

**SPONSOR INFORMATION QUESTIONNAIRE**

**GREG McANDREWS & ASSOCIATES**

**SEPTEMBER 2, 2014**

*For the Exclusive Single Use by ScreenPerks  
Regarding Its Client: "RenewAge"*

# SPONSOR INFORMATION QUESTIONNAIRE

## TABLE OF CONTENTS

<b>GUIDELINES FOR COMPLETING THE SIQ</b> .....	iii
<b>DEFINITION OF TERMS</b> .....	vi
<b>COVER SHEET, STATEMENT OF PRINCIPAL</b> .....	1
<b>Section I -- SPONSOR BACKGROUND</b> .....	2
<b>Section II -- ORGANIZATION AND MANAGEMENT</b> .....	3
<b>1. Management</b> .....	3
<b>2. Staff</b> .....	3
<b>3. Organizational Structure</b> .....	3
<b>4. Board of Directors</b> .....	4
<b>Section II-A -- KEY PERSONNEL</b> .....	5
<b>Section II-B -- PRINCIPALS</b> .....	6
<b>Section II-C -- MARKETING SUPPORT</b> .....	9
<b>Section II-D -- ASSET MANAGEMENT</b> .....	10
<b>Section II-E -- OTHER OFFICES</b> .....	11
<b>Section III -- FINANCIAL CONDITION</b> .....	12
<b>A. Financial Statements</b> .....	12
<b>B. Liquidity</b> .....	12
<b>C. Schedule of Loans</b> .....	13
<b>D. Cash Flow Projections</b> .....	13
<b>E. Insurance</b> .....	13
<b>F. Business Plan</b> .....	14
<b>G. Management Letter</b> .....	14
<b>H. Pledges</b> .....	14
<b>I. Material Adverse Events:</b> .....	14

**BROKER-DEALER USE ONLY**

<b>Section IV -- INDUSTRY STANDING AND REPUTATION - REFERENCES</b> .....	15
<b>A. Disputes</b> .....	15
1. Internal Revenue Service .....	15
2. SEC.....	15
3. FINRA .....	15
4. STATES .....	15
5. Trade Associations/Competitors.....	15
<b>B. Repeat Investors</b> .....	15
<b>C. Terminated Selling Agreements</b> .....	15
<b>D. Investment Program Association</b> .....	15
<b>E. References</b> .....	16
1. Attorneys.....	16
2. Accountants .....	16
3. Broker-Dealers .....	17
4. Independent Due Diligence Firm.....	17
5. Lending Institutions.....	18
6. Joint Venture Partners .....	18
7. Contractors/Vendors .....	19
8. Sources of Properties, Leases, Equipment.....	19
9. Tenants, Lessees, End-users.....	19
10. Appraisers and Other Outside Consultants .....	20
11. Escrow Agent.....	20
12. Other Reference .....	20
 <b>Section V -- POLICIES AND PROCEDURES</b> .....	 21
<b>A. Conflicts of Interest</b> .....	21
<b>B. Investment Policies and Procedures</b> .....	21
<b>C. Subscription Procedures</b> .....	21
<b>D. Accounting Systems and Procedures</b> .....	21
<b>E. Marketing Policies and Procedures</b> .....	23
<b>F. Communication</b> .....	24
 <b>Section VI - PERFORMANCE RECORD</b> .....	 25
<b>A. Areas of Expertise</b> .....	25
<b>B. Volume</b> .....	25
<b>C. Mailing Dates of Tax Data</b> .....	25
<b>D. Raising and Investing Funds</b> .....	26
<b>E. Efficiency</b> .....	26
<b>F. Regulatory Experience</b> .....	27
<b>G. Experience With Problems</b> .....	28
<b>H. Track Record</b> .....	29

## **GUIDELINES FOR COMPLETING THE SPONSOR INFORMATION QUESTIONNAIRE**

The following guidelines are being provided to assist you in completing the Sponsor Information Questionnaire (SIQ). While not all inclusive, they should be helpful in completing the SIQ and providing the associated documentation.

