

**ANNUAL FINANCIAL REPORT  
ON SBA FORM 468  
(Partnership SBICs)**

OMB Approval No. 3245-0063  
Expiration Date mm/dd/yyyy

Name of Licensee: \_\_\_\_\_  
License Number: \_\_\_\_\_

Street Address: \_\_\_\_\_  
City, State, and Zip Code: \_\_\_\_\_  
County: \_\_\_\_\_

Employer ID Number: \_\_\_\_\_

For the Reporting Period Ending: \_\_\_\_\_ Months: \_\_\_\_\_

A - Fund Focus \_\_\_\_\_ ▼

B - Ownership \_\_\_\_\_

C - Fund IRR                      Net IRR: \_\_\_\_\_                      Gross IRR: \_\_\_\_\_  
*(for SBICs licensed on or after January 1, 1994)*

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**STATEMENT OF FINANCIAL POSITION**

OMB Approval No. 3245-0063

**AS OF \_\_\_\_\_**

Expiration Date mm/dd/yyyy

(Amounts rounded to nearest dollar)

Name of Licensee: \_\_\_\_\_

License No. \_\_\_\_\_

**ASSETS**

|  | <u>Cost</u><br>(Col. 1) | <u>Unrealized<br/>Depreciation</u><br>(Col. 2) | <u>Unrealized<br/>Appreciation</u><br>(Col. 3) | <u>Reported<br/>Value (1)</u><br>(Col. 4) |
|--|-------------------------|--|--|---|
| <b>LOANS AND INVESTMENTS:</b>                                  |                         |  |  |   |
| <b>Portfolio Securities:</b>                                   |                         |  |  |   |
| 1 Loans  |                         |  |  |   |
| 2 Debt Securities  |                         |  |  |   |
| 3 Equity Securities  |                         |  |  |   |
| <b>4 Total Portfolio Securities</b>                            |                         |  |  |   |
| <b>Assets Acquired in Liquidation of Portfolio Securities:</b> |                         |  |  |   |
| 5 Receivables from Sale of Assets Acquired                     |                         |  |  |   |
| 6 Assets Acquired  |                         |  |  |   |
| <b>7 Total Assets Acquired</b>                                 |                         |  |  |   |
| 8 Operating Concerns Acquired                                  |                         |  |  |   |
| 9 Notes and Other Securities Received                          |                         |  |  |   |
| <b>10 TOTAL LOANS AND INVESTMENTS</b>                          |                         |  |  |   |
| <b>11 Less Current Maturities</b>                              |                         |  |  |   |
| <b>12 Loans and Investments Net of Current Maturities</b>      |                         |  |  |   |
| <b>Investment in 301(d) Licensee (2)</b>                       |                         |  |  |   |
| 13 Name/License No.  | <input type="text"/>    | /  | <input type="text"/>                           | <input type="text"/>                      |
| <b>CURRENT ASSETS</b>  |                         |  |  |   |
| 14 Cash and Cash Equivalents                                   |                         |  |  |   |
| 15 Invested Idle Funds   |                         |  |  |   |
| 16 Interest and Dividends Receivable                           |                         |  |  |   |
| 17 Notes and Accounts Receivable                               |                         |  |  |   |
| 18 Receivables from Parent or Other Associates                 |                         |  |  |   |
| 19 Less: Allowance for Losses (lines 16, 17, and 18)           |                         |  |  |   |
| 20 Current Maturities of Portfolio Securities                  |                         |  |  |   |
| 21 Current Maturities of Assets Acquired                       |                         |  |  |   |
| 22 Current Maturities of Operating Concerns Acquired           |                         |  |  |   |
| 23 Current Maturities of Other Securities                      |                         |  |  |   |
| 24 Other (specify) <input type="text"/>                        |                         |  |  |   |
| 25 Other (specify) <input type="text"/>                        |                         |  |  |   |
| <b>OTHER ASSETS</b>  |                         |  |  |   |
| 26 Net Furniture and Equipment                                 |                         |  |  |   |
| 27 Net Leverage Fees   |                         |  |  |   |
| 28 Other (specify) <input type="text"/>                        |                         |  |  |   |
| 29 Other (specify) <input type="text"/>                        |                         |  |  |   |
| <b>30 TOTAL ASSETS</b>   |                         |  |  |   |

(1) Column Headings apply to items 1 through 12 only. (Cost - Unrealized Depreciation + Unrealized Appreciation = Value)

(2) Note to item 13 should include percent owned, cost basis and changes resulting from equity method of accounting.

