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WA-51 U.S. DEPARTMENT OF AGRICULTURE (04-19-19) Agricultural Marketing Service FINANCIAL STATEMENT		RETURN TO: WAREHOUSE AND COMMODITY MANAGEMENT DIVISION FINANCIAL REVIEW PO Box 419205, STOP 9148 KANSAS CITY, MO 64141-6205 FAX: 844-930-0174 warehousing@usda.gov	FOR OVERNIGHT DELIVERY: WAREHOUSE AND COMMODITY MANAGEMENT DIVISION FINANCIAL REVIEW 2312 EAST BANNISTER RD STOP 9148 KANSAS CITY, MO 64131-3011
NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 1423, 7 CFR Part 1427, and the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.). The information will be used by the Financial Review Branch in the review of completing the terms of an agreement between the warehouse operator and CCC. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated) and USDA/FSA-3, Consultants File. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to enter into a new agreement or retain an existing agreement with CCC. The authority for collecting the following information is Pub. L. 107-171. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The time required to complete this information collection is estimated to average 1 hour 45 minutes 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. The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO warehousing@usda.gov or THE WAREHOUSE AND COMMODITY MANAGEMENT DIVISION, Beacon Facility, PO BOX 419205, STOP 9148, KANSAS CITY, MO 64141-6205.			
1A. NAME (Corporation, Limited Liability Company, Partnership, or Individual's Name)		2A. ADDRESS (Include Street, City, State, Zip Code)	
1B. Telephone Number (Area Code)	1C. FAX Number (Area Code)	2B. E-mail (If available)	
3. STATEMENT PREPARED BY: <input type="checkbox"/> Independent CPA <input type="checkbox"/> Independent Public Accountant <input type="checkbox"/> Other (Explain in Item 26)		4. FORM OF BUSINESS: <input type="checkbox"/> Corporation (Co-op) <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation (Reg) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (Subchapter S) <input type="checkbox"/> Individual Proprietorship	
5. RESERVED		6. FISCAL CLOSING DATE (MM-DD-YYYY)	7. DATE OF ENTITY FORMATION (MM-DD-YYYY)
8. ORGANIZATIONAL INFORMATION			
(To be completed by Corporation, Limited Liability Company, Partnership, and Individual Proprietorship.)			SHARES OF STOCK HELD
A. NAME OF PRESIDENT, MEMBER, PARTNER, OR INDIVIDUAL		HOME ADDRESS AND PHONE NUMBER (Include Area Code)	
B. NAME OF VICE PRESIDENT, MEMBER, OR PARTNER		HOME ADDRESS AND PHONE NUMBER (Include Area Code)	
C. NAME OF SECRETARY, MEMBER, OR PARTNER		HOME ADDRESS AND PHONE NUMBER (Include Area Code)	
D. NAME OF TREASURER, MEMBER, OR PARTNER		HOME ADDRESS AND PHONE NUMBER (Include Area Code)	
E. NAME OF GENERAL MANAGER, MEMBER, OR OFFICER		HOME ADDRESS AND PHONE NUMBER (Include Area Code)	
9. DIRECTORS OF CORPORATION (Attach additional sheet if more space is needed)			
A. NAME	B. OCCUPATION	C. HOME ADDRESS	D. SHARES OF STOCK HELD

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 http://www.ascr.usda.gov/complaint_filing_cust.html 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. USDA is an equal opportunity provider, employer, and lender.

10. **STATEMENT OF ASSETS AND LIABILITIES:** Reflected by company books as of _____ (Month, Day, Year)

11. CURRENT ASSETS

A. Cash on hand and in banks		\$
B. Accounts Receivable	\$	
C. Other:	\$	
D. Notes Receivable-Secured Trade		\$
E. Other:	\$	
F. Notes Receivable-Unsecured Trade		\$
G. Other:	\$	
H. Less: Reserve for bad debts	\$()	1. \$
J. Merchandise Inventory (How valued? (1))		(2) \$
K. Other current assets, including Government securities (Enumerate):		
(1)	\$	
(2)	\$	(3) \$
11L. TOTAL CURRENT ASSETS (add Items 11A, 11I, and 11K(3))		\$

12. FIXED ASSETS

A. FIXED ASSETS Land (Describe under Schedule A)				\$
FIXED ASSETS	B. COST	C. DEPRECIATION	D. BOOK VALUE	
Buildings	\$	\$	\$	
Machinery and Equipment	\$	\$	\$	
Furniture and Fixtures	\$	\$	\$	
Leasehold Improvements	\$	\$	\$	
Appreciation of Fixed Assets	\$	\$	\$	
12E. TOTAL FIXED ASSETS (add Items 12A and all entries from column 12D)				\$

