

FINANCIAL STATEMENT

This statement is submitted and required by all Class II grain warehouseman and incidental grain dealers who choose not to have a certified audit at the end of their fiscal or calendar year and with all new applications for license at the time of filing, for the purpose of supplying information for protecting the interests of the producers receiving and holding warehouse receipts and for value of grain sold and to improve the administration of the Grain Code.

*If you are an entity doing business under an assumed name, you must have your name filed with the County Courthouse under the Assumed Names Act. If this applies to you, please submit proof with your application for license, or you will be licensed as your financial statement reads.

*Name of Company		
Street or Route and Box #		
City	State	Zip Code
Telephone Number	Fax Number	County

TYPE OF BUSINESS:

- INDIVIDUAL PROPRIETORSHIP
- PARTNERSHIP
- CORPORATION
- ASSOCIATION

FISCAL CLOSING DATE: MONTH _____ DAY _____ YEAR _____

MANAGER'S NAME _____

IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Illinois Revised Statutes, Chapter 114, Paragraph 214.1 through 214.28 and under Illinois Revised Statutes, Chapter 111, Paragraph 301 through 311. Failure to provide this information shall prevent this form from being processed. This form has been approved by the State Forms Management Center.

SIGNATURE SECTION

This financial statement must be signed by the owner if an individual, by one of the partners if a partnership, or by an officer of the corporation if incorporated.

STATE OF _____

COUNTY _____

I, _____, being first duly sworn, depose and say that I

am the _____
OWNER, PARTNER, OFFICER OF CORPORATION

of the applicant _____ that
FIRM NAME AS SHOWN ON PAGE 1

I am authorized on the part of said applicant to verify and file with the Illinois Department of Agriculture this financial statement; that I have full knowledge of the matters set forth herein and that all of same are true in substance and in fact, and that this financial statement has been prepared by an accountant who is not in the employment of, related to or directly associated with the applicant.

Subscribed and sworn to before me this _____ day of _____, 20_____.

My commission expires _____.

NOTARY PUBLIC

THIS SECTION MUST BE COMPLETED OR THIS STATEMENT CANNOT BE ACCEPTED

Name and address of the accountant, or firm, that prepared the financial statement.

Name of Accountant		
Street or Route and Box #		
City	State	Zip Code
Telephone Number	Fax Number	

SIGNATURE OF ACCOUNTANT

Entry required for each person with a beneficial interest as owner if applicant is an individual or partnership. If applicant is an association or corporation, an entry is required for the following officers: President, Secretary, Treasurer, and Registered Agent. An entry for the Principal Manager is also required.

Name		
Street or Route and Box #		
City	State	Zip Code

Name		
Street or Route and Box #		
City	State	Zip Code

Name		
Street or Route and Box #		
City	State	Zip Code

Name		
Street or Route and Box #		
City	State	Zip Code

Name		
Street or Route and Box #		
City	State	Zip Code

Name		
Street or Route and Box #		
City	State	Zip Code

STATEMENT OF ASSETS AND LIABILITIES

For Fiscal Period Ended _____, 20_____

ASSETS

CURRENT ASSETS

1. Cash--on hand and in banks (Schedule A)		_____
2. Accounts Receivable (Schedule B)	_____	
3. Less, Allow. for Doubtful Accounts	_____	
4. Net Accounts Receivable		_____
5. Notes Receivable		_____
6. Grain in Transit		_____
7. Grain Inventory (Schedule C)		_____
8. Merchandise Inventory		_____
9. (How valued? _____)		
10. Other Current Assets		
Enumerate:		
_____		_____
_____		_____
_____		_____
_____		_____

11. TOTAL CURRENT ASSETS _____

FIXED ASSETS:

	12. COST	13. ACCUMULATED DEPRECIATION	14. BOOK VALUE
15. Land (Schedule D)	_____		_____
16. Buildings	_____	_____	_____
17. Machinery & Equipment	_____	_____	_____
18. Transportation Equipment	_____	_____	_____
19. Furniture & Fixtures	_____	_____	_____
20. TOTAL FIXED ASSETS	_____	_____	_____