**STATEMENT OF FINANCIAL POSITION**

OMB Approval No. 3245-0063

**AS OF \_\_\_\_\_**

Expiration Date mm/dd/yyyy

(Amounts rounded to nearest dollar)

Name of Licensee: \_\_\_\_\_

License No. \_\_\_\_\_

**LIABILITIES AND CAPITAL**

**Liabilities**

**Long-Term Debt**

31 Notes and Debentures payable to or guaranteed by SBA.

32 Notes and Debentures Payable to Others

33 a. Participating Securities Held or Guaranteed by SBA

b. Earned Prioritized Payments Allocated for Distribution

c. SBA Profit Participation Allocated for Distribution

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**Current Liabilities**

34 Accounts Payable

35 Due to Parent or Other Associates

a. Management Expenses Due to Associates

b. Other Due to Associates

36. Accrued Interest Payable

37. Accrued Taxes Payable

38. Distributions Payable

39. Short-term notes Payable/Lines of Credit

40 Other (specify)

41 Other (specify)

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**Other Liabilities**

42 Deferred Credits

43 Other (specify)

44 Other (specify)

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**45 Total Liabilities**

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|--|

**PARTNERS' CAPITAL**

46 Private Partners' Contributed Capital

a. General Partner(s)

b. Limited Partner(s)

47 Other (specify)

48 Unrealized Gains (Loss) on Securities Held

49 Non-Cash Gains/Income

50 Undistributed Net Realized Earnings

51 Undistributed Realized Earnings (line 49 plus line 50)

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**52 TOTAL PARTNERS' CAPITAL**

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**58 TOTAL LIABILITIES AND PARTNERS' CAPITAL**

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|--|

**STATEMENT OF OPERATIONS REALIZED**

OMB Approval No. 3245-0063

For      MONTHS ENDED                     

Expiration Date mm/dd/yyyy

(Amounts rounded to nearest dollar)

Name of Licensee:

License No.

**INVESTMENT INCOME**

|  |  |  |
|--|--|--|
| 1 Interest Income  |  |  |
| 2 Dividend Income  |  |  |
| 3 Income (Loss) from Investments in Partnerships/Flow-through Entities                             |  |  |
| 4 Income (Loss) from Investments in Section 301(d) Licensee  |  |  |
| 5 Fees for Management Series   |  |  |
| 6 Application, Closing and Other Fees  |  |  |
| 7 Interest on Cash Equivalents and Invested Idle Funds   |  |  |
| 8 Income from Assets Acquired in Liquidation of<br>Loans and Investment (net of \$ _____ Expenses) |  |  |
| 9 Other Income   |  |  |
| <b>10 GROSS INVESTMENT INCOME</b>  |  |  |

**EXPENSES**

|   |  |  |
|---|--|--|
| 11 Interest Expense   |  |  |
| a. Interest Expense -- Earned Prioritized Payments, Charges & Adjustments |  |  |
| b. Interest Expense -- SBA Debentures                                     |  |  |
| c. Other Interest Expense   |  |  |
| 12 Commitment Fees & Other Financial Costs                                |  |  |
| 13 Compensation and Benefits (Officer and Employee)                       |  |  |
| 14 Investment Advisory and Management Services                            |  |  |
| 15 Partners' Meetings   |  |  |
| 16 Appraisal and Investigation  |  |  |
| 17 Advertising, Communication and Travel                                  |  |  |
| 18 Cost of Space Occupied   |  |  |
| 19 Depreciation and Amortization  |  |  |
| a. Amortization of Leverage Fees  |  |  |
| b. Other Depreciation and Amortization                                    |  |  |
| 20 Insurance  |  |  |
| 21 Payroll and Other Taxes  |  |  |
| 22 Provision for Losses on Receivables (excluding loans receivable)       |  |  |
| 23 Legal Fees   |  |  |
| 24 Audit and Examination Fees   |  |  |
| 25 Miscellaneous Expenses   |  |  |
| a. Misc. #1   |  |  |
| b. Misc. #2   |  |  |
| c. Misc. #3   |  |  |
| d. Misc. #4   |  |  |
| e. Misc. #5   |  |  |
| f. Misc. #6   |  |  |

**26 TOTAL EXPENSES**

**27 NET INVESTMENT INCOME (LOSS)**

**28 NET REALIZED GAIN (LOSS) ON INVESTMENTS (1)**

**29 NET INCOME (LOSS) BEFORE NONRECURRING ITEMS**

30 Extraordinary Item

31 Cumulative Effect of Change in Accounting Principle

**32 NET INCOME (LOSS)**

(1) Provide supporting detail for all realized gains and losses on Page 13P of this form.

