

**U.S. DEPARTMENT OF AGRICULTURE
FOREST SERVICE**

FINANCIAL STATEMENT

**AUTHORITY:
36 CFR 251.54(e)(5)(iv) and FSH 6509.18**

INSTRUCTIONS: Provide your most recent fiscal year financial statement. The Forest Service may also request two additional years of financial data on a case by case basis. If more space is needed to fully answer any item below, attach additional sheets. Complete and accurate information must be provided as required in this form. Anyone who knowingly or willfully makes any false statement or representation on this form is subject to a fine, imprisonment, or both under 18 U.S.C. 1001(a).

1. NAME OF CORPORATION, LIMITED LIABILITY COMPANY (LLC), PARTNERSHIP, OR PROPRIETORSHIP (include any names the organization/firm operated under during past three years and specify the year operated for each name):

2. STATE OF
INCORPORATION

3. DATE OF
INCORPORATION

4. ADDRESS OF PRINCIPAL PLACE OF BUSINESS

5. FOR PARTNERSHIPS, NAMES OR PARTNERS AND THEIR PARTNERSHIP INTERESTS:

6. NAME, TITLE, AND ADDRESS OF CORPORATE OFFICERS AND DIRECTORS AND NUMBER OF SHARES OF STOCK OWNED BY EACH

| FULL NAME | TITLE | ADDRESS, TELEPHONE NUMBERS, AND E-MAIL ADDRESS | SHARES OWNED |
|-----------|-------|---|--------------|
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| 7. REFERENCES (at least three, preferably from banks): | |
| Full Name | ADDRESS, TELEPHONE NUMBERS, AND E-MAIL ADDRESS |
| | |
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You may submit certified financial statements in lieu of completing PARTS A through C below. However, you must complete either the certification statement in PART D.1 or PART D.2 at the bottom of the last page.

| PART A. BALANCE SHEET | CURRENT YEAR (MM/DD/YYYY) | PREVIOUS YEAR (MM/DD/YYYY) | YEAR BEFORE PREVIOUS YEAR (MM/DD/YYYY) |
|---------------------------------------|--------------------------------------|---------------------------------------|---|
| YEAR ENDED | | | |
| ASSETS | | | |
| CURRENT ASSETS | | | |
| CASH | | | |
| RECEIVABLES | | | |
| LESS ALLOWANCES FOR DOUBTFUL ACCOUNTS | () | () | () |
| INVENTORIES (LIST MAJOR CATEGORIES) | | | |
| SUPPLIES AND MISCELLANEOUS ITEMS | | | |
| MARKETABLE SECURITIES | | | |
| PREPAID EXPENSES | | | |
| SUPPLIES INVENTORY | | | |
| OTHER CURRENT ASSETS | | | |
| TOTAL CURRENT ASSETS | | | |
| FIXED ASSETS | | | |
| LAND | | | |
| BUILDINGS | | | |
| MACHINERY AND EQUIPMENT | | | |
| PLANT | | | |
| LEASEHOLD IMPROVEMENTS | | | |

| | | | |
|---|--------------------------------------|---------------------------------------|---|
| OTHER | | | |
| LESS ALLOWANCE FOR DEPRECIATION | () | () | () |
| BOOK VALUE OF FIXED ASSETS | | | |
| OTHER ASSETS | | | |
| CASH DEPOSITS | | | |
| SECURITIES | | | |
| | | | |
| TOTAL OTHER ASSETS | | | |
| TOTAL ASSETS | | | |
| LIABILITIES AND OWNER EQUITY | | | |
| | CURRENT YEAR (MM/DD/YYYY) | PREVIOUS YEAR (MM/DD/YYYY) | YEAR BEFORE PREVIOUS YEAR (MM/DD/YYYY) |
| CURRENT LIABILITIES | | | |
| ACCOUNTS PAYABLE | | | |
| ACCRUED PAYROLL | | | |
| ACCRUED PAYROLL TAXES AND INSURANCE | | | |
| NOTES PAYABLE | | | |
| CURRENT INCOME TAXES | | | |
| OTHER TAXES | | | |
| CURRENT PORTION OF LONG-TERM DEBT | | | |
| OTHER CURRENT LIABILITIES (SPECIFY) | | | |
| | | | |
| | | | |
| TOTAL CURRENT LIABILITIES | | | |
| OTHER LIABILITIES | | | |
| DEFERRED INCOME TAXES | | | |
| LOANS FROM OFFICERS OR PARTNERS | | | |
| LONG-TERM DEBT LESS CURRENT PORTION OF LONG-TERM DEBT | | | |
| | | | |
| | | | |
| TOTAL OTHER LIABILITIES | | | |
| | | | |
| TOTAL LIABILITIES | | | |
| OWNER EQUITY | | | |
| CAPITAL STOCK OUTSTANDING | | | |
| RETAINED EARNINGS (DEFICIT) | | | |
| | | | |

