

Monthly Financial Information

Please provide the following information and have your Executive Director/President sign below.

Name of Organization: _____

| | <u>Month Ending</u> | <u>Year-to-Date</u> |
|------------------------------------|---------------------|---------------------|
| INCOME | | |
| Contributions | _____ | _____ |
| Government Grants | _____ | _____ |
| Earned Income | _____ | _____ |
| Interest | _____ | _____ |
| Other | _____ | _____ |
| Subtotal | _____ | _____ |
| Carryover (+/-) from previous year | _____ | _____ |
| TOTAL INCOME | _____ | _____ |

| | | |
|-----------------------------|-------|-------|
| EXPENSES | | |
| Personnel Costs | _____ | _____ |
| Health Insurance | _____ | _____ |
| FICA, Federal & State Taxes | _____ | _____ |
| Rent | _____ | _____ |
| All Other Expenses | _____ | _____ |
| TOTAL EXPENSES | _____ | _____ |

Surplus/(Deficit) _____

OTHER INFORMATION

- 1. Uncollected receivables
 Less than 60 days old _____ More than 60 days old _____
- 2. Accounts payable
 Less than 60 days old _____ More than 60 days old _____
- 3. Operating expenses
 checking balance _____ Savings balance _____
- 4. Total budgeted income this year _____ Percent to date _____
- 5. Total budgeted expenses this year _____ Percent to date _____
- 6. Listing of this month's contributors: _____

7. Explanation of unusual expenses this month: _____

CERTIFICATION

I certify that our organization's payroll taxes are paid in full as of _____, 2007.

Executive Director