**STATEMENT OF CASH FLOWS**  
**For \_\_\_ MONTHS ENDED \_\_\_\_\_**  
 (page 1 of 2)  
 (Amounts rounded to nearest dollar)

OMB Approval No. 3245-0063  
 Expiration Date mm/dd/yyyy

Name of Licensee: \_\_\_\_\_ License No. \_\_\_\_\_

**OPERATING ACTIVITIES**

**Cash Inflows**

- 1 Interest Received from Portfolio Concerns
- 2 Dividend Received from Portfolio Concerns
- 3 Other Income Received from Portfolio Concerns
- 4 Management Services and Other Fees Received
- 5 Interest on Cash Equivalents and Invested Idle Funds
- 6 Cash Received from Assets Acquired in Liquidation
- 7 Other Operating Cash Receipts

**Cash Outflows**

- 8 Interest Paid (excl. Earned Prioritized Payments, Charges and Adjustments)
- 9 Commitment Fees and Other Financial Costs
- 10 Investment Advisory and Management Fees
- 11 Partners' and Employees' Compensation and Benefits
- 12 Operating Expenditures (Excluding Compensation and Benefits)
- 13 Other Operating Cash Disbursements

**14 NET CASH PROVIDED BY (USED IN) OPERATING ACTIVITIES** \_\_\_\_\_

**INVESTING ACTIVITIES**

**Cash Inflows**

- 15 Loan Principal Payments Received from Portfolio Concerns
- 16 Returns of Capital Received from Portfolio Concerns
- 17 Net Proceeds from Disposition of Portfolio Securities
- 18 Liquidation of Idle Funds Investments
- 19 Other (Specify) \_\_\_\_\_

**Cash Outflows**

- 20 Purchase of Portfolio Securities
- 21 Loans to Portfolio concerns
- 22 Idle Funds Investment
- 23 Other (Specify) \_\_\_\_\_

**24 NET CASH PROVIDED BY (USED IN) INVESTING ACTIVITIES** \_\_\_\_\_

**FINANCING ACTIVITIES**

**Cash Inflows**

- 25 Proceeds from Issuance of SBA-Guaranteed Debentures
- 25 Proceeds from Issuance of SBA-Guaranteed Participating Securities
- 27 Proceeds from Non-SBA Borrowing
- 28 Proceeds from Sale of Stock or Other Capital Contribution
- 29 Other (Specify) \_\_\_\_\_

**Cash Outflows**

- 30 SBA Leverage Fees
- 31 Principal Payments on SBA-Guaranteed Debentures
- 32 Principal Payments on Non-SBA Borrowing
- 33 Redemption of Participating Securities
- 34 Redemption of Private Partnership Interests
- 35 Prioritized Payments, Charges and Adjustments Paid
- 36 SBA Profit Participation Paid
- 37 Other Distributions Paid
- 38 Other (Specify) \_\_\_\_\_

**39 NET CASH PROVIDED BY (USED IN) FINANCING ACTIVITIES** \_\_\_\_\_

**STATEMENT OF CASH FLOWS**  
**For \_\_\_ MONTHS ENDED \_\_\_\_\_**  
**(page 2 of 2)**  
**(Amounts rounded to nearest dollar)**

OMB Approval No. 3245-0063  
 Expiration Date mm/dd/yyyy

Name of Licensee: \_\_\_\_\_ License No. \_\_\_\_\_

|  |  |
|--|--|
| 41 INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS              |  |
| 42 CASH AND CASH EQUALENTS AT BEGINNING OF PERIOD                |  |
| 43 CASH AND CASH EQUIVALENTS AT END OF PERIOD (line 14, page 2P) |  |

**RECONCILIATION OF NET INCOME (LOSS) TO NET CASH PROVIDED BY (USED IN) OPERATING ACTIVITIES**

|   |  |
|---|--|
| <b>44 Net Income (Loss) (Line 32, page 4P)</b>  |  |
| <b>Adjustments to Reconcile Net Income (Loss) to Net Cash Provided by (used in) Operating Activities:</b> |  |
| 45 Depreciation and Amortization (line 19, page 4P)   |  |
| 46 Provision for Losses on Accounts Receivable (line 22, page 4P)   |  |
| 47 Earned Prioritized Payments, Charges, and Adjustments  |  |
| 48 Realized (Gains) Losses on Investments (line 28, page 4P)  |  |
| 49 Other (Specify) _____  |  |

