

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:

<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	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ 0
Savings	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	0
and Investments	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Total	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

7. AGE ACCOUNTS RECEIVABLE AS FOLLOWS:

	<u>Days</u>				<u>*Total</u>
	<u>0-30</u>	<u>31-60</u>	<u>61-90</u>	<u>91 and Older</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.....\$

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