

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		For the _____ Months Ended _____		Actual YTD (Over) Under Budget Col. 3 - 5 = 6 (6)
		BEG _____	END _____	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
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_____ Secretary	_____ Date	_____ Appropriate Official	_____ Date
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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	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
and Invest- ments	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
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 \$ _____