

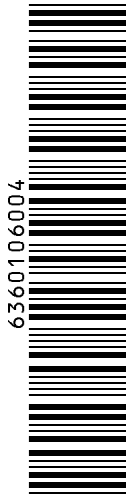
# Cooperative or Mutual Association 2002

North Carolina Department of Revenue

Submit forms in the following order: CD-V, NC-478V, CD-479, NC-478, NC-478 series, CD-418, followed by CD-425

For calendar year 2002, or other tax year beginning (MM-DD) 02 and ending (MM-DD-YY)  Fill in circle if tax year is less than 12 months

Legal Name (First 35 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS) _____ Address _____ City _____ State _____ Zip Code _____		Federal Employer ID Number _____ Secretary of State ID _____ NAICS Code _____
Fill in all applicable circles: <input type="checkbox"/> CD-479 is attached <input type="checkbox"/> Initial Filer <input type="checkbox"/> Amended Return <input type="checkbox"/> Has Escheatable Property <input type="checkbox"/> NC-478 is attached <input type="checkbox"/> Final Return <input type="checkbox"/> Tax Exempt (IRC § 521)		Is this corporation related to another corporation as: <input type="checkbox"/> Parent <input type="checkbox"/> Subsidiary <input type="checkbox"/> Affiliate



1. Federal Taxable Income Before NOL (From Schedule B, Line 30 or Federal Form 990-C, Line 28 minus 29b)	▶ 1.	<input type="checkbox"/>	_____	.00
2. Adjustments to Federal Taxable Income (From Schedule C, Line 5)	▶ 2.	<input type="checkbox"/>	_____	.00
3. Net Income Before Contributions Add (or subtract) Lines 1 and 2	▶ 3.	<input type="checkbox"/>	_____	.00
4. Contributions (From Schedule E, Line 5)	▶ 4.	<input type="checkbox"/>	_____	.00
5. Net Taxable Income Line 3 minus Line 4	▶ 5.	<input type="checkbox"/>	_____	.00
6. N.C. Net Income Tax Multiply Line 5 by 6.90%	▶ 6.	<input type="checkbox"/>	_____	.00
7. Tax Credits (Complete Form CD-425 and enter amount from Part 4, Line 27)	▶ 7.	<input type="checkbox"/>	_____	.00
8. Net Tax Due Line 6 minus Line 7	▶ 8.	<input type="checkbox"/>	_____	.00
9. Annual Report Fee (\$20.00)	▶ 9.	<input type="checkbox"/>	_____	.00
10. Add Lines 8 and 9	▶ 10.	<input type="checkbox"/>	_____	.00

If amount on Lines 1,2,3, or 5 is negative, fill in circle.  
Example:

A Tax Due or Refund

11. Payments				
a. Application for Income Tax Extension (From Form CD-419, Line 5)	▶ a.	<input type="checkbox"/>	_____	.00
b. 2002 Estimated Tax (When filing an amended return, enter previous payments)	▶ b.	<input type="checkbox"/>	_____	.00
c. Partnership (Include Form D-403, NC K-1)	▶ c.	<input type="checkbox"/>	_____	.00
d. Nonresident Withholding (Include copy of 1099 or W-2)	▶ d.	<input type="checkbox"/>	_____	.00
12. Add Lines 11a through 11d	▶ 12.	<input type="checkbox"/>	_____	.00
13. Income Tax Due - If Line 12 is less than Line 10, enter difference here. If Line 12 is more than Line 10, enter difference on Line 17	▶ 13.	<input type="checkbox"/>	\$ _____	.00
14. Interest (See instructions for Form CD-405, C-Corporation Tax Return)	▶ 14.	<input type="checkbox"/>	_____	.00
15. Penalties (See instructions for Form CD-405, C-Corporation Tax Return)	▶ 15.	<input type="checkbox"/>	_____	.00
16. Total Due - Add Lines 13, 14, and 15 <b>Pay This Amount in U.S. Currency</b>	▶ 16.	<input type="checkbox"/>	_____	.00
17. Overpayment	▶ 17.	<input type="checkbox"/>	_____	.00
18. Amount of Line 17 applied to 2003 Estimated Income Tax	▶ 18.	<input type="checkbox"/>	_____	.00
19. Amount of Line 17 Contributed to N.C. Nongame and Endangered Wildlife Fund	▶ 19.	<input type="checkbox"/>	_____	.00
20. Amount of Line 17 To Be Refunded	▶ 20.	<input type="checkbox"/>	_____	.00

CD-418  
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1-03

**(B) Federal Taxable Income Before NOL Deduction**

Complete this schedule if you do not attach a copy of your federal income tax return.

