

Name \_\_\_\_\_ LEA \_\_\_\_\_

### Schedule F - Annual Financial Statement FY 2026

Use this form only for Residential Child Care Institutions (RCCI) or Private Schools

Does the entity spend \$1,000,000 or more annually?

\_\_\_\_ Yes, \_\_\_\_ No

If yes, was a single or program-specific audit conducted for the 2025 fiscal year?

\_\_\_\_ Yes, \_\_\_\_ No

Opening Balance (as of July 1, 2025) \_\_\_\_\_

#### Total Revenue

Type of reimbursement	Amount (\$)
Federal reimbursement	
State reimbursement	
Student meal income	
Adult meal income	
A la Carte income	
Other:	
Total revenue	

#### Total Expenditures

Type of expense	Amount (\$)
Contract/Vended meals	
Food	
Labor	
Supplies	
Other:	
Total Expenditures	

Program Gain/(Loss): Total revenue – Total expenditures= \_\_\_\_\_

#### Other financial resources:

Fund source	Amount (\$)
Transfer of nonfederal funds	
Other grant funding	
Other:	
Total non-program funding	

Closing balance as of June 30, 2026: \_\_\_\_\_