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U.S. Department of Agriculture
 Grain Inspection,
 Packers and Stockyards
 Administration

ANNUAL REPORT OF LIVE POULTRY DEALERS

**Packers and
 Stockyards
 Program**

Instructions: If an item's value is zero, enter "0". If an item does not apply, enter "NA". Upon completion please verify that all items have answered. Return completed form to the P&SP Central Reporting Unit. See instructions for information about this report.

GENERAL INFORMATION - SECTION 1

101	Reporting Period (mm/dd/yy)	a. from	b. to
102	Legal Business Name		
103	Business Name (dba)		
104	Mailing Address		
105	City, State, Zip		
106	Physical Address		
107	City, State, Zip		
108	Contact Name		
109	Telephone Number		
110	Fax Number		

ORGANIZATIONAL STRUCTURE - SECTION 2

List owners, officers, partners, and managing members in control of this business

	a. Name	b. Title	c. Percentage Ownership
201			
202			
203			
204			
205			

206	Type of organization: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> L.L.C. <input type="checkbox"/> L.L.P. <input type="checkbox"/> Co-op <input type="checkbox"/> Association <input type="checkbox"/> Other
207	Is this the same organization type reported last year? <input type="checkbox"/> Yes <input type="checkbox"/> No
208	Is this business owned or controlled by another business entity? <input type="checkbox"/> Yes <input type="checkbox"/> No
209	If line 208 is yes, identify the owner/controlling business name and address
210	Does this business own or control other businesses within the poultry sector? <input type="checkbox"/> Yes <input type="checkbox"/> No

If line 210 is yes, then provide the names of businesses that you own or control and percentage of control it items 211-214

	a. Name of Business	b. Percentage of Co
211		
212		
213		
214		

Your response to this form is required as defined in the Packers and Stockyards Act of 1921 (9 CFR 201.97 and 7 U.S.C. 181-229). According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information is 0015. The time required to complete this information collection is estimated to average 7 hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

OPERATING INFORMATION - SECTION 3

Activities engaged in (check all that apply).

301	Producing poultry under growout contracts for slaughter	<input type="checkbox"/>
302	Producing poultry under marketing agreements for slaughter	<input type="checkbox"/>
303	Producing poultry under either of the above growing arrangements for sale to another for slaughter	<input type="checkbox"/>
304	Producing poultry under either of the above growing arrangements for slaughter by a custom slaughterer	<input type="checkbox"/>
305	Custom poultry slaughterer	<input type="checkbox"/>
306	Buying live poultry for slaughter (e.g. spent fowl plant)	<input type="checkbox"/>
307	Buying live poultry for slaughter by a custom slaughterer	<input type="checkbox"/>
308	Buying live poultry for resale to a slaughterer	<input type="checkbox"/>
309	Buying live poultry for resale to a live bird market	<input type="checkbox"/>

Input and product markets.

310	Enter the number of active grow-out contracts and marketing agreements on the last day of this reporting period.	
311	Was any poultry purchased or obtained under growing arrangements from outside the state in which it was slaughtered or sold?	<input type="checkbox"/> Yes <input type="checkbox"/>
312	Was any live poultry sold outside the state in which it was bought or obtained under growing arrangement?	<input type="checkbox"/> Yes <input type="checkbox"/>
313	Was any poultry meat sold outside the state in which the poultry was slaughtered?	<input type="checkbox"/> Yes <input type="checkbox"/>

Location of activities (attach additional page if needed).

314	a. Slaughter Facility Name	b. Address: Street, City, State	c. Phone	d. Feed Mill Address: City State	e. PI
315					
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327					

TOTAL SLAUGHTER - SECTION 4

	Total slaughter	a. Chickens (Head)	b. Turkeys (Head)	c. Other (Head)
401	Poultry grown under growout contracts			
402	Poultry grown under marketing agreements			
403	Poultry grown by the company (e.g. company owned farms)			
404	Live poultry purchased			
405	Total poultry procured (sum lines 401 to 404)			
406	Live poultry sold			
407	Total poultry custom slaughtered by you for others			
408	Total slaughter (line 405 minus 406 plus 407)			

FINANCIAL INFORMATION - SECTION 5

501	Were any portion of your Accounts Receivable and/or Inventories committed as collateral at the end of the reporting period?	<input type="checkbox"/> Yes <input type="checkbox"/>
<i>Enter the name and location of the bank you use most often for poultry payments</i>		
502	Bank Name	
503	Physical Address	
504	City, State, Zip	

BALANCE SHEET - SECTION 6

Include assets, liabilities, and net worth only for the reporting entity.

Assets

Current Assets

Cash		601	\$	_____
Accounts Receivable (Due in 1 Year or Less)		602	\$	_____
Notes and Loans Receivable (Portion due in 1 Year or Less)		603	\$	_____
Inventories		604	\$	_____
Other Current Assets		605	\$	_____
Total Current Assets		606	\$	_____

Total Long Term Assets

607 \$ _____

Total Assets

608 \$ _____

Liabilities and Net Worth

Liabilities

Current Liabilities

Accounts Payable	609	\$	_____
Other Current Liabilities	610	\$	_____
Total Current Liabilities	611	\$	_____

All Other Liabilities

612 \$ _____

Total Liabilities

613 \$ _____

Total Net Worth

614 \$ _____

Total Liabilities and Net Worth (Equals Total Assets)

615 \$ _____

INCOME STATEMENT - SECTION 7

This section must be completed on this form. Include values only for the reporting entity.

Income Statement

Net Sales (Gross sales less sales returns and allowances) 701 \$ _____

Cost of Sales

Opening Inventory	702	\$	_____
Live Poultry Purchases	703	\$	_____
Poultry Grow-outs	704	\$	_____
Other Purchases	705	\$	_____
Subtotal (sum lines 702 through 705)	706	\$	_____
Closing Inventory	707	\$	_____

Total Cost of Sales (line 706 less 707) 708 \$ _____

Gross Profit 709 \$ _____

Operating Expenses

Manufacturing Expenses	710	\$	_____
General and Administrative	711	\$	_____
Depreciation and Amortization	712	\$	_____

Total Operating Expenses 713 \$ _____

Operating Income or Loss 714 \$ _____

Adjustments to Operating Income 715 \$ _____

Earnings Before Income Taxes

716 \$ _____

CERTIFICATION - SECTION 8

Under the Packers and Stockyards Act any person who willfully makes, or causes any false entry or statement of fact in this report shall be deemed guilty of offense against United States, and be subject to a fine of \$1,000 to \$5,000, or to imprisonment for a term of not more than 3 years, or to both fine and imprisonment.

I certify that this report has been prepared by me or under my direction, and to the best of my knowledge and belief correctly reflects reporting entity operations.

801 Print Name		802 Signature (Must be signed by a person listed on 201-205)	
803 Phone Number	804 Date	805 Title	

Submitted information is confidential (9 CFR 201.96). Failure to report will result in forfeiture to the United States \$110 per day until report receipt 7 (U.S.C. 222).

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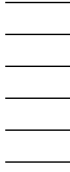
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