### **GENERAL GUIDELINES:**

All pages should be dated and numbered. As you update individual pages, the "as of" date should be revised to reflect the date of the change.

If you elect to omit any of the requested data, please note the omission and provide your reasons. You should also provide a suggested means for the user to satisfy their requirements in the omitted area.

Exhibits are welcome and recommended. Exhibits should be provided as a separate attachment to the end of the SIQ. We suggest you prepare a table of contents for your exhibits as guidance to the user. Please mark the exhibits with the appropriate section and question number.

### **GUIDELINES FOR SPECIFIC SECTIONS AND QUESTIONS:**

#### **Section II-A (Key Personnel)**

One set of blank forms is provided, please make sufficient copies for all key personnel.

A completed Form U-4 should be provided for each key person whether or not that person is actually registered with the FINRA. These forms must be SIGNED.

The question "Served as GP in any partnerships" refers to the current sponsor and any prior general partner activities of the key person.

#### **Section II-B (Principals)**

One set of blank forms has been provided, please make sufficient copies of the form for each principal.

Blanks have been provided for positions of the individual with affiliates, etc. If additional room is required, please duplicate this section or attach as an exhibit. Prospectus information typically does not contain adequate detail to be acceptable.

## **GUIDELINES (Cont'd)**

A completed and SIGNED Form U-4 should be provided for each principal whether or not registered with the FINRA.

The principal should also sign the authorization for background investigations provided as part of the SIQ. The individual responsible for completing the SIQ should make sure the principals understand that a background check may be made and which broker-dealers may be doing so. The cooperation of the principals is necessary for a satisfactory background investigation.

### **Section II-D (Asset Management)**

This section applies to the management of the investment asset.

### **Section (Financial Condition)**

We realize that accounting systems and reports vary. Your information may be provided in different formats from those indicated here. Please include the reports as exhibits to the SIQ with appropriate references and explanations. If you elect to omit any data, please note the omissions and state your reasons.

### **Section IV-E (References)**

Please provide current information for your references. You should notify those individuals you select as references as to their selection and give your approval to cooperate fully with the Due Diligence Officer of the respective broker-dealers.

### **Section VI-H (Track Record)**

A full listing of prior programs should be provided as an exhibit to the SIQ. Track record information for public and private offerings should be presented in the respective SEC formats. Actual to projection comparisons should be made for each year of each program's operations.

### **Supplemental Documents**

The following list is not all inclusive. It does provide a reference for items that should be provided as exhibits to the SIQ.

- Organizational Charts for Sponsors and Affiliates.
- Completed and Signed Forms U-4 for all principals and key employees.
- Financial Statements - audited for the last three years for the Sponsor and the General Partner.
- Excerpts from procedures manuals, etc.
- Sample investor communications.
- Track Record information - SEC Format, Guide 4 or 5, Actual to projection comparison.

**BROKER-DEALER USE ONLY**

## **DEFINITIONS OF TERMS**

Affiliate - person or entity who (a) directly or indirectly controls, is controlled by, (b) owns or controls 10% or more of the outstanding voting securities of, (c) is an officer, director, partner or performs duties of an officer, director or partner of such entities directly involved in the offering or providing services to the program.

FY - Fiscal Year

FYE - Fiscal Year End

GP - General Partner

LLC - Limited Liability Company, see "Program".

Officer - includes vice president and higher or those persons performing duties of such officers, see "Principal".

Partnership - see "Program".

Person - person, corporation, partnership or other entity.

Principal - individual owning 10% or more of the Sponsor or General Partner and Affiliates of either. This person may also be an Senior Officer of the Sponsor, General Partner and Affiliates.

Program - refers to the current investment offering and all prior syndications whether in the form of partnerships, LLCs, trusts, REITs, stock, etc. The various types of offerings may be referred to throughout the SIQ. You should include all syndication entities unless specifically stated otherwise.