**Changes in Operating Assets and Liabilities Net of Noncash Items**

|   |  |
|---|--|
| 50 (Increase) Decrease in Interest and Dividends Receivable |  |
| 51 (Increase) Decrease in Other Current Assets              |  |
| 52 Increase (Decrease) in Accounts Payable                  |  |
| 53 Increase (Decrease) in Accrued Interest Payable          |  |
| 54 Increase (Decrease) in Accrued Taxes Payable             |  |
| 55 Increase (Decrease) in Dividends Payable                 |  |
| 56 Increase (Decrease) in Other Current Liabilities         |  |
| 57 Other (Specify) _____                                    |  |
| 58 Other (Specify) _____                                    |  |

**59 NET CASH PROVIDED BY (USED IN) OPERATING ACTIVITIES**   
 (Total must agree with line 14, page 5P)

Supplemental disclosure of non-cash financing and investing activities may be required.  
 See FASB Statement No. 95, paragraph 32.



**I. RETAINED EARNINGS AVAILABLE FOR DISTRIBUTION**

OMB Approval No. 3245-0063

**II. REGULATORY AND LEVERAGEABLE CAPITAL**

Expiration Date mm/dd/yyyy

AS OF \_\_\_\_\_

(Amounts rounded to nearest dollar)

Name of Licensee: \_\_\_\_\_

License No. \_\_\_\_\_

**PART I. RETAINED EARNINGS AVAILABLE FOR DISTRIBUTION OR CAPITALIZATION.**

|  |  |
|--|--|
| 1 Undistributed net Realized Earnings (line 50, page 3P)         |  |
| 2 LESS: Unrealized Depreciation (line 10, column 2, page 2P)     |  |
| 3 RETAINED EARNINGS AVAILABLE FOR DISTRIBUTION OR CAPITALIZATION |  |

**PART II. SCHEDULE OF REGULATORY AND LEVERAGEABLE CAPITAL**

|   |  |
|---|--|
| 1 Private Partners' Contributed Capital (line 46, page 3P)  |  |
| 2 ADD:  |  |
| a. Unfunded binding commitments from Institutional Investors  |  |
| b. Waived management fees credited as capital contributions   |  |
| 3 LESS: Regulatory Distributions  |  |
| a. Organization Expenses Not Approved by SBA (1)  |  |
| b. Partnership interests Issued for Services  |  |
| c. Partnership interests Issued for Non-cash Assets (unless approved by SBA for inclusion in Regulatory Capital or converted to cash) |  |
| d. Other (specify) _____  |  |
| 4 Total Regulatory Deductions (Sum of 3a through 3d)  |  |
| 5 Other Adjustments to Regulatory Capital (specify) _____   |  |
| <b>6 REGULATORY CAPITAL (sum of lines 1, 2, 4, and 5)</b>   |  |
| 7 LESS: Unfunded binding commitments from Institutional Investors   |  |
| 8 LESS: Non-cash assets included in Regulatory Capital, other than eligible investments in Small Concerns                             |  |
| 9 LESS: Other deductions (specify) _____  |  |
| <b>10 LEVERAGEABLE CAPITAL (sum of lines 6 through 9)</b>   |  |

**PART III. CUMULATIVE PRIVATE INVESTOR CAPITAL CONTRIBUTIONS & DISTRIBUTIONS**

*(for SBICs licensed on or after January 1, 1994)*

|  |  |
|--|--|
| 1 All Private Capital Contributions Ever Paid-In   |  |
| 2 All Distributions to Private Investors Ever Paid Out - Including Fair Market Value of Non-Cash Distributions |  |

**NOTES**

***(1) Deduct only those organizational expenses which were not accepted as reasonable by SBA.***





**SCHEDULE OF GUARANTEES**  
**AS OF \_\_\_\_\_**

OMB Approval No. 3245-0063

Expiration Date mm/dd/yyyy

Name of Licensee: \_\_\_\_\_

License No. \_\_\_\_\_

| 1                                    | 2                | 3         | 4               | 5                        | 6  | 7  |
|--------------------------------------|------------------|-----------|-----------------|--------------------------|--|--|
| Name of Small Business / Employer ID | Guarantee Amount | Date Made | Expiration Date | Name of Guaranteed Party | Is guarantee collateralized? If so, by what? | Description of underlying obligation of Small Business |
|                                      |                  |           |                 |                          |  |  |
| <b>TOTAL</b>                         |                  |           |                 |                          |  |  |