13. OTHER INVESTMENT AND ASSETS

13. OTHER INVESTMENTS AND ASSETS (Specify):		
A.	\$	
B.	\$	
C.	\$	
D.	\$	
13E. TOTAL INVESTMENTS AND ASSETS		\$
14. TOTAL ASSETS (ITEMS 11L, 12E, 13E)		\$

SCHEDULE A

15. DESCRIPTION OF REAL ESTATE

A. LAND DESCRIPTION	B. LOCATION	C. IMPROVEMENTS

16. CURRENT LIABILITES						
A. Accounts payable					\$	
B. Notes payable (due within 1 year):						
(1) Secured			\$			
(2) Unsecured			\$		(3)	
C. Real estate encumbrances (due within 1 year)					\$	
D. Accrued interest					\$	
E. Accrued taxes					\$	
F. Other accrued expenses (taxes, wages, etc.):					\$	
G. Other current liabilities (Enumerate):						
(1)			\$			
(2)			\$			
(3)			\$			
(4)			\$		(5)	
16H. TOTAL CURRENT LIABILITIES (add Items 16A through 16G(5))					\$	
17. LONG TERM LIABILITES (Due after 1 year)						
A. Notes payable			\$			
B. Real estate encumbrances (Describe under Schedule B)			(1)		(2)	
			\$		\$	
18. OTHER LIABILITES (Specify):						
A.			\$			
B.			\$			
C.			\$			
D.			\$			
E.			\$			
F.			\$		G.	
					\$	
19. NET WORTH						
CAPITAL		NO. SHARES AUTHORIZED	PAR VALUE PER SHARE	NO. SHARES ISSUED		
	A. Common stock					\$
	B. Preferred stock					\$
OTHER	C. Retained Earnings					\$
	D. (Specify: paid in capital, appraisal, members' equity, partnership equity, individual equity, etc).					
	(1)					
	(2)					
	(3)					
	(4)					(5)
						\$
19E. TOTAL NET WORTH (Reconcile under Schedule C) (add Items 19A, 19B, 19C, and 19D(5))					\$	
19F. TOTAL LIABILITIES AND NET WORTH (add Items 16H, 17B(2), 18G, and 19E)					\$	
SCHEDULE B 20. ANALYSIS OF REAL ESTATE ENCUMBRANCES						
A. NATURE OF ENCUMBRANCE		B. INTEREST RATE		C. PAYMENT SCHEDULE	D. MATURITY DATE	E. BALANCE DUE

SCHEDULE C**21. RECONCILIATION OF NET WORTH****NET WORTH** (From prior financial statements or Form WA-51)

A. Capital outstanding (For corporations)		\$
B. Retained Earnings (For corporations)		\$
C. Capital Account (For partnerships and others)		\$
D. Additions during this accounting period:		
(1) Stock issued	\$	
(2) Net profit	\$	
(3) Other (Explain):	\$	(4) \$
E. Deductions during this accounting period:		
(1) Stock retired	\$	
(2) Net loss	\$	
(3) Other (Explain):	\$	(4) \$
21F. TOTAL NET WORTH (This Form WA-51) (add Items 21A through 21D(4), less Item		\$

22 27. GENERAL INFORMATION

22A. WHICH, IF ANY, OF THE ASSETS LISTED ON PAGE 2 ARE EXEMPT FROM EXECUTION AND LEVY?	22B. ON WHAT GROUNDS IS EXEMPTION CLAIMED?
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23. BANK(S) WITH WHICH BANKING BUSINESS IS DONE:

A. NAME OF BANK	B. LOCATION OF BANK	C. AMOUNT OF LINE OF CREDIT

24. WHAT FIRE LOSS, IF ANY, HAVE YOU SUFFERED SINCE THE DATE OF YOUR PREVIOUS STATEMENT (Give particulars)

25. AMOUNT OF PROPERTY INSURANCE COVERAGE (Give dollar values)	AMOUNTS SHOWN HERE MUST APPLY ONLY TO CORRESPONDING ASSETS SHOWN ON THE BALANCE SHEET			25D. STORAGE OBLIGATIONS (If any)
	25A. BUILDINGS	25B. FIXTURES AND EQUIPMENT	25C. MERCHANDISE INVENTORY (If any)	

26. DESCRIBE CONTINGENT LIABILITIES, IF ANY NOT SHOWN ON PAGE 3.**27. REMARKS** (Use this area or a separate sheet to furnish additional information needed to clarify any of the above statements.)**28. CERTIFICATION**

Under penalty of perjury, I declare that I have examined the above financial statement, including any attachments, and that to the best of my knowledge and belief it is a true, correct, and complete statement of the financial condition of the above-named warehouse operator as of the date shown on page 2 or attached balance sheet.

28A. NAME (Corporation, Limited Liability Company, Partnership, or Individual)	28B. SIGNATURE (BY)
28C. TITLE/Relationship of the Individual Signing in a Representative Capacity	28D. DATE SIGNED (MM-DD-YYYY)