Property - asset to be owned by the investment entity.

REIT - Real Estate Investment Trust, see "Program".

SIQ - Sponsor Information Questionnaire

Sponsor - Primary entity responsible for the offering.

Trust - see "Program".

**SPONSOR INFORMATION QUESTIONNAIRE**

Sponsor:

Date of Report:

This information is being provided to:

Name of Broker/Dealer

SIQ was prepared by:

Name, Title

Signature of Preparer

**Statement of Principal**

I, \_\_\_\_\_, warrant that the information provided herein is accurate and complete to the best of my knowledge, and that any material changes in this information will be relayed immediately to the Due Diligence department of the appropriate Broker/Dealers.

\_\_\_\_\_  
(Signature of Principal)

(Date)

**ACKNOWLEDGEMENT**

STATE OF

ss.

COUNTY OF

On this \_\_\_\_\_ day of \_\_\_\_\_, 2014, before me, \_\_\_\_\_, the undersigned officer, personally appeared to me. \_\_\_\_\_ Is personally known, and known to me to be the same person whose name is signed to the foregoing instrument, and acknowledged the execution thereof for the uses and purposes therein set forth.

**BROKER-DEALER USE ONLY**

IN WITNESS WHEREOF I have hereunto set my hand and official seal.

(Notary Public)

(Notarial Seal)

My commission expires:



COMPLETE FOR EACH CORPORATE ENTITY

**Section I. -- SPONSOR BACKGROUND**

**Name of Entity:**

1. **Address:**
  
2. **Phone #'s:** Main #:  
Toll-free:  
Fax:
  
3. **Legal Formation:**
  
4. **Ownership:** (List any individuals and entities owning 5% or more. Give ownership percentage currently, at fiscal year end -- 1 year ago and 2 years ago.):

Public or Closely-held?

State of Formation:

Date of Formation:

Shares/Units Authorized:

Issued:

Number of Shareholders/Unitholders:

5. **Tax I.D. Number:**
  
6. **History:** (Discuss major events from formation to the present -- specify names and dates.) See Exhibit I-6.
  
7. **Name Changes:** (Predecessor firms, entities no longer affiliated or no longer in existence): (*If applicable, See Exhibit I-7.*)
  
8. If this is a **subsidiary corporation**, are financials consolidated with the parent?
  
9. Please identify all **business activities** of the Sponsor and affiliates. What percent of revenues, earnings, expenses and net worth are derived from these activities? See Exhibit I-9.

**BROKER-DEALER USE ONLY**

COMPLETE FOR EACH CORPORATE ENTITY

**Section II -- ORGANIZATION AND MANAGEMENT**

**Name of Sponsor Entity:**

**1. Management:** (Officers, Department Heads and Key Personnel)

- a. Number - Today:      1 Year Ago:      2 Years Ago:
- b. Total annual management payroll: \$
- c. Details of Incentive Compensation plans:
- d. Describe management's plan for handling the sudden loss of key personnel:
- e. Are key employees bound by employment contracts?

**2. Staff** (All Personnel not included in Management, above)

- a. Number - Today:      1 Year Ago:      2 Years Ago:
- b. Total staff payroll: \$  
(Do not include management payroll here.)

**3. Organizational Structure**

- a. Attach your Organizational Charts -- Current, 1 year ago, and 2 years ago (please date them). Include:
    - Affiliate Chart
    - Responsibilities Chart (Show departments, managers, titles, reporting lines, etc.)
- See Exhibit II-3.a.

**Section II -- ORGANIZATION AND MANAGEMENT (Cont'd)**

3. b. Number of employees in each department or division:

Home Office Department or Division:      Today   1 Year Ago   2 Years Ago

Executive  
Accounting  
Investor Services  
Asset Management  
Acquisitions  
Marketing

Totals

- c. Describe location, payroll and staffing of branch offices: See Exhibit II-3.c.
4. Does the firm have a Board of Directors? If so, are any members of the board independent? List the Directors and include address, phone number, and outside positions for each.

