

**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)

Please Note: The estimated burden for completing this form is 35 hours per response if a wind-up plan is required and 25 hours per response if a wind-up plan is not required. You will not be required to respond to this information collection if a valid OMB approval number is not displayed. If you have questions or comments concerning this estimate or other aspects of this information collection, please contact the U.S. Small Business Administration, Chief Administrative Information Branch, Washington, D.C. 20416 and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB.

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> (Col. 1)	<u>Unrealized Depreciation</u> (Col. 2)	<u>Unrealized Appreciation</u> (Col. 3)	<u>Reported Value (1)</u> (Col. 4)
LOANS AND INVESTMENTS:				
Portfolio Securities:				
1 Loans				
2 Debt Securities				
3 Equity Securities				
4 Total Portfolio Securities				
Assets Acquired in Liquidation of Portfolio Securities:				
5 Receivables from Sale of Assets Acquired				
6 Assets Acquired				
7 Total Assets Acquired				
8 Operating Concerns Acquired				
9 Notes and Other Securities Received				
10 TOTAL LOANS AND INVESTMENTS				
11 Less Current Maturities				
12 Loans and Investments Net of Current Maturities				
Investment in 301(d) Licensee (2)				
13 Name/License No.	_____	/	_____	_____
CURRENT ASSETS				
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) _____				
25 Other (specify) _____				
OTHER ASSETS				
26 Net Furniture and Equipment				
27 Net Leverage Fees				
28 Other (specify) _____				
29 Other (specify) _____				
30 TOTAL ASSETS				

(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			

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) _____			

Other Liabilities

42 Deferred Credits			
43 Other (specify) _____			
44 Other (specify) _____			
45 Total Liabilities			

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)			

52 TOTAL PARTNERS' CAPITAL

58 TOTAL LIABILITIES AND PARTNERS' CAPITAL

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 Loans and Investment (net of \$ _____ Expenses)		
9 Other Income		
10 GROSS INVESTMENT INCOME		

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.
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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

44 Net Income (Loss) (Line 32, page 4P)	
Adjustments to Reconcile Net Income (Loss) to Net Cash Provided by (used in) Operating Activities:	
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.

STATEMENT OF PARTNERS' CAPITAL

OMB Approval No. 3245-0063

AS OF _____

Expiration Date mm/dd/yyyy

(page 1 of 2)

(Amounts rounded to nearest dollar)

Name of Licensee: _____ License No. _____

PART I. PRIVATE PARTNERS' CONTRIBUTED CAPITAL

1 BALANCE AT BEGINNING OF PERIOD

2 ADDITIONS:

- a. Partnership interests issued for cash
- b. Partnership interests issued for services rendered
- c. Partnership interests issued for contributed non-cash assets
- d. Capitalization of Retained Earnings Available for Distribution
- e. Other credits (specify) _____

3 Total additions (sum of 2a through 2E)

4 Subtotal (line 1 plus line 3)

5 DEDUCTIONS:

- a. Liquidation of Partnership interests
- b. Other debits (specify) _____

6 Total deductions (sum of 5a through 5b)

7 BALANCE AT END OF PERIOD (line 4 minus line 6)--

Total must agree with lines 46a and 46b, page 3P

GENERAL PARTNER(S) <small>(page 3P, line 46a)</small>	LIMITED PARTNER(S) <small>(page 3P, line 46B)</small>	TOTAL

PART II. UNDISTRIBUTED REALIZED EARNINGS

1 BALANCE AT BEGINNING OF PERIOD

2 ADDITIONS:

- a. Net investment income
- b. Interest Expense - Earned Prioritized Payments, Charges & Adjustments (line 11a, page 4P)
- c. Realized gain (loss) on investments
- d. Gain on appreciation of securities distributed in kind
- e. Other (specify) _____

3 Total additions (sum of 2a through 2e)

4 Subtotal (line 1 plus line 3)

5 DEDUCTIONS:

- a. Cash Distributions
- b. Distributions allocated but not paid
- c. In-Kind Distributions (at fair value)
- d. Capitalization of Retained Earnings available for Distribution
- e. Other (specify) _____

6 Total deductions (sum of 5a through 5e)

7 Total before collection of non-cash gains/income
(line 4 minus line 6)

8 Collection of non-cash gains/income

9 BALANCE AT END OF PERIOD (line 7 plus line 8) -

Totals must agree with lines 49, 50, and 51, page 3P

NON-CASH GAINS/INCOME <small>(1)</small>	UNDISTRIBUTED NET REALIZED EARNINGS <small>(2)</small>	UNDISTRIBUTED REALIZED EARNINGS <small>(1) + (2)</small>

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
TOTAL						

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

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

Equity Information		Loan/Debt Information	
Type of Shares: _____	Number of Shares: _____	Maturity Date: _____	Status: _____
Equity Features: _____	Market/Liquidity: _____	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)					
Total Portfolio Securities (line 4, page 2P)					
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)					
Total Loans and Investments (line 10, page 2P)					

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 ID	Security Type (1)	Transaction Type (2) / Date	Net Sales Price	Cost	Realized Gains/ (Loss)	Components of Net Sales Price			Name and Address of Purchaser (applies to sales and exchanges)
						Cash	Note/ Maturity Date	Equity / Type	
_____ / _____	_____	_____ / _____	_____	_____	_____	_____	_____ / _____	_____ / _____	_____ _____ _____
						Escrow Expires _____			
TOTAL									

(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 / Employer ID	Outstanding Principal Balance	Delinquent Principal:		Delinquent Interest		Date of Last Payment		Amount of Last Payment		Fair Makrket Value OF Collateral
		Amount Past Due	Days Past Due (1)	Amount Past Due	Days Past Due (1)	Principal	Interest	Principal	Interest	
TOTAL										

(1) Based on oldest delinquency.

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

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

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)

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

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)

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: _____