| | | | |
|--|--------------------------------------|---------------------------------------|---|
| PARTNERS' INVESTMENT (DEFICIT) | | | |
| | | | |
| | | | |
| TOTAL OWNER EQUITY | | | |
| | | | |
| TOTAL LIABILITIES AND OWNER EQUITY | | | |
| PART B. SUPPLEMENTAL DATA | | | |
| THE INCOME STATEMENT IN PART C IS CASH BASIS _____ ACCRUAL BASIS _____. | | | |
| INVENTORIES ARE LIFO _____, FIFO _____, COST, OR MARKET, WHICHEVER IS LOWER _____. | | | |
| NAME, ADDRESS, TELEPHONE NUMBERS, AND E-MAIL ADDRESS OF CONTRACTORS OR SUBCONTRACTORS USED TO PREPARE THE INCOME STATEMENT IN PART C (IF ANY): | | | |
| | | | |
| PART C. INCOME STATEMENT | CURRENT YEAR (MM/DD/YYYY) | PREVIOUS YEAR (MM/DD/YYYY) | YEAR BEFORE PREVIOUS YEAR (MM/DD/YYYY) |
| GROSS SALES | | | |
| LESS RETURNS AND ALLOWANCES | () | () | () |
| NET SALES | | | |
| LESS COST OF GOODS SOLD | () | () | () |
| GROSS PROFIT ON SALES | | | |
| LESS SELLING EXPENSE | () | () | () |
| NET PROFIT (LOSS) ON SALES | | | |
| GENERAL EXPENSE | | | |
| OFFICERS SALERIES | | | |
| LEGAL AND OTHER PROFESSIONAL EXPENSE | | | |
| OFFICE EXPENSE | | | |
| TOTAL GENERAL EXPENSE | | | |
| NET OPERATING PROFIT (LOSS) | | | |
| PLUS OTHER INCOME | | | |
| LESS INTEREST EXPENSE | | | |
| INCOME TAXES | () | () | () |
| OTHER EXPENSES | () | () | () |
| NET AMOUNT OF OTHER INCOME AND EXPENSES | () | () | () |
| NET PROFIT (LOSS) FOR YEAR: | | | |

PART D.1. CERTIFICATION FOR CORPORATIONS, LLCs, AND PARTNERSHIPS

We, the undersigned, general officers (or members) of _____ [name of corporation, LLC, or partnership], swear that the above or attached financial statements are true and correct and cover all of the financial affairs of [name of corporation, LLC, or partnership] up to and including [date].

| | | |
|--------------------------------------|-------------------------|------|
| CERTIFYING OFFICIAL'S NAME AND TITLE | SIGNATURE (Sign in ink) | DATE |
| CERTIFYING OFFICIAL'S NAME AND TITLE | SIGNATURE (Sign in ink) | DATE |

| | | |
|--|-------|---------------------|
| SUBSCRIBED AND SWORN TO before me this _____ day of _____, [year]. | | (Affix Notary Seal) |
| SIGNATURE | TITLE | |

PART D.2. CERTIFICATION FOR INDIVIDUALS

I swear that the above or attached financial statements are true and correct.

| | | |
|-----------------------------|-------------------------|------|
| INDIVIDUAL'S NAME AND TITLE | SIGNATURE (Sign in ink) | DATE |
|-----------------------------|-------------------------|------|

| | | |
|---|-------|---------------------|
| SUBSCRIBED AND SWORN TO before me this _____ day of _____ [year]. | | (Affix Notary Seal) |
| SIGNATURE | TITLE | |

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0082. Response to this collection of information is mandatory. The authority to collect the information is the Organic Administration Act, 16 U.S.C. 551. The time required to complete this information collection is estimated to average 8 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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The Privacy Act of 1974, 5 U.S.C. 552a, and the Freedom of Information Act, 5 U.S.C. 552, govern the confidentiality to be provided for information received by the Forest Service.

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