COMPLETE FOR EACH CORPORATE ENTITY

**Section II-A -- KEY PERSONNEL**

(Complete a form for each Officer and department Manager)

**Name:**

**Date of Birth:**

**Title:**

**Primary responsibilities and accountabilities:**

**Date Joined Company:**

**In Current Position Since:**

**Served as GP in any partnerships?**

(If yes, attach list.)

**Past and Present Positions** (Officer, director, major ownership of any company, business & association memberships):

Completed and SIGNED Form U-4 should be provided as an exhibit. (Include even if key person is not registered with the FINRA.)

**BROKER-DEALER USE ONLY**

COMPLETE FOR PARENT CORPORATION

**Section II-B – PRINCIPALS**

(Complete a form for each Principal, as defined)

**Name:**

(Full legal name - no initials, note nicknames)

**Date of Birth:**

**Social Security Number:**

**Marital Status:**

Names, ages, employer and job descriptions of relatives employed by the Sponsor, its affiliates and other entities providing services to the Sponsor's programs. If none, so state.

FOR EACH CURRENT POSITION HELD, PLEASE PROVIDE THE FOLLOWING:

**Current Position --**

Company:

Ownership %:

Title:

In position since:

Date joined Company:

Responsibilities:

**Current non-affiliated Officership(s), Directorship(s), Ownership(s)** or involvement in other businesses and associations:

## **Section II-B – PRINCIPALS (Cont'd)**

Acted as **General Partner, Trustee or Manager** in the following Programs (include all prior programs whether or not affiliated with current employer):

**Past Officership(s), Directorship(s), Ownership(s), Membership(s)** (include dates of service):

### **Background:**

Named in any lawsuits, censured or disciplined by securities, criminal, federal or state agencies? If yes, please provide complete information and current status as an exhibit.

Have you ever filed for protection under any state or federal bankruptcy provisions? If so, please provide complete information and current status as an exhibit.

Have you ever worked with/for any other Sponsor of securities products? If yes, please discuss.

Completed and SIGNED Form U-4 should be provided as an exhibit. (Include even if Principal is not registered with the FINRA.)

### **Credentials:**

Educational Background (Dates and Schools attended, Degrees, Etc.)

Professional Designations including dates conferred.

All Licenses held, including dates received.

Other Credentials:

**BROKER-DEALER USE ONLY**

**Section II-B – PRINCIPALS (Cont'd)**

**Authorization for Background Investigation**

THE INFORMATION PROVIDED ON THIS FORM AND FORM U-4 IS COMPLETE AND ACCURATE. I AUTHORIZE VERIFICATION OF THIS INFORMATION VIA A BACKGROUND INVESTIGATION.

\_\_\_\_\_  
Signature

Date

\*THIS FORM MUST BE NOTARIZED

**ACKNOWLEDGEMENT**

STATE OF

ss.

COUNTY OF

On this \_\_\_\_\_ day of \_\_\_\_\_, 2014, before me, \_\_\_\_\_, the undersigned officer, personally appeared to me. \_\_\_\_\_ is personally known, and known to me to be the same person whose name is signed to the foregoing instrument, and acknowledged the execution thereof for the uses and purposes therein set forth.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.

(Notary Public)

(Notarial Seal)

My commission expires:

**Section II-C -- MARKETING SUPPORT**

**Region** (list states):

Wholesaler:

Assistant(s):

Address:

Phone Number:

Employed or Contracted?  
(By Sponsor or Underwriter?)

**Region:**

Wholesaler:

Assistant(s):

Address:

Phone Number:

Employed or Contracted?  
(By Sponsor or Underwriter?)

**Region:**

Wholesaler:

Assistant(s):

Address:

Phone Number:

Employed or Contracted?  
(By Sponsor or Underwriter?)

