

Nonprofit XYZ
Operating Budget
Fiscal Year xx/xx/xxxx to xx/xx/xxxx

REVENUE (Sources of Support)	
Individual Contributions	
Federal Grants and Contracts	
Foundation/Corporate Grants	
Memberships	
Direct Mail	
Special Events	
Sales	
Investment Income	
Other	
TOTAL REVENUE	
EXPENSES	
Staff Positions	
Salaries	
Payroll taxes	
Benefits	
Building	
Rent	
Maintenance and Repairs	
Utilities	
Electricity	
Water	
Telephone	
Cable/Internet	
Programs	
Food Services	
Recreation	
Insurance	
Building	
Van	
D & O	
Office Supplies and Equipment	
Office Supplies	
Postage	
Transportation	
Gasoline	
Service	
Other	
TOTAL EXPENSES	