

OMB No. 0570-0007

United States Department of Agriculture Rural Development

FARMER COOPERATIVE STATISTICS, 2006

			If address is inc please correct i Is this address					
			YES	NO				
COO	pera	Ip is needed in developing and maintaining complete and accurate atives for use in education, research, and decision-making. The d d for by law. Your contribution to this effort is very important. A co	ata you provide	will remain confidential as				
		ny questions related to this survey of cooperatives or about coope 690-1415 or send e-mail to eldon.eversull@usda.gov.	ratives in genera	al, contact Eldon Eversull				
1.	W	What are the principal functions of your association?						
2.	(P In	(Please specify.) In what month did your cooperative end its fiscal or business year during 2006? MONTH						
3.		How many producers were members of your cooperative in fiscal 2006? Include only producer-members entitled to vote for directors.)NUMBER						
4.		Number of full-time and part-time and/or seasonal employees your cooperative operated with during fiscal 2006?						
	FULL-TIME? PART-TIME AND/OR SEASONAL?							
•		E: If you attach an annual or audit report, fill in only cluded in the annual or audit report.)	information	requested that is				
5.	Ple	Please provide the amounts for these balance sheet items for your business year that ended in 2006.						
	a.	CURRENT ASSETS?						
	b.	INVESTMENTS IN ALL OTHER CO-OPS (Include CoBank.)?						
	c.	PROPERTY, PLANT, AND EQUIPMENT (NET)?						
	d.	TOTAL ASSETS?						
	e.	e. CURRENT LIABILITIES?(116) \$						
	f.	TOTAL LIABILITIES?						
	g.	ALLOCATED MEMBER EQUITIES?						
	h.	UNALLOCATED MEMBER EQUITIES?						

i. TOTAL NET WORTH (TOTAL EQUITY)?.....

								questionnaire alor	
FAX	()	-	DATE		_ E-MAIL ADI	DRESS		
REP	PORT	ED B	Y :			_ TITLE		PHONE ()
p.	тот	AL NE	T INCC	ME (OR LOS	S)?				
0.	o. INCOME TAXES?								
n. NET INCOME BEFORE TAXES?									
m.	m. NONOPERATING INCOME (<u>Include</u> sale of assets, discontinued operations,non-cooperative investment income, extraordinary items and all other revenues or losses not already accounted for)?								
I.	TOTAL PATRONAGE REFUNDS AND DIVIDENDS RECEIVED FROM ALL OTHER COOPERATIVES (<i>Include</i> CoBank and all other cooperatives, less any equity writeoffs.)?								
k.	x. NET MARGINS FROM OPERATIONS (Local Savings)?								
j.	TOTAL EXPENSES (Include Operating and all Other Expenses)?								
I.	OTHER EXPENSES?								
h.	INT	ERES	T EXPE	ENSE?					
g.	DEI	PREC	IATION	EXPENSE?					
e. f.	TO ⁻	ΓAL W es, gro	'AGES A oup insu	AND BENEFIT Trance, commi	S EXPE	NSE (<u>Include</u>) rofit-sharing, ai		·	
d.							OME OR REVEN		
C.	GR	OSS N	MARGIN	N (Total sales	minus co	st of goods sol	d)?		
b.	СО	ST OF	GOOD	S SOLD?					
a.						ts, other incom	e, 		

(If you would like your annual or audit report returned to you, please let us know.)

THANK YOU!

According to the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information especially if the form fails to display a valid OMB control number. The valid OMB control number for this information collection is 0570-0007. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for

the information collection. Your help is needed in developing and maintaining complete and accurate nationwide statistics on farmer and aquacultural associations or cooperatives. The data you provide will remain confidential as provided for by law.