

**ANNUAL REPORT
AGRICULTURAL CO-OPERATIVE ACT
805 ILCS 315/**

To remain in compliance with 805 ILCS 315/21 and to retain their authority to do business within the State of Illinois each association formed under this Act shall prepare an annual report on forms to be furnished by the Director of Agriculture. Filing is due six months after fiscal year-end.

Principal Place of Business (the principal mailing address where annual report is to be sent):

Legal Name of Company		DBA (Additional name legally authorized to do business as)	
Additional Address (Building name, suite number, mail stop, etc.)			
E 911 Address (physical street location – required item)			
U. S. Postal Address (P. O. Box, etc.)			
City	State	County	Zip Code
Company's Telephone Number		Fax Number	
Contact Person		Contact's Telephone Number and Extension	
Contact's E-mail Address		Company's Internet Site	

Principal Illinois Location (if the same as the principal place of business just enter "SAME"):

Additional Address (Building name, suite number, mail stop, etc.)			
E 911 Address (physical street location – required item)			
U. S. Postal Address (P. O. Box, etc.)			
City	State	County	Zip Code
Contact Person for this location:		Contact's Telephone Number and Extension	
Contact's E-mail Address		Contact's Fax Number	

Illinois Incorporation File Number (This number was given by the Secretary of State's office when this company originally filed their articles of incorporation or obtained their certificate or authority) _____

Note: The articles of incorporation may be altered or amended at any regular meeting, or any special meeting called for that purpose. Amendments to the articles of incorporation when so adopted shall be filed in the office of the Secretary of State. A copy shall also be sent to the Department of Agriculture.

SECTION A: General Statement of Business Operations

1. Principal commodities, or products, handled by the cooperative: _____

2. The cooperative has offices in the following states: _____

Stock Association

Non-Stock Association

Number of Stockholders:	Number of Members:
Capital Stock Paid Up:	Membership Fees:

SECTION B: Officers and Directors (attach a separate sheet if additional space is needed)

Name:	President		Telephone # and Extension
E 911 Address (physical street location):	U. S. Postal Address (P. O. Box, etc.):		
City:	State:	County:	Zip Code:
Name:	Vice-President / Secretary / Treasurer / Director (Circle One)		Telephone # and Extension
E 911 Address (physical street location):	U. S. Postal Address (P. O. Box, etc.):		
City:	State:	County:	Zip Code:
Name:	Vice-President / Secretary / Treasurer / Director (Circle One)		Telephone # and Extension
E 911 Address (physical street location):	U. S. Postal Address (P. O. Box, etc.):		
City:	State:	County:	Zip Code:
Name:	Vice-President / Secretary / Treasurer / Director (Circle One)		Telephone # and Extension
E 911 Address (physical street location):	U. S. Postal Address (P. O. Box, etc.):		
City:	State:	County:	Zip Code:
Name:	Vice-President / Secretary / Treasurer / Director (Circle One)		Telephone # and Extension
E 911 Address (physical street location):	U. S. Postal Address (P. O. Box, etc.):		
City:	State:	County:	Zip Code:

SECTION B: Financial Information (Co-op may submit the financial statements completed by their accountant instead of completing this section)

Fiscal Year-End _____

CURRENT ASSETS		
Cash and Cash Equivalent:		\$
Receivables:		
Trade Receivables:	\$	
Grain Receivables:	\$	
Notes and Other Receivables:	\$	
Less Allowances for Doubtful Accounts	\$	
Net Receivables:		\$
Grain Inventory (unencumbered):	\$	
Grain Inventory-Collateralizing Loans:	\$	
Merchandise Inventory:	\$	
Total Inventory:		\$
All Other Current Assets		\$
Total Current Assets		
Long-Term Assets		
Investments		\$
Buildings and Equipment	\$	
Less Accumulated Depreciation	\$	
Land	\$	
Net Property, Plant and Equipment		\$
Other Long-Term Assets		\$
Total Long-Term Assets		\$
Total Assets		\$

CURRENT LIABILITIES	
Grain Received, No Price Established:	\$
Other Grain Payables:	\$
Trade Payable:	\$
Current Debt Payables:	\$
Patronage Dividends Payable:	\$
Patronage Refunds Payable:	\$
All Other Current Liabilities:	\$
Total Current Liabilities	\$
LONG-TERM LIABILITIES	
Debt Payable:	\$
Deferred Income Taxes:	\$
Other Long-Term Liabilities:	\$
Total Long-Term Liabilities	\$
TOTAL LIABILITIES	\$
Stockholders' or Members' Equity	
Membership Fees:	\$
Preferred Stock:	\$
Common Stock:	\$
Allocated Stock Credits:	\$
Retained Income:	\$
Paid In and Other Surplus:	\$
TOTAL STOCKHOLDERS' OR MEMBERS' EQUITY	\$
TOTAL LIABILITIES AND EQUITY	\$

STATEMENT OF INCOME

Grain Sales:	\$	
Cost of Grain Sales:	\$	
Gross Grain Income:		\$
Merchandise Sales	\$	
Cost of Merchandise Sales:	\$	
Gross Merchandise Income:		\$
Gross Income from Sales:		\$
Other Operating Income:		\$
Total Gross Income:		\$
Operating Expenses:		\$
Net Operating Income:		\$
Other Income:	\$	
Interest Expenses:	\$	
Other Expenses:	\$	
Patronage Refunds:	\$	
Dividends:	\$	
Total Other Income and Expenses		\$
Income Before Taxes		\$
Taxes:		\$
NET INCOME		\$

SECTION C: Fees For Filing Annual Report \$10.00

SECTION D: Signature Section

An officer of the association must sign this annual report.

NAME OF COMPANY

SIGNATURE

TITLE

DATE

THE FOLLOWING DOES NOT APPLY TO BUSINESSES WITH FEDERAL EMPLOYER IDENTIFICATION NUMBERS.

Pursuant to 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security Number, and the applicant shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. Failure to certify shall result in disciplinary action, and making a false statement may subject the applicant to contempt of court.

Are you more than 30 days delinquent in complying with a child support order? Yes No
(NOTE: If you are not subject to a child support order, answer "no.")

Applicant's Social Security Number is _____.

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

Signature of Applicant

Date

NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Illinois Compiled Statutes, Ch 805 par 315. Failure to provide this information shall prevent this form from being processed. IL 406-1116(04-05)