1. a. Gross receipts or sales	.00
b. Returns and allowances	.00
c. Balance (Line 1a minus Line 1b)	.00
2. Cost of goods sold (Attach schedule)	.00
3. Gross Profit (Line 1c minus Line 2)	.00
4. a. Patronage dividends and per-unit retain allocations (Attach schedule)	.00
b. Dividends (Attach schedule)	.00
5. a. Interest on obligations of the United States and its instrumentalities	.00
b. Other interest	.00
6. Gross rents	.00
7. Gross royalties	.00
8. Capital gain net income (Attach schedule)	.00
9. Net gains (loss) (Attach schedule)	.00
10. Other income (Attach schedule)	.00
11. Total Income Add Lines 3 through 10	.00
12. Compensation of officers (Attach schedule)	.00
13. Salaries and wages (Less employment credits)	.00
14. Repairs and maintenance	.00
15. Bad debts	.00
16. Rents	.00
17. Taxes and licenses	.00
18. Interest	.00
19. Charitable contributions	.00
20. Depreciation	
21. a. Depreciation included in cost of goods sold	
b. Balance (Line 20 minus Line 21a)	.00
22. Depletion	.00
23. Advertising	.00
24. Pension, profit-sharing, and similar plans	.00
25. Employee benefit programs	.00
26. Other deductions (Attach schedule)	.00
27. a. Total Deductions (Add Lines 12-26)	.00
b. Line 11 minus Line 27a	.00
c. Deductions and adjustments under IRC § 1382 (From Schedule D, Line 4)	.00
28. Taxable Income per Federal Return Before NOL and Special Deductions Line 27b minus Line 27c	.00
29. Special Deductions (From Federal Form 990-C, Line 29b)	.00
30. Federal Taxable Income Before NOL Line 28 minus Line 29; enter amount here and on Schedule A, Line 1	.00

**(C) Adjustments to Federal Taxable Income**

1. Additions:	
a. Taxes based on net income	.00
b. Contributions	.00
c. Dividends paid on capital stock (From Schedule D, Line 1)	.00
d. Nonpatronage income allocated to patrons (From Schedule D, Line 2)	.00
e. Expenses attributable to income not taxed (See instructions for Form CD-405)	.00
f. 30% additional first-year depreciation (See instructions for Form CD-405)	.00
g. Other (Attach schedule)	.00
2. Total Additions (Add Lines 1a-1g)	.00
3. Deductions	
a. U.S. obligation interest (net of expenses)	.00
b. Other deductible dividends	.00
c. Net economic loss	.00
d. Other (Attach schedule)	.00
4. Total Deductions (Add Lines 3a-3d)	.00
5. Adjustments to Federal Taxable Income Line 2 minus Line 4, enter amount here and on Schedule A, Line 2	.00

**(D) Deductions and Adjustments Under IRC § 1382**

1. Dividends paid on capital stock (Internal Revenue Code § 521 cooperatives only)	.00
2. Nonpatronage income allocated to patrons (Internal Revenue Code § 521 cooperatives only)	.00
3. Patronage dividends:	
a. Money	.00
b. Qualified written notices of allocation	.00
c. Other property (except nonqualified written notices of allocation)	.00
d. Money or other property (except written notices of allocation) in redemption of nonqualified written notices of allocation	.00
e. Other (Attach schedule)	.00
4. Total - Add Lines 1 through 3e; enter amount here and on Schedule B, Line 27c	.00

**(E) Contributions**

1. Enter total contributions to donees other than those listed in Line 4, below	.00
2. Multiply the amount shown on Schedule A, Line 3 by 5%	.00
3. Enter the lesser of Line 1 or Line 2	.00
4. Enter total contributions to the State of N.C. and its political subdivisions	.00
5. Amount Deductible Add Lines 3 and 4; enter total here and on Schedule A, Line 4	.00

Note: Due to form redesign, the letters F through K are not used to designate schedules.

