

Nonprofit Annual Operating Budget

Fiscal Year: _____

Revenues

Source	Budgeted Amount (\$)
Individual Contributions	
Grants	
Events	
Corporate Donations	
Other Income	
Total Revenues	

Expenses

Category	Budgeted Amount (\$)
Program Services	
Management & General	
Fundraising	
Other Expenses	
Total Expenses	

Net Operating Result

Amount (\$)
Net Surplus / Deficit
(Total Revenues - Total Expenses)

Approved by: _____ **Date:** _____