

ORGANIZATION: _____

This is the only place where in-kind contributions should be included.

**Do not change number or name of lines below.
If a line does not apply to your organization, enter 0.**

18. In-Kind Contributions -- dollar value. Do not include in total income on page 1. Do not include in total when figuring net income/deficit.

a. Services -- including volunteer hours valued at \$24.90/hour. Do not put number of hours. Include board and committee meeting hours, auxiliary groups, friends of groups, etc.

- b. Goods and Materials
- c. Space

F. Total In-Kind

<u>Organization</u> 2017 - 18 revised	<u>Project</u> 2017 - 18 revised
_____	_____
_____	_____
_____	_____
0	0

ORGANIZATION: _____

Do not include depreciation or expenses relating to funds legally restricted for acquisitions or capital expenditures. Universities and other large organizations: include only figures for the applying unit or division.

Organizations with budgets greater than \$100,000 should provide Education/Outreach Budgets as project budgets.

Do not change names or number of lines below. If a line does not apply to your organization, enter 0.

	<u>Organization</u> 2017 - 18 revised	<u>Project</u> 2017 - 18 revised
Expenses		
A. Salaries/Wages/Honoraria (include benefits & payroll taxes)		
1. Principal Administrators	_____	_____
a. Administrative Support	_____	_____
2. Principal Artistic Staff	_____	_____
a. Artists/Performers/Educators/Technical staff	_____	_____
3. Other - Total (itemize on a separate page)	_____	_____
B. Non-Personnel		
4. Outside services (i.e. legal/accounting/web design)		
5. Office Rental	_____	_____
6. Utilities and Telephones	_____	_____
7. Insurance and Bonding	_____	_____
8. Office Supplies	_____	_____
9. Travel/Lodging/Meals	_____	_____
10. Materials	_____	_____
11. Printing and Duplicating	_____	_____
12. Postage	_____	_____
13. Advertising	_____	_____
14. Equipment Purchase	_____	_____
15. Equipment Rental	_____	_____
16. Repairs and Maintenance	_____	_____
**For items 17-19 and 22, attach breakdown by city or county on additional sheets if necessary.		
17. Facility Rental**	_____	_____
18. Real Estate Taxes**	_____	_____
19. Personal Property Taxes**	_____	_____
20. Interest Expense	_____	_____
21. Bank Service Charges/Credit Card Fees	_____	_____
22. Admission Taxes**	_____	_____
23. Fundraising Expenses (all - itemize on separate page)	_____	_____
24. Other Total - itemize on separate page	_____	_____
26. TOTAL EXPENSES	0	0
27. NET INCOME <DEFICIT>	0	0