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Legal Name \_\_\_\_\_

FEIN \_\_\_\_\_

Complete this schedule only if you do not attach a copy of your federal income tax return with all supporting schedules.

	Beginning of Tax Year		End of Tax Year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1. Cash				
2. a. Trade notes and accounts receivable				
b. Less allowance for bad debts	( )		( )	
3. Inventories				
4. a. U.S. government obligations				
b. State and other obligations				
5. Tax-exempt securities				
6. Other investments ( <i>Attach schedule</i> )				
7. Other current assets ( <i>Attach schedule</i> )				
8. a. Buildings and other depreciable assets				
b. Less accumulated depreciation	( )		( )	
9. a. Depletable assets				
b. Less accumulated depletion	( )		( )	
10. Land (net of any amortization)				
11. a. Intangible assets (amortizable only)				
b. Less accumulated amortization	( )		( )	
12. Other assets ( <i>Attach schedule</i> )				
13. <b>Total Assets</b>				
<b>Liabilities and Capital</b>				
14. Accounts payable				
15. Mortgages, notes, and bonds payable in less than 1 year				
16. Other current liabilities ( <i>Attach schedule</i> )				
17. Mortgages, notes, and bonds payable in 1 year or more				
18. Other liabilities ( <i>Attach schedule</i> )				
19. Capital stock: a. Preferred Stock				
b. Common Stock				
20. Additional paid-in capital				
21. Patronage dividends allocated in noncash form ( <i>other than capital stock and interest-bearing obligations</i> )				
22. Per unit retains allocated in noncash form				
23. Retained earnings				
24. Adjustments to shareholders' equity ( <i>Attach schedule</i> )				
25. Less cost of treasury stock		( )		( )
26. <b>Total Liabilities and Capital</b>				
<b>M-1 Reconciliation of Income (Loss) per Books With Return</b>				
1. Net income (loss) per books			7. Income recorded on books this year not included on this return ( <i>itemize</i> ):	
2. Federal income tax			Tax-exempt interest \$	
3. Excess of capital losses over capital gains				
4. Income subject to tax not recorded on books this year ( <i>itemize</i> ):			8. Deductions on this return not charged against book income this year ( <i>itemize</i> ):	
5. Expenses recorded on books this year not deducted on this return ( <i>itemize</i> ):			a. Depreciation \$	
a. Depreciation \$			b. Charitable contributions \$	
b. Charitable contributions \$				
c. Travel and entertainment \$			9. Add Lines 7 and 8	
6. Add Lines 1 through 5			10. Income (Line 6 minus Line 9)	
<b>M-2 Retained Earnings Analysis</b>				
1. Balance at beginning of year			5. Distributions: a. Cash	
2. Net income (loss) per books			b. Stock	
3. Other increases ( <i>itemize</i> ):			c. Property	
			6. Other decreases ( <i>itemize</i> ):	
			7. Add Lines 5 and 6	
4. Add Lines 1, 2, and 3			8. End of Year Balance ( <i>Line 4 minus Line 7</i> )	

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Legal Name \_\_\_\_\_

FEIN \_\_\_\_\_


(N) Explanation of Changes for Amended Return

Lined area for providing an explanation of changes for an amended return.

(Attach additional pages if needed.)

**Sign Here**

Signature and Title of Officer: \_\_\_\_\_ Date: \_\_\_\_\_  
I certify that, to the best of my knowledge, this return is accurate and complete.

Signature of Paid Preparer: \_\_\_\_\_ Preparer's FEIN, SSN, or PTIN:  \_\_\_\_\_  
I certify that, to the best of my knowledge, this return is accurate and complete.

Telephone Number: ( ) \_\_\_\_\_ **MAIL TO: N.C. Dept. of Revenue, P.O. Box 25000, Raleigh, N.C. 27640-0540**  
**Returns are due by the 15th day of the 9th month after the end of the income year.**

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