**SCHEDULE 1**

**SCHEDULE OF LOANS AND INVESTMENTS**  
AS OF \_\_\_\_\_

OMB Approval No. 3245-0063

Expiration Date mm/dd/yyyy

Name of Licensee: \_\_\_\_\_ License No. \_\_\_\_\_

*Note: Items in red font only apply to SBICs in the Office of Liquidation or as specifically requested by SBA.*

| Portfolio Company Name | Employer ID | % Own | % Vote | Cost at End of Period | Unrealized App (Dep) | Total Reported Value |
|------------------------|-------------|-------|--------|-----------------------|----------------------|----------------------|
|                        |             |       |        |                       |                      |                      |

**General Portfolio Company Information**

Business Description NAICS:

1st Date Invested:  Overline?   
Current stage:

Exchange:  Stock Symbol:

If original investment company's name changed, was acquired/merged,  
company name of original investment:

Address:   
City/State:  LMI:   
Zip Code:

Other Comments:

**Portfolio Company Financial Information (Not Audited by SBIC Auditor)**

| Rounded to nearest \$     | Period 1 | Period 2 | Period 3 |
|---------------------------|----------|----------|----------|
| As of Date                |          |          |          |
| Revenues                  |          |          |          |
| Gross Profit              |          |          |          |
| EBITDA                    |          |          |          |
| Interest Charges          |          |          |          |
| Net Income                |          |          |          |
| Cashflow from Ops.        |          |          |          |
| Burn Rate                 |          |          |          |
| Cash Balance              |          |          |          |
| Current Assets            |          |          |          |
| Fixed Assets              |          |          |          |
| Total Assets              |          |          |          |
| Current Liabilities       |          |          |          |
| Debt                      |          |          |          |
| Total Liabilities         |          |          |          |
| EOY Equity Value (Market) |          |          |          |
| EOY Enterprise Value      |          |          |          |

**Additional Information for Most Recent FY End for SBICs in Liquidation**

Financial Statement Type: \_\_\_\_\_ Statement Opinion: \_\_\_\_\_  
Statement Notes: \_\_\_ Significant Litigation \_\_\_ Going Concern \_\_\_ Other  
If other explain: \_\_\_\_\_

**Economic Data for Recent FY End (Not Audited by SBIC Auditor)**

Full-time employees:   
Federal Taxes Paid:  State Taxes Paid:

**Rounds of Financing / Waterfall (Amounts in Millions of \$)**

| Date Closed | Security Issued | Post-Money Val | Total Round Size | SBIC Part. | Liquidation Preference (if any): | Co-investors in Round |
|-------------|-----------------|----------------|------------------|------------|----------------------------------|-----------------------|
|             |                 |                |                  |            |                                  |                       |

Negative Covenants (check all that apply): ROF\_\_\_ COA\_\_\_ Other\_\_\_ Other Description: \_\_\_\_\_  
Board Rights (check all that apply): Board Seat\_\_\_ Observation\_\_\_ Board Chairperson: \_\_\_  
Other Rights (check all that apply): Veto\_\_\_ Springing\_\_\_

**SCHEDULE 1**

**SCHEDULE OF LOANS AND INVESTMENTS  
AS OF \_\_\_\_\_**

OMB Approval No. 3245-0063

Expiration Date mm/dd/yyyy

Name of Licensee: \_\_\_\_\_ License No. \_\_\_\_\_

*Note: Items in red font only apply to SBICs in the Office of Liquidation or as specifically requested by SBA.*

| Portfolio Company Name | Employer ID | % Own | % Vote | Cost at End of Period | Unrealized App (Dep) | Total Reported Value |
|------------------------|-------------|-------|--------|-----------------------|----------------------|----------------------|
|                        |             |       |        |                       |                      |                      |

**Loans and Investments (ordered by date ascending)**

| Investment Date | Investment Type | Initial Invest. Amount | Cost at Beg. of Period | Additions/ Deductions | Description of Addition/Deduction | Cost at End of Period | Unrealized App (Dep) | Reported Value |
|-----------------|-----------------|------------------------|------------------------|-----------------------|-----------------------------------|-----------------------|----------------------|----------------|
|                 |                 |                        |                        |                       |                                   |                       |                      |                |

|  |                                       |                 |  |  |  |  |  |
|--|---------------------------------------|-----------------|--|--|--|--|--|
| <b>Other Notes:</b><br>Smaller Concern?<br>Comments: | Qualifies as start-up per CFR 107.50? | Equity Capital? |  |  |  |  |  |
|  | <b>Class I and II Appreciation</b>    |                 |  |  |  |  |  |
|  | Class I Appreciation Amount:          |                 |  |  |  |  |  |
| Class II Appreciation Amount:                        |                                       |                 |  |  |  |  |  |
| If Class II, Date of Up Round?                       |                                       |                 |  |  |  |  |  |

