

Form RD 442-2
(Rev. 9-97)

Position 3
UNITED STATES DEPARTMENT OF AGRICULTURE
STATEMENT OF BUDGET, INCOME AND EQUITY

FORM APPROVED
OMB NO. 0575-0015

Name _____		Address _____			
		Schedule T			
		ANNUAL BUDGET	For the _____ Months Ended _____		
		BEG _____ END _____	CURRENT YEAR		
(1)	PRIOR YEAR Actual	(3)	Actual Data		Actual YTD (Over) Under Budget Col. 3 -- 5 = 6
	(2)		Current Quarter	Year To Date	(6)
OPERATING INCOME					
1. _____					
2. _____					
3. _____					
4. _____					
5. Miscellaneous					
6. Less: Allowances and Deductions					
7. Total Operating Income (Add lines 1 through 6)					
OPERATING EXPENSES					
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)					
NONOPERATING INCOME					
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. 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.

Used by Community Program and Group Farmer Program borrowers for reporting actual and budget data.

NOTE: The shaded lines on Schedule 2 may be left blank by certain organizations. Also, see instructions for schedule 2 under Cash Basis Accounting Systems.

(see reverse)

- PROCEDURE FOR PREPARATION : RD Instruction 1942-A.
- PREPARED BY : Borrower.
- NUMBER OF COPIES : Original and three copies.
- SIGNATURES REQUIRED : Applicant, secretary and appropriate official.
- DISTRIBUTION OF COPIES : Original and two copies to Servicing Office; original to case docket; two copies to State Office (for Community Program delinquent borrowers, State Office will send one copy to the National Office; copy retained by borrower.

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Schedule 1
Page 2

SUPPLEMENTAL DATA

The Following Data Should Be Supplied Where Applicable

1. ALL BORROWERS

- | | |
|---|-----------------------------|
| a. Are deposited funds in institutions insured by the Federal Government? | <u>Circle One</u>
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

a. Number of Members	<u>Current Quarter</u>	<u>Year to Date</u>
	_____	_____

3. WATER AND/OR SEWER UTILITY BORROWERS ONLY

c. Water purchased or produced (CU FT - GAL)	_____	_____
b. Water sold (CU FT - GAL)	_____	_____
c. Treated waste (CU FT - 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.

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Schedule 2

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) S _____

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 Expended 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 S _____

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Schedule 1

STATEMENT OF BUDGET, INCOME AND EQUITY
INSTRUCTIONS

Community Program Borrowers

Frequency and Preparation:

1. When used as Management Report.

(a) Prior to the beginning of each fiscal year, complete only column three, "Annual Budget," for the next fiscal year on page 1 and forward two copies to the County Supervisor. All data should be entered on the same basis as your accounting records, i.e., cash, accrual, etc. The budget must be approved by the governing body. Schedule 2, Projected Cash Flow will also be prepared and submitted at the same time.

(b) Twenty (20) days after the end of each of the 1st 3 quarters of each year, complete all data on pages one and two and forward two copies to the County Supervisor. For 4th quarter Management Report, see (2) and (3) below.

2. When used as a year end Statement of Income. For borrowers not required to have an independent audit, and who are required to furnish Management Reports, complete all information on both pages of Schedule 1. This will serve as the 4th quarter Management Report and year end financial Statement of Income. This Annual Report will be approved by the governing body, with two copies submitted within 60 days of year end to the County Supervisor.

For borrowers who are not required to furnish Management Reports, page 1 of schedule 1 may be used for the Annual Statement of Income if an annual audit is not required. In this case, complete only columns 1, 2 and 5.

Note: Year End Balance Sheet is also required in either of the aforementioned situations.

3. An independently audited Statement of Income containing budget and actual data will substitute for page 1 of this form as the 4th quarter Management Report, when required, and the year end Statement of Income. However, page 2 must be completed for all borrowers required to submit Management Reports.

Group Farmer Program Borrowers 1949-B (442.9)

Frequency and Preparation:

1. When used as Management Report submit Budget Data Only. Complete column three, "Annual Budget," for the next fiscal year on page 1, Schedule 1 and forward two copies to the County Supervisor. All data should be entered on the same basis as your accounting records, i.e., cash, accrual, etc. The budget must be approved by the governing body. When submitting along with Statement of Income, (item 2 below) include this budget data at the same time. Schedule 2, Projected Cash Flow is not required.

2. When used as year end Statement of Income. For borrowers not required to have independent audits, page 1 of Schedule 1 may be used for the Annual Statement of Income. Complete columns 1, 2 and 5. Also complete items 1, 6 and 7 on page 2. This form must be approved by the governing body, with two copies submitted within 60 days of year end to the County Supervisor. An independently audited Statement of Income will substitute for page 1, Schedule 1.

