

Summary Financial Information Form

Organization Name: _____

Balance Sheet

	12/31/20__
Current Assets	
Cash and Other	
Accounts Receivable	
Inventory	
Total Current Assets	
Fixed Assets	
Other Assets	
TOTAL ASSETS	
Current Liabilities	
Accounts Payable	
Other	
Total Current Liabilities	
Long Term Debt	
TOTAL LIABILITIES	
NET WORTH	

Income Statement

	20__	20__	20__
INCOME			
From Grants			
From Service and Other			
TOTAL			
EXPENSES			
Operating			
Non Operating			
Interest Paid			
Depreciation			
TOTAL			
NET INCOME/LOSS			