Attach extra pages as needed.



## Section II-D -- ASSET MANAGEMENT

1. Principals and/or Key Personnel responsible for **PORTFOLIO MANAGEMENT**:
2. Principals and/or Key Personnel responsible for **ASSET MANAGEMENT**:

Please answer the following for each asset type and geographic region of your operation.

3. Is the "on-sight" management handled by a division or affiliate of the sponsor?  
If not, by whom? (If additional non-affiliates are managing assets, attach additional information as exhibit)

Names:

Address:

Contact:

Phone #:

Terms of Management Contract:

How was firm selected:

How often are asset management records reviewed?

## Section II-E -- OTHER OFFICES

Provide information on all other offices maintained by the Sponsor that have not previously been identified.

1.
  - a. Address:
  
  - b. Phone #s:
  
  - c. Primary Purpose:
  
  - d. Primary Contact:
  
2.
  - a. Address:
  
  - b. Phone #s:
  
  - c. Primary Purpose:
  
  - d. Primary Contact:
  
3.
  - a. Address:
  
  - b. Phone #s:
  
  - c. Primary Purpose:
  
  - d. Primary Contact:

PROVIDE THE FOLLOWING INFORMATION FOR EACH AFFILIATE  
IF FINANCIAL STATEMENT IS UNCONSOLIDATED

**Section III -- FINANCIAL CONDITION**

**A.** Provide **audited financial statements**\*\* (for last three years) for each entity and individual serving as General Partner (Trustee or Manager) and/or Sponsoring entity in recent offerings (or expected in future offerings). See Exhibit III-A.

**\*\* If not audited, please explain.** At a minimum, these statements should include income statement, balance sheet, and cash flow statements. If the balance sheet is not classified, please provide a breakdown of long-term and current assets and liabilities. If applicable, please provide consolidating statements.

**B. Liquidity**

1. Indicate sources and amounts of working capital:
2. Credit lines and borrowing capacity: \$\_\_\_\_\_ authorized;  
\$\_\_\_\_\_ outstanding, at \_\_\_\_\_.  
(date)

<u>Lending Institution</u>	<u>Contact Person/Telephone #</u>	<u>Details/Terms/Maturity</u>
----------------------------	-----------------------------------	-------------------------------

3. Have any back-end, operational or any other fees to be received been sold or pledged in any manner? Describe:
4. List all debt with current maturities of one year or less (amounts, dates):
5. Please complete the following table.

<b>Current</b>	<b>Last FYE</b>	<b>1 FY ago</b>	<b>2 FYs ago</b>
----------------	-----------------	-----------------	------------------

**Current Assets**

**Current Debt**

**Working Capital**

**BROKER-DEALER USE ONLY**

### Section III -- FINANCIAL CONDITION (Cont'd)

**C.** Provide detailed **schedule of loans C**, notes, advances, and fee deferrals to Programs and all Affiliates. Include name of program, amount, reason, date of loan, terms, and prognosis for repayment. See Exhibit III-C.

**D.** Provide a copy of **cash flow projections** for next 12 months. See Exhibit III-D.

**E. Insurance:**

1. Discuss liability insurance coverage for the various entities and individuals associated with sponsor:
2. Discuss insurance coverage obtained for the Programs to protect their assets:
3. Discuss any "Key-man" life insurance in effect, with the Sponsor, Affiliates or Programs named as beneficiary:
4. Discuss any "Buy-sell" agreements or other buy-out options in existence:
5. Are Sponsor's employees and management bonded?  
Provide details.
6. Who is responsible for risk management?  
For Sponsor:  
For Programs:
7. Do you carry General Partner liability Insurance? If yes,  
please identify carrier, terms, limits of liability and programs covered.

Are premiums charged back to the programs? If so, on what  
basis?

