant and Equipment
- 3. Principal Payment Agency Loan
- 4. Principal Payment Other Loans
- 5. Other:
- 6. Total E 1 through 5

Add

F. Beginning Cash Balances

G. Ending Cash Balances (Total of D Minus E 6 Plus F) \$ _____

Item G Cash Balances Composed of:

- Construction Account \$ _____
- Revenue Account
- Debt Payment Account
- O&M Account
- Reserve Account
- Funded Depreciation Account
- Others:

Total - Agrees with Item G \$ _____