|                           |  |                   |               |                              |  |                |  |
|---------------------------|--|-------------------|---------------|------------------------------|--|----------------|--|
| <b>Equity Information</b> |  | Number of Shares: |               | <b>Loan/Debt Information</b> |  | Status:        |  |
| Type of Shares:           |  | Market/Liquidity: |               | Maturity Date:               |  | Type:          |  |
| Equity Features:          |  |                   | Repay. Terms: |                              |  | Interest Rate: |  |
|                           |  |                   |               | Collateral:                  |  |                |  |

|                              |                            |                             |
|------------------------------|----------------------------|-----------------------------|
| Warrants? ____               | Expiration Date: _____     | Date of Last Payment: _____ |
| Terms:                       | Balloon Payment Due: _____ | Balloon % at maturity: ____ |
| Other type of OL Asset? ____ | If yes: Type: _____        | Description of Asset: _____ |
|                              | Amount: _____              | Description of Liens: _____ |

**1 A. SUMMARY OF LOANS AND INVESTMENTS**  
**1 B. SMALLER ENTERPRISE FINANCINGS**  
 AS OF \_\_\_\_\_

Name of Licensee: \_\_\_\_\_

License No. \_\_\_\_\_

**1 A. SUMMARY OF LOANS AND INVESTMENTS**

| 1  | 2                           | 3                       | 4                     | 5                                      | 6              |
|--|-----------------------------|-------------------------|-----------------------|--|----------------|
| Investment Category                                    | Cost at Beginning of Period | Additions/ (Deductions) | Cost at End of Period | Unrealized Appreciation (Depreciation) | Reported Value |
| Total Loans (line 1, page 2P)                          |                             |                         |                       |  |                |
| Total Debt Securities (line 2, page 2P)                |                             |                         |                       |  |                |
| Total Equity Securities (line 3, page 2P)              |                             |                         |                       |  |                |
| <b>Total Portfolio Securities (line 4, page 2P)</b>    |                             |                         |                       |  |                |
| Total Assets Acquired (line 7, page 2P)                |                             |                         |                       |  |                |
| Total Operating Concerns Acquired (line 8, page 2P)    |                             |                         |                       |  |                |
| Total Notes and Other Secs. Received (line 9, page 2P) |                             |                         |                       |  |                |
| <b>Total Loans and Investments (line 10, page 2P)</b>  |                             |                         |                       |  |                |

**1 B. SMALLER ENTERPRISE FINANCINGS**

1 Cumulative dollar amount of Smaller Enterprise Financings extended between April 25, 1994 and close of reporting fiscal year.

2 Cumulative dollar amount of all Financing extended between April 25, 1994 and close of reporting fiscal year.

3 Percentage of total Financings extended to Smaller Enterprises (line 1 divided by line 2)

SEE 13 CFR 107.710 FOR PERCENTAGE OF TOTAL FINANCINGS WHICH MUST BE IN SMALLER ENTERPRISES.

**SCHEDULE 2**

**SCHEDULE OF REALIZED GAINS AND  
LOSSES ON LOANS AND INVESTMENTS  
FOR \_\_\_\_ MONTHS ENDED \_\_\_\_**

OMB Approval No. 3245-0063

Expiration Date mm/dd/yyyy

| Name of Licensee:                       |                      |                                |                    |       |                           | License No.                   |                        |                  |   |
|---|----------------------|--------------------------------|--------------------|-------|---------------------------|-------------------------------|------------------------|------------------|---|
| 1                                       | 2                    | 3                              | 4                  | 5     | 6                         | 7                             | 8                      | 9                | 10  |
| Name of Small Business / Employer<br>ID | Security<br>Type (1) | Transaction Type<br>(2) / Date | Net Sales<br>Price | Cost  | Realized<br>Gains/ (Loss) | Components of Net Sales Price |                        |                  | Name and Address of Purchaser<br>(applies to sales and exchanges) |
|   |                      |                                |                    |       |                           | Cash                          | Note/ Maturity<br>Date | Equity / Type    |   |
| _____<br>/ _____                        | _____                | _____<br>/ _____               | _____              | _____ | _____                     | _____                         | _____<br>/ _____       | _____<br>/ _____ | _____<br>_____<br>_____   |
|   |                      |                                |                    |       |                           | Escrow Expires _____          |                        |                  |   |
| <b>TOTAL</b>                            |                      |                                |                    |       |                           |                               |                        |                  |   |

(1) Security Type: L= Loans, D=Debt, E=Equity, AA=Assets Acquired, OC=Operating concerns acquired, NS=Notes and Other Securities Received

