

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 _____ (3)	CURRENT YEAR		Actual Data	
			Current Quarter (4)	Year To Date (5)	Actual YTD (Over) Under Budget Col. 3 - 5 = 6 (6)	
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 Sup-p_lied 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 Savings and Investments	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ <u>0</u>
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Total	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

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	\$ _____	\$ _____	\$ _____	\$ <u>0</u>
Number of Accounts	_____	_____	_____	<u>0</u>

*Totals must agree with those on Balance Sheet.

PROJECTED CASH FLOW

Schedule 2

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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