

UNITED STATES DEPARTMENT OF AGRICULTURE

STATEMENT OF BUDGET, INCOME AND EQUITY

Name	Address
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(1) <u>OPERATING INCOME</u>	PRIOR YEAR <u>Actual</u> (2)	ANNUAL BUDGET		For the _____ Months Ended _____ CURRENT YEAR		
		BEG _____ END _____ (3)	Actual Data		Actual YTD (Over) Under Budget Col. 3 - 5 = 6 (6)	
			Current Quarter (4)	Year To Date (5)		
1. _____					0	
2. _____					0	
3. _____					0	
4. _____					0	
5. Miscellaneous					0	
6. Less: Allowances and Deductions					0	
7. Total Operating Income (Add lines 1 through 6)	0	0	0	0	0	
<u>OPERATING EXPENSES</u>						
8. _____					0	
9. _____					0	
10. _____					0	
11. _____					0	
12. _____					0	
13. _____					0	
14. _____					0	
15. Interest					0	
16. Depreciation					0	
17. Total Operating Expense (Add Lines 8 through 16)	0	0	0	0	0	
18. NET OPERATING INCOME (LOSS) (Line 7 less 17)	0	0	0	0	0	
<u>NONOPERATING INCOME</u>						
19. _____					0	
20. _____					0	
21. Total Nonoperating Income (Add 19 and 20)	0	0	0	0	0	
22. NET INCOME (LOSS) (Add lines 18 and 21)	0	0	0	0	0	
23. Equity Beginning of Period					0	
24. _____					0	
25. _____					0	
26. Equity End of Period (Add lines 22 through 25)	0	0	0	0	0	

Budget and Annual Report Approved by Governing Body

Quarterly Reports Certified Correct

Secretary

Date

Appropriate Official

Date

**SUPPLEMENTAL DATA**

**1. ALL BORROWERS**

The Following Data Should Be Supplied Where Applicable

Circle One

- 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:

Insurance Coverage and Policy Number	Insurance Company and Address	Amount of Coverage	Expiration Date of Policy
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	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ 0
Savings	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	0
and	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Investments	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Total	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

**7. AGE ACCOUNTS RECEIVABLE AS FOLLOWS:**

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

\*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).....\$ 0

Add

B. Items in Operations not Requiring Cash:

1. Depreciation (line 16 schedule 1)..... 0

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..... \$0

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..... \$0

Add

F. Beginning Cash Balances .....

G. Ending Cash Balances (Total of D Minus E 6 Plus F) ..... \$ 0

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.....\$

*A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 0575-0015 and 0572-0137. Public reporting for this collection of information is estimated to be approximately 2-1/2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. All responses to this collection of information are voluntary. However, in order to obtain or retain a benefit, the information in this form is required by 7 CFR 1942-A, Community Facility Loans and 7 CFR 1782, Servicing of Water Programs Loans and Grants. Rural Development has no plans to publish information collected under the provisions of this program. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Rural Development Innovation Center, Regulations Management Division at [ICRMTRequests@usda.gov](mailto:ICRMTRequests@usda.gov)*