21. OTHER ASSETS:

Enumerate:		
_____		_____
_____		_____
_____		_____
_____		_____

22. TOTAL OTHER ASSETS _____

23. TOTAL ASSETS _____

LIABILITIES & NET WORTH

CURRENT LIABILITIES

Notes Payable: (Schedule E) (Due within 1 year)

- 1. Secured _____
- 2. Unsecured _____

Accounts Payable:

- 3. Grain _____
- 4. Other _____
- 5. Accrued Expenses:
Enumerate:

- 6. Other:
Enumerate:
- _____
- _____

7. **TOTAL CURRENT LIABILITIES** _____

Long-Term Debt: (Due after 1 year)

Notes Payable: (Schedule E)

- 8. Secured _____
- 9. Unsecured _____
- 10. Other:
Enumerate:

11. **TOTAL LIABILITIES** _____

	No. Shares Authorized	Per Value Per Share	Shares Issued	
12. Common Stock	_____	_____	_____	_____
13. Preferred Stock	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Surplus:

- 14. Earned _____
- 15. Other _____
- 16. Net Worth _____

17. **TOTAL LIABILITIES & NET WORTH** _____

SCHEDULE A--CASH

NAME & ADDRESS OF BANK	On Deposit	Amt. Available for Withdrawal
TOTAL		

SCHEDULE B--AGING OF ACCOUNTS RECEIVABLE

Less than 90 Days Old	_____
90-180 Days Old	_____
180-360 Days Old	_____
Over 360 Days Old	_____
TOTAL	=====

SCHEDULE C--ANALYSIS OF GRAIN

	Corn Bu.	Soybeans Bu.	Wheat Bu.	Bu.	Bu.	Total
1. Total Grain on Hand	_____	_____	_____	_____	_____	
2. + Add Grain Redeposited	_____	_____	_____	_____	_____	
3. - Less Grain Bank Liability	_____	_____	_____	_____	_____	
4. - Less Non-Negotiable Warehouse Receipt Liability	_____	_____	_____	_____	_____	
5. = Warehouse Owned Grain	_____	_____	_____	_____	_____	
6. VALUE	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

SCHEDULE C--INSTRUCTIONS

- Total bushels of grain on hand as determined by measurement.
- Total bushels which have been redeposited in the facilities of another warehouseman.
- Total bushel obligation of your grain bank.
- Total bushel obligation evidenced by non-negotiable warehouse receipts.
- Line 1 plus line 2 less lines 3 through 5.
- Bushels from line 6 extended times the current market bid price.

SCHEDULE D--LAND

LEGAL DESCRIPTION

ACRES

SCHEDULE E--ANALYSIS OF NOTES PAYABLE

Col. 1 a. Secured Indebtedness To Whom Payable	Col. 2 Security	Col. 3 Amount Due Within 1 Year	Col. 4 Total Amount Unpaid	Col. 5 Due Date
TOTAL				
b. Unsecured Indebtedness To Whom Payable	Purpose	Amount Due Within 1 Year	Total Amount Unpaid	Due Date
TOTAL				

STATEMENT OF INCOME AND EXPENSES

For Fiscal Period Ended _____, 20_____

INCOME:

- 1. Grain Sales _____
- 2. Merchandise Sales _____
- 3. TOTAL SALES _____

LESS, COST OF SALES:

- 4. Grain _____
- 5. Merchandise _____
- 6. TOTAL COST OF SALES _____

7. GROSS TRADING INCOME _____

8. OTHER OPERATING INCOME:

- Storage _____
- Drying _____
- Other (Enumerate) _____

9. TOTAL OTHER OPERATING INCOME _____

10. TOTAL GROSS INCOME _____

11. OPERATING EXPENSES _____

12. NET OPERATING INCOME _____

- 13. OTHER INCOME: (Enumerate)
- _____
- _____
- _____

14. TOTAL OTHER INCOME _____

15. TOTAL _____

- 16. OTHER EXPENSES: (Enumerate)
- _____
- _____
- _____

17. TOTAL OTHER EXPENSES _____

18. NET INCOME BEFORE TAXES _____

19. PROVISION FOR TAXES _____

20. NET INCOME _____