**BROKER-DEALER USE ONLY**



## Section IV -- INDUSTRY STANDING AND REPUTATION – REFERENCES

- A. Discuss all **disputes** with the following parties. If detailed, attach as an exhibit. If none, so state.
1. **Internal Revenue Service.** A copy of the auditor's report should be available for inspection.
  
  2. **SEC:**
  
  3. **FINRA:**
  
  4. **STATES:**
  
  5. **Trade associations or competitors:**
- B. Percentage of **repeat investors:**
- C. List all broker-dealers who have **terminated Selling Agreements. List all broker-dealers who have terminated selling agreements. List all broker-dealers who have terminated selling agreements** or no longer offer your programs in the last three years. See Exhibit IV-C.

**BROKER-DEALER USE ONLY**

**Section IV -- INDUSTRY STANDING AND REPUTATION – REFERENCES (Cont'd)**

**D. References**

**1. Attorneys\*:**

For Sponsor

Firm Name:

Address:

Phone Numbers:

Contact:

Type of Work done:

For all Programs (identify by Program)

Firm Name:

Address:

Phone Numbers:

Contact:

Type of Work done:

**2. Accountants\*:**

For Sponsor

Firm Name:

Address:

Phone Numbers:

Contact:

Type of work done:

For all Programs

Firm Name:

Address:

Phone Numbers:

Contact:

Type of work done:

\* Those used currently -- if used for less than three years, list former firms.

**BROKER-DEALER USE ONLY**

**Section IV-D -- References (Cont'd)**

**3. Top Five Broker-Dealers** for the last calendar year:

\* Firm Name:  
Address:

Phone Numbers:  
Contact:

\* Firm Name:  
Address:

Phone Numbers:  
Contact:

\* Firm Name:  
Address:

Phone Numbers:  
Contact:

\* Firm Name:  
Address:

Phone Numbers:  
Contact:

\* Firm Name:  
Address:

Phone Numbers:  
Contact:

**4. Independent Due Diligence Firm:** (Please list only those who have reviewed your programs in recent years.)

\* Firm Name:  
Address:

Phone Numbers:  
Contact:



**Section IV-D -- References (Cont'd)**

**5. Lending Institutions:**

\* Name:  
Address:  
  
Phone Number:  
Contact:  
Type of Credit Services Provided:

\* Name:  
Address:  
  
Phone Number:  
Contact:  
Type of Credit Services Provided:

\* Name:  
Address:  
  
Phone Number:  
Contact:  
Type of Credit Services Provided:

**6. Joint Venture Partners:**

\* Name:  
Address:  
  
Phone Number:  
Contact:  
Nature of Venture:

\* Name:  
Address:  
  
Phone Number:  
Contact:  
Nature of Venture:

**Section IV-D -- References (Cont'd)**

**7. Contractors/Vendors:**

\* Name:  
Address:  
  
Phone Number:  
Contact:  
Service Provided:

\* Name:  
Address:  
  
Phone Number:  
Contact:  
Service Provided:

**8. Sources of Properties, Leases, Equipment:**

\* Name:  
Address:  
  
Phone Number:  
Contact:  
Type of Asset(s) Provided:

\* Name:  
Address:  
  
Phone Number:  
Contact:  
Type of Asset(s) Provided:

**9. Tenants, Lessees, End-Users :**

\* Name:  
Address:  
  
Phone Number:  
Contact:  
Nature of Relationship:

**Section IV-D -- References (Cont'd)**

**10. Appraisers and Other Outside Consultants:**

\* Name:  
Address:  
  
Phone Number:  
Contact:  
Nature of Relationship:

\* Name:  
Address:  
  
Phone Number:  
Contact:  
Nature of Relationship:

\* Name:  
Address:  
  
Phone Number:  
Contact:  
Nature of Relationship:

**11. Escrow Agent:**

\* Name:  
Address:  
  
Phone Number:  
Contact:

**12. Other References:**

\* Name:  
Address:  
  
Phone Number:  
Contact:  
Nature of Relationship:

## Section V -- POLICIES AND PROCEDURES

### A. Conflicts of Interest

1. Discuss how General Partner (Trustee or Manager) handles conflicts of interest with and between Programs. See Exhibit V-A.1.