(2) Transaction Type: S= Sale, E=Exchange, C=Charge-off, D=Distribution of Securities



**SCHEDULE 4**

**SCHEDULE OF DELINQUENT  
LOANS AND INVESTMENTS  
AS OF \_\_\_\_\_**

OMB Approval No. 3245-0063

Expiration Date mm/dd/yyyy

| Name of Licensee:                       |                                  | License No.           |                      |                     |                      |                      |          |                        |          |                                       |
|---|----------------------------------|-----------------------|----------------------|---------------------|----------------------|----------------------|----------|------------------------|----------|---------------------------------------|
| 1                                       | 2                                | 3                     | 4                    | 5                   | 6                    | 7                    | 8        | 9                      | 10       | 11                                    |
| Name of Small Business /<br>Employer ID | Outstanding<br>Principal Balance | Delinquent Principal: |                      | Delinquent Interest |                      | Date of Last Payment |          | Amount of Last Payment |          | Fair Market<br>Value OF<br>Collateral |
|   |                                  | Amount Past<br>Due    | Days Past<br>Due (1) | Amount<br>Past Due  | Days Past<br>Due (1) | Principal            | Interest | Principal              | Interest |                                       |
|   |                                  |                       |                      |                     |                      |                      |          |                        |          |                                       |
| <b>TOTAL</b>                            |                                  |                       |                      |                     |                      |                      |          |                        |          |                                       |

(1) Based on oldest delinquency.





|   |  |  |
|---|--|--|
| <b>SCHEDULE 6</b>   | <b>SCHEDULE OF CASH AND INVESTED IDLE FUNDS</b><br>AS OF _____ | OMB Approval No. 3245-0063<br>Expiration Date mm/dd/yyyy |
| Name of Licensee: _____   | _____  | License No. _____  |
| <b>COMPLETE SCHEDULE ONLY IF LICENSEE HAS, OR PLANS TO APPLY FOR, SBA LEVERAGE.</b> |  |  |

**I. U.S. GOVERNMENT OBLIGATIONS (direct or guaranteed)**

| Description | Maturity Date | Amount |
|-------------|---------------|--------|
|             |               |        |

**II. REPURCHASE AGREEMENTS WITH FEDERALLY-INSURED INSTITUTION**

| Name and Location of Financial Institution | Maturity Date | Amount |
|--|---------------|--------|
|  |               |        |

**III. CERTIFICATES OF DEPOSIT ISSUED BY FEDERALLY-INSURED INSTITUTIONS**

| Name and Location of Financial Institution | Maturity Date | Amount |
|--|---------------|--------|
|  |               |        |

**IV. DEMAND DEPOSIT, MONEY MARKET, AND SAVING ACCOUNTS IN FEDERALLY-INSURED INSTITUTIONS**

| Name and Location of Financial Institution | Maturity Date | Amount |
|--|---------------|--------|
|  |               |        |

**V. OTHER CASH AND INVESTED IDLE FUNDS**

| Description | Maturity Date | Amount |
|-------------|---------------|--------|
|             |               |        |

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TOTAL CASH, CASH EQUIVALENTS AND IDLE FUNDS   
(total must agree with sum of lines 14 and 15, page 2P)

Name of Licensee: \_\_\_\_\_

License No. \_\_\_\_\_

**PART I. FIRST ACTIVITY TEST**

- 1. Cash and Cash Equivalents (line 14, page 2P)
- 2. Invested Idle Funds (line 15, line 2P)
- 3. Total Cash and Idle Funds
- 4. Total Assets at Cost:
  - a. Total Assets (line 30, page 2P)
  - b. ADD: Unrealized Depreciation (line 10, col. 2, page 2P)
  - c. LESS: Unrealized Appreciation (line 10, col 3, page 2P)
  - d. Total Assets at Cost
- 5. Line 3 Divided by Line 4d (expressed as a percentage)

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IF LINE 5 IS LESS THAN OR EQUAL TO 20%, LICENSEE IS NOT INACTIVE -- DO NOT COMPLETE PART II  
IF LINE 5 IS GREATER THAN 20%, COMPLETE THE SECOND ACTIVITY TEST IN PART II

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**PART II. SECOND ACTIVITY TEST**

- 6. Financings during the Past 18 Months:
  - a. Loans
  - b. Debt
  - c. Equity
  - d. Guarantees
- 7. Total (lines 6a through 6d)
- 8. Regulatory Capital
- 9. Line 7 divided by Line 8 (expressed as a percentage)

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IF LINE 9 IS LESS THAN 20%, LICENSEE MAY BE INACTIVE UNDER SECTION 107.590 -  
ATTACH EXPLANATION OF INACTIVITY AND PLANNED CORRECTIVE ACTION.

