

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

Schedule 1

| | |
|------|---------|
| Name | Address |
|------|---------|

| (1) <u>OPERATING INCOME</u> | PRIOR YEAR <u>Actual</u> (2) | ANNUAL BUDGET BEG _____ END _____ (3) | For the _____ Months Ended _____ | | Actual YTD (Over) Under Budget Col. 3 - 5 = 6 (6) |
|---|------------------------------------|--|----------------------------------|---------------------|--|
| | | | CURRENT YEAR | | |
| | | | 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 |
|---|-------------------------------------|

| | | | |
|--------------------|---------------|-------------------------------|---------------|
| _____ 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 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 & Maintenance</u> | <u>Reserve</u> | <u>All Others</u> | <u>Grand Total</u> |
|-------------------|---------------------|-----------------|---------------------|--|-----------------|-------------------|--------------------|
| Cash _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Savings _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Investments _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 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 \$ _____