

Sample Agency  
Statement of Revenue and Expenditures  
All Funds  
01/06 - 06/06

Date 06/30/06  
Time 13:20:09

	001 Administration	002 Comprehensive Case Management	003 Continuing Day Treatment	004 Clinic	005 Community Residence	006 Transportation
<u>Revenue</u>						
Workshop	0.00	0.00	0.00	0.00	0.00	0.00
Clinic	0.00	0.00	0.00	8,100.00	0.00	0.00
Medicaid	0.00	117.36	0.00	1,080.00	12,933.24	0.00
Rental Income	0.00	0.00	0.00	0.00	22,880.00	0.00
Grant Income	0.00	4,800.00	0.00	50,000.00	1,200.00	0.00
Total Revenue	<u>0.00</u>	<u>4,917.36</u>	<u>0.00</u>	<u>59,180.00</u>	<u>37,013.24</u>	<u>0.00</u>
<u>Expenses</u>						
Personnel	6,914.31	0.00	7,897.50	22,830.26	0.00	0.00
Administrative Expenses	19,973.78	4,710.88	0.00	971.70	7,853.74	0.00
Maintenance Expenses	8,182.98	497.25	0.00	1,363.84	2,094.50	800.00
Other Expenses	12,926.52	2,400.00	0.00	0.00	0.00	0.00
Total Expenses	<u>47,997.59</u>	<u>7,608.13</u>	<u>7,897.50</u>	<u>25,165.80</u>	<u>9,948.24</u>	<u>800.00</u>
Excess or (Deficiency) of Revenue Over Expenses	<u>(47,997.59)</u>	<u>(2,690.77)</u>	<u>(7,897.50)</u>	<u>34,014.20</u>	<u>27,065.00</u>	<u>(800.00)</u>

007 Workshop	008 Waiver Res Hab	Total
48,654.36	0.00	48,654.36
0.00	0.00	8,100.00
0.00	715.44	14,846.04
0.00	0.00	22,880.00
<u>0.00</u>	<u>11,200.00</u>	<u>67,200.00</u>
<u>48,654.36</u>	<u>11,915.44</u>	<u>161,680.40</u>
29,283.60	3,948.75	70,874.42
15,593.52	1,749.94	50,853.56
1,178.88	0.00	14,117.45
<u>0.00</u>	<u>0.00</u>	<u>15,326.52</u>
<u>46,056.00</u>	<u>5,698.69</u>	<u>151,171.95</u>
<u><u>2,598.36</u></u>	<u><u>6,216.75</u></u>	<u><u>10,508.45</u></u>