Column and Line Item Preparation

Column 1

Income and Expense Items:

All data entered should be on the same basis as your Accounting Record, i.e., Cash Basis, Accrual Basis, etc.

Operating Income

Lines 1 - 5 List types of income as appropriate.

Line 6 Allowances and Deductions

(Pertains Generally to Health Care Institutions, and represents the difference between Gross Income and Amounts Received or to be Received from Patient and third party payors)

Operating Expenses

Lines 8 - 14 List types of expenses as appropriate

Line 15 Interest Agency

(Interest expense incurred on Agency note(s).)

Line 16 Depreciation

(Total depreciation expense for the year)

Line 18 Net Operating Income (Loss)

(This amount represents the net operating income or loss before adding income not related to operations below)

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INSTRUCTIONS - Column and Line Item Preparation Cont'd

Non Operating Income

- Line 19 - 20: (Indicate items of income derived from sources other than regular activities, EX: interest, earned)
 Line 22: Net Income (Loss)
 (This amount is also transferred to item A of the Projected Cash Flow statement Schedule 2 when Management Reports are required for Community Program borrowers only.)
- Line 23: Equity, Beginning of Period
 (Enter the Equity at the beginning of Reporting Period. The term Equity is used interchangeably with Net Worth and Fund Balance.)
- Lines 24 - 25: Enter items which cause changes in the Current Year's Equity other than line 22 amount.
 Lines 26: Equity End of Period
 (This balance will be the same amount that appears on the Balance Sheet.)

Column 2 - Prior Year Actual
 Enter the actual income, expense and equity amounts of the prior year.

Community Program Borrowers: Use this column for all management report requirements except when submitting the proposed budget prior to the beginning of each fiscal year. Also fill in when using this Schedule as the year-end Statement of Income.

Group Farmer Programs: Complete only when also using this form as annual Statement of Income.

Column 3 - Annual Budget
 This will be the budget for the current year when actual data is presented in columns four and/or five. When submitting only budget data on this form, the amounts will be for the next year. Enter the beginning and ending dates of the budget year at the top of this column.

Column 4 - Actual Data, Current Quarter
 Only used by Community Program borrowers required to submit Management Reports and contains information for the current three months being reported.

Column 5 - Actual Data, Year to Date
 For borrowers submitting Management Reports, enter cumulative data from the beginning of the Accounting Year through the Current Quarter. When used as Fourth Quarter Management Report and/or year end Statement of Income, enter data for the entire year.

Column 6 - Actual Year to Date (over) Under Budget
 Only used by borrowers required to submit Management Reports and is determined by subtracting column 5 from column 3 for each line item.

SCHEDULE 1, PAGE 2, SUPPLEMENTAL DATA

This information is required of all borrowers submitting Management Reports. Fill in as indicated.

Community Program Borrowers complete as appropriate.

Group Farmer Program Borrowers complete only items 1, 6 and 7.

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Schedule 2

PROJECTED CASH FLOW INSTRUCTIONS

The completion of this form is required of all Community Program borrowers submitting Management Reports, and will accompany Schedule 1 when the Annual Budget is transmitted, to the County Supervisor. See Instruction No. 1 on Schedule 1.

This form is used to Project the Flow of cash for the budget year in order to determine the adequacy of cash to cover Operating Expenses, Transfer to Reserves, Debt Payment, Capital Outlays, etc.

Cash Basis Account - Systems

Borrowers who maintain their records strictly on the cash basis of accounting and have no Accounts Receivable and Accounts Payable, will probably only need to complete the following line items:

A, B-1, C-1, E-1 and E-3, F and G.

Line Item Instructions

Line A - Bring forward the income or loss as entered on line 22, schedule 1, column 3.

Line B - Add back any depreciation or other non cash items included on schedule 1, column 3.

Line C - Complete items C-1 through C-6 as appropriate, for item changes which provide for increase in cash balances.
Note: Do not include changes in Cash Accounts, in Current Assets of item C-4. Lines C-3 and C-4 will indicate the changes in Working Capital (Current Assets and Current Liabilities, Exclusive of Cash.)

Line D - Enter the net total of all A, B and C items.

Line E - Complete items E-1 through E-6 as appropriate for items for which cash was expended.

Line F - Enter the Beginning Cash Balance(s) for the Period.

Line G - The total of item D less E-6 plus F will be the Ending Cash Balance(s). This total will be reconciled by balances in the Various Accounts, i.e., Construction, Revenue, Debt, etc.