### B. Investment Policies and Procedures

1. Describe the decision-making process relative to the investment of funds. Include policy statements and acquisition due diligence forms. See Exhibit V-B.1.
2. Provide a list of members of your acquisitions/investment committee(s) and a copy of the minutes to a recent meeting. See Exhibit V-B.2. Do you require a simple majority, a super-majority or a unanimous decision of the committee(s) in order to invest funds?

### C. Subscription Procedures

1. Provide a sample subscription agreement and discuss the procedures for ensuring investor suitability. See Exhibit V-C.1.

### D. Accounting Systems and Procedures

1. Method of accounting for:  
  
Sponsor:  
  
Programs:
2. Tax year-end for:  
  
Sponsor:  
  
Programs:
3. Is Sponsor accounting system computerized? If yes, discuss system (type, capacity, responsible party):

**Section V-D.3 -- POLICIES AND PROCEDURES (Cont'd)**

- a.** Is this an "in-house" system? If not, who provides this service?
- b.** Is this same system used for the accounting function of the programs and subsidiaries/affiliates? If not, discuss the other system(s):
- 4.** Are Programs audited at year-end?  
By whom?  
If past programs are not audited, can it be expected that future programs will be?
- 5.** Describe controls established to ensure that commingling of funds does not occur:
- 6.** Describe management's approach to allocating overhead and/or other expenses to the various investment entities:
- 7.** Describe the timing of cash fee receipts from all fee income (i.e. are acquisition fees taken as funds are raised or as assets are acquired?)
- 8.** Discuss your policies regarding program distributions.
- 9.** Specifically discuss your policies regarding use of reserves for distributions.

## Section V -- POLICIES AND PROCEDURES (Cont'd)

### E. Marketing Policies and Procedures

1. Underwriter:
  - a. Address:
  - b. Phone:
  - c. Affiliate of Sponsor?
2. Sponsor's "In-house" marketing staff
  - a. Phone:
  - b. Key Contacts:
3. Compensation to Broker/Dealers
  - a. Typical Dealer Concession  
Public:            Private:
  - b. Discuss timing of payment of commissions:
  - c. Discuss policies regarding payment of "due diligence" fees:
  - d. Is "back-end participation" typically a part of compensation to Broker-Dealer?            If yes, discuss:
4. Are any programs issued by sponsor sold by attorneys, accountants or any firms not registered with the FINRA?            If yes, discuss:

## Section V -- POLICIES AND PROCEDURES (Cont'd)

### F. Communication

1. Describe procedures for effecting communication with Broker/Dealers and their representatives --
  - a. During Offering Period:
  
  - b. During Operational Stage of Program:
  
2. Describe how investor communications are effected and how investor complaints and requests are handled.
  
3. Attach a set of investor communications and reports for a previously-formed program (formed at least three years ago) from inception to present.  
See Exhibit V-F.3.
  
4. Do you send program operating statements and year-end audited financial statements to the investors?                      - to the broker-dealers?  
- to the representatives?  
If not, what will each receive?
  
5. How do you handle a special request for transfer of interest, valuation of interest, etc.?
  
6. Will you make an IRS basis election if requested by transferee?

**BROKER-DEALER USE ONLY**

## Section VI - PERFORMANCE RECORD

**A. Areas of Expertise** -- Discuss kinds of offerings made in the past, typical objectives, typical program structure, types of property or equipment.