**GENERAL PARTNERS, LIMITED PARTNERS,  
AND ADVISORY MANAGEMENT  
AS OF \_\_\_\_\_**

Name of Licensee: \_\_\_\_\_

| 1                | 2   | 3   | 4   | 5  |               |
|------------------|---|---|---|--|---------------|
| Name and Address | General Partner/ Limited Partner / Manager -- give exact titles | Are partnership interests legally owned, beneficially owned, or controlled? | Number of Partnership Units Owned or Controlled | Percent Owned or Controlled of Total Interests Outstanding |               |
|                  |   |   |   | Beginning of Period  | End of Period |
|                  |   |   |   |  |               |

Name of Licensee:

License No.

**INSTRUCTIONS**

Any Licensee, which has SBA leverage outstanding or which expects to apply for leverage in the current fiscal year, must prepare an annual update of its plan of operations. The update must be submitted to SBA as an addendum to the Licensee's Annual Financial Report on Form 468. SBA will consider the information provided as part of its evaluation of the financial soundness of the Licensee, in accordance with the provisions of Section 406 of the Small Business Equity Enhancement Act.

The plan update must include analysis and discussion of key events of the past year, as well as expectations for the current year. SBA expects that most Licensees will be able to provide the required information in a narrative of no more than 3 pages.

**Content of the Report**

1. For the fiscal year ended, the Licensee should discuss the following:
  - a. Major positive and negative events which affected overall performance during the year, including exits/distributions/write-offs of investments; highlight any significant differences between last year's plan and actual performance.
  - b. Any significant changes in the operations of the Licensee, such as changes in organizational structure, scope of operations, level or phase of investment activity, or types of investments being made.
  - c. Any management changes.
  - d. Any lawsuits or other events giving rise to contingent liabilities.
2. For the current fiscal year, the Licensee should discuss the following:
  - a. Levels of new and follow-on investment anticipated
  - b. Anticipated exits/distributions/write-offs from investments
  - c. Any material changes expected in investment strategy or portfolio composition
  - d. Any material changes expected in overhead expenditures
  - e. Any changes expected in management
  - f. Any other anticipated events which may have a significant effect on Licensee's performance.
3. If an SBIC is in Liquidation, wind-up or has been otherwise requested to provide a wind-up plan, the SBIC shall provide a wind-up plan as part of the Operating Plan Update. Per 13 CFR 107.590, SBICs in Operations must submit wind-up plans for SBA approval. After SBICs receive approval, they should provide updated wind-up plans on an annual basis as part of this Operating Plan Update. (See attached supplement.)

**CERTIFICATIONS**

OMB Approval No. 3245-0063

Expiration Date mm/dd/yyyy

Name of Licensee:

License No.

**MANAGEMENT CERTIFICATION**

I, [ \_\_\_\_\_, a General Partner of \_\_\_\_\_ (Licensee),]

[ \_\_\_\_\_, a General Partner of \_\_\_\_\_, the General Partner of \_\_\_\_\_ (Licensee),]

[ \_\_\_\_\_, a Managing Member of \_\_\_\_\_, the General Partner of \_\_\_\_\_ (Licensee),]

[ \_\_\_\_\_, the President of \_\_\_\_\_, the General Partner of \_\_\_\_\_ (Licensee),] do hereby certify as follows:

1. The audited Annual Financial Report for the fiscal year ended \_\_\_\_\_ submitted by \_\_\_\_\_ (Licensee) to the Small Business Administration on SBA Form 468 is true and correct in all respects. The statements and schedules listed below have been omitted from the submission.

2. The General Partner of \_\_\_\_\_ (Licensee) has reviewed and approved the audited Annual Financial Report of such company for the fiscal year ended \_\_\_\_\_.

3. \_\_\_\_\_ (Licensee) has filed all federal, state and local tax returns required through the date hereof, including but not limited to payroll tax returns and informational returns for income tax purposes.

4. \_\_\_\_\_ (Licensee) is in good standing under the laws of the State of \_\_\_\_\_.

STATEMENTS AND SCHEDULES OMITTED:

[Empty box for omitted statements and schedules]

**CAUTION: By signing below, you are certifying as to the truth and accuracy of the audited Annual Financial Report in all respects, and acknowledging that officials in the Small Business Administration (SBA) will be relying on this certification. Knowingly making a false statement to or concealing a material fact from the SBA can lead to imprisonment of up to 30 years and/or a fine of up to \$1,000,000 under 18 U.S.C. § 1014.**

Date: \_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_