

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 BEG _____ END _____ (3)	For the _____ Months Ended _____ 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
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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 and 0572-0137. 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 &amp; Maintenance</u>	<u>Reserve</u>	<u>All Others</u>	<u>Grand Total</u>
Cash	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Savings	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
and Invest- ments	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Total</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

**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 ..... \$ \_\_\_\_\_