**B. Volume** (As of: \_\_\_\_\_ )

1. Total number of programs formed:
2. Total number of Investors:
3. Total dollars raised:
4. Number of programs that have gone "full-cycle":
5. Total number of properties (assets) acquired:
6. Total number of properties (assets) sold:  
Otherwise disposed of:

**C. Mailing dates of tax data K-1's or 1099's:** (Historically)

- a. Typical:
- b. Earliest:
- c. Latest:



## Section VI - PERFORMANCE RECORD (Cont'd)

### D. Raising and investing funds:

<b>1.</b>	Number of Programs:	Year	Public	Private
	<b>a.</b> Expected this year:	2014		
	<b>b.</b> Last year:	2003		
	<b>c.</b> Two years ago:	2012		
<b>2.</b>	Number of Investors:	Year	Public	Private
	<b>a.</b> Expected this year:	2014		
	<b>b.</b> Last year:	2013		
	<b>c.</b> Two years ago:	2012		
<b>3.</b>	Capital Raised:	Year	Public	Private
	<b>a.</b> Expected this year:	2014	\$ mm	\$ mm
	<b>b.</b> Last year:	2013	\$ mm	\$ mm
	<b>c.</b> Two years ago:	2012	\$ mm	\$ mm

### E. Efficiency

<b>1.</b>	Length of offering period:	Public	Private
	<b>a.</b> Average:		
	<b>b.</b> Shortest:		
	<b>c.</b> Longest:		
<b>2.</b>	Amount raised as % of offered:	Public	Private
	<b>a.</b> Average:		
	<b>b.</b> Highest %		
	<b>c.</b> Lowest %		
<b>3.</b>	Length of time required to invest funds (from closing to "fully-invested" -- Public only):		
	<b>a.</b> Average:		
	<b>b.</b> Shortest:		
	<b>c.</b> Longest:		

**BROKER-DEALER USE ONLY**

## Section VI - PERFORMANCE RECORD (Cont'd)

### F. Regulatory Experience:

1. Discuss any significant difficulties or delays in obtaining SEC approval on any prior public offerings:
  
2. Discuss any significant difficulties or delays in obtaining FINRA approval on any prior public offerings:
  
3. Discuss any significant difficulties or delays in obtaining Blue Sky clearance on any prior offerings (specify states and offerings):
  
4. Has any prior offering of this sponsor (or affiliated entities) ever been denied "exemption from registration"? (Form D rejected or offering later found to be an "unregistered security" because it did not meet the exemption requirements) If so, provide details.
  
5. Have the Sponsor, its Affiliates, and/or its Principals ever been censured or disciplined by any securities, federal or state agency? If so, provide details.



**Section VI - PERFORMANCE RECORD (Cont'd)**

**H. Track Record**

1. To provide us with adequate information to analyze the success of your past offerings, we ask that you attach your track record information in the format required by SEC Guides 4 or 5, specifically regarding your experience in raising and investing funds, compensation to sponsor, operating results of prior programs and results of completed programs. (The track record information provided in the offering memoranda of different sponsors varies widely. Therefore, it is important that the requested information be provided in this format.)  
See Exhibit VI-H.1.
2. Upon request, please make available copies of 1099's, 1065's and sample K-1's, operating statements and financial statements for each year of each Program.
3. Provide a schedule (for all prior Programs on a Program by Program basis, oldest Programs first) showing how actual Program and investor results have compared to original projections, forecasts, and economic models. Comparisons should be for one unit or a \$1,000 dollar investment, as appropriate.  
See Exhibit VI-H.3.
4. Provide a print-out (for all prior Programs on a Program by Program basis, oldest Programs first) of an actual \$1,000 investor account statement, from inception through the last quarter, showing:
  - a. the date, amount, and source of each distribution;
  - b. the taxable income/loss allocated to the investor; and
  - c. a current third-party valuation of the investment (not the secondary market value, but the "hold to completion" value).  
See Exhibit VI-H.1.

SPONSOR NAME:

The attached TRACK RECORD information has been prepared by:

\_\_\_\_\_  
Name and Title of Preparer

\_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
Date

**BROKER-DEALER USE ONLY**