




★ **COMPLETE ONLY IF NO FINANCIAL STATEMENT IS INCLUDED PROVIDING THIS INFORMATION**

AGENCY: _____

Statement of Revenues & Expenses <i>Agency Fiscal Year Ended: _____</i>	Previous Fiscal Year Actual	Current Fiscal Year Budgeted	Next Fiscal Year Proposed	\$ Amt. Inc.	% Amt Inc. ★
Public Support & Revenue -- All Sources					
1 Allocation From this United Way					
2 Contributions					
3 Special Events					
4 Legacies & Bequests (Unrestricted)					
5 Contributed by Associated Organizations					
6 Allocated by Other United Ways					
7 Fees & Grants From Government Agencies					
8 Membership Dues					
9 Program Services Fees & Net Incidental Revenue					
10 Sales of Materials					
11 Investment Income					
12 Miscellaneous Revenue					
13 TOTAL SUPPORT & REVENUE (Add 1 - 12)					
Expenses					
14 Salaries (Itemized: BF 3)					
15 Employee Benefits					
16 Payroll Taxes, etc.					
17 Professional Fees					
18 Supplies					
19 Telecommunication					
20 Postage & Shipping					
21 Occupancy					
22 Rental & Maintenance of Equipment					
23 Printing & Publications					
24 Travel					
25 Conferences, Conventions & Meetings					
26 Specific Assistance to Individuals					
27 Membership Dues					
28 Awards & Grants					
29 Miscellaneous					
30 Payments to Affiliated Organizations					
31 Depreciation of Buildings & Equipment					
32 TOTAL EXPENSES (Add 14 - 31)					
33  EXCESS (DEFICIT) OF TOTAL SUPPORT & REVENUE OVER EXPENSES (13 - 32)					
34  Major Property & Equipment Acquisition (\$1,000 +)					

All Financial Information Rounded to Nearest Dollar

- ★ Please attach a separate sheet explaining any variance greater than 5%.
-  Please explain any deficit or surplus and how the deficit or surplus will be handled.

