

## PRSS STATION WORKSHEET FOR CALCULATING TOTAL REVENUE

PLEASE NOTE: This worksheet is derived from CPB's AFR Schedule A which CPB-supported stations are required to file with CPB. If you are not a CPB-supported station, use this worksheet to total your revenue from all sources. If you are a CPB-supported station, simply attach a copy of your current Schedule A.

**Station Call Letters:** \_\_\_\_\_ **City, State:** \_\_\_\_\_ **Fiscal Year Ending:** \_\_\_\_\_

- |     |   |        |      |
|-----|---|--------|------|
| 1.  | Federal Government Agencies (including, Department of Education, Department of Health and Human Services, NEA & NSF and all other Federal Grants)   | _____  | (1)  |
| 2.  | Public Broadcasting Entities (including, CPB – Community Service Grants, CPB – Digital Project Grants, CPB – Restricted Portion of Radio Community Grants, CPB – All Other Funds, and all other PBE funds, including payments by NPR or other public broadcasting entities) | _____  | (2)  |
| 3.  | Local Boards/Departments of Education or Other Local Government or Agency Sources   | _____  | (3)  |
| 4.  | State Boards/Departments of Education or Other Local Government or Agency Sources   | _____  | (4)  |
| 5.  | Colleges and Universities (both State and Private Education Entities, exclude capital grants or appropriations – use line 17 to report capital revenue source)  | _____  | (5)  |
| 6.  | Foundations and Nonprofit Associations (include underwriting, exclude capital grants or appropriations – use line 17 to report capital revenue)   | _____  | (6)  |
| 7.  | Business and Industry (include underwriting, exclude capital grants or appropriations – use line 17 to report capital revenue)  | _____  | (7)  |
| 8.  | Membership and Subscriptions (include matching funds and major donors)  | _____  | (8)  |
| 9.  | Friends Groups Contributions (less any revenue included in line 8)  | _____  | (9)  |
| 10. | Subsidiary Enterprises and related organizations  | _____  | (10) |
| 11. | Auction Revenue (minus expenses)  | _____  | (11) |
| 12. | Special Fundraising Activities (minus expenses)   | _____  | (12) |
| 13. | Passive Income (including interest and dividends, royalties and NPR generated copyright user fees)  | _____  | (13) |
| 14. | Gains on Sale of Assets (including sale of property and equipment, investments, charitable trusts/gifts, gift annuities)  | _____  | (14) |
| 15. | Endowment Revenue (including passive income and unrealized gains and losses)  | _____  | (15) |
| 16. | Other (specify)   |        |      |
|     | Description   | Amount |      |
|     | _____   | _____  |      |
|     | _____   | _____  | (16) |
| 17. | Capital Campaigns and Revenue (including appropriations, grants, campaigns for acquiring new equipment, building new facilities, or upgrading facilities)   | _____  | (17) |
| 18. | TOTAL REVENUE (sum of Lines 1 through 17)   | _____  | (18) |
|     | Subtract Capital Campaigns and Revenue (Line 17)  | _____  |      |
| 19. | ADJUSTED TOTAL REVENUE  | _____  | (19) |

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### CERTIFICATION BY STATION

I certify that the above financial information for the fiscal year ending \_\_\_\_\_ is fairly stated and can be verified by accounting records and other financial information.

\_\_\_\_\_  
Signed: (Station Manager or Authorized Representative)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Station)