

United States Department of Agriculture Rural Development

FARMER COOPERATIVE STATISTICS, 2006

If address is incorrect, please correct mailing label.

Is this address your headquarters?

YES NO

Your help is needed in developing and maintaining complete and accurate nationwide statistics on farmer cooperatives for use in education, research, and decision-making. The data you provide will remain confidential as provided for by law.

1.	Per	rson completing this questionnaire:	
	a.	NAME	
	b.	TITLE	
	C.	PHONE NUMBER () d. FAX () e. DATE	
	f.	E-MAIL ADDRESS	
	g.	COOPERATIVE'S HOME-PAGE ADDRESS	
		rour cooperative at the above address was <u>sold</u> to or <u>merged</u> into another organization recent complete this question and question 1 only.	itly,
	a.	NAME	
	b.	ADDRESS	

c. DATE OF SALE OR MERGER_____

If you have any questions related to this survey of farmer cooperatives, please feel free to contact Eldon Eversull at (202)

690-1415 or send an e-mail message to eldon.eversull@usda.gov. You are not required to respond, but your participation is very important. If you have any comments, please write them on page two.

Please attach the enclosed return mailing label to your envelope and return this questionnaire to:

USDA/RBS, STOP 3256, 1400 Independence Ave., SW, Washington, D.C. 20250-3256

GROUP I; CENTRALIZED INTRA-STATE, 2006

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 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the

data needed, and completing and reviewing the information collection.

Please use for comments and questions.

(NOTE: If you attach an annual or audit report, fill in only information requested that is <u>not</u> included in the annual or audit report.)

3.	١n v	what month did your cooperative end its fiscal or business year during 2006?	MONT	Н
4.	Ple	ase provide the amounts for these balance sheet items for your business year tha	t ended i	n 2006.
	a.	CURRENT ASSETS?		
	b.	INVESTMENTS IN ALL OTHER COOPERATIVES (Include CoBank.)?		
	C.	PROPERTY, PLANT, AND EQUIPMENT(<i>Net</i>)?		
	d.	TOTAL ASSETS?		
	e.	CURRENT LIABILITIES?	(116) \$	
	f.	TOTAL LIABILITIES?		
	g.	ALLOCATED MEMBER EQUITIES?		
	h.	UNALLOCATED MEMBER EQUITIES (Retained Earnings)?		
	I.	TOTAL NET WORTH (Total Equity)?	(110) \$	
	j.	TOTAL LIABILITIES AND NET WORTH (Equals Total Assets)?		Office use only

5. From your income statement, please provide the following for your business year that ended in 2006.

a.	TOTAL SALES (<u>Exclude</u> service receipts, other income, and patronage refunds.)?
b.	COST OF GOODS SOLD?
c.	GROSS MARGIN (Total sales minus cost of goods sold)?
d.	SERVICE RECEIPTS AND OTHER OPERATING INCOME OR REVENUE (Include service revenues, storage and handling fees, etc.)?
e.	GROSS REVENUE (Gross Margin plus Service Receipts and other Income)?
f.	TOTAL WAGES AND BENEFITS EXPENSE (<i>Include payroll taxes, group insurance, commissions, profit-sharing, and any other related benefits.)?</i>
g.	DEPRECIATION EXPENSE?
h.	INTEREST EXPENSE?
I.	OTHER EXPENSES?
j.	TOTAL EXPENSES (Include Operating and all Other Expenses)?
k.	NET MARGINS FROM OPERATIONS (Local Savings)?
I.	TOTAL PATRONAGE REFUNDS AND DIVIDENDS RECEIVED FROM ALL OTHER COOPERATIVES (<i>Include CoBank and all other cooperatives, less any equity writeoffs.)?</i>
m.	NONOPERATING INCOME (<i>Include</i> sale of assets, discontinued operations, non-cooperative investment income, extraordinary items and all other revenues or losses not already accounted for)?

6. If your cooperative marketed any of the following products in fiscal 2006, please report sales for each product or product group. (*If your cooperative had subsidiaries or branches, base responses on consolidated statements. Estimate if actual records are not available. If your cooperative performed bargaining functions or operated on a <u>commission</u> basis, please provide estimated sales value for those commodities. If your cooperative <u>did not</u> market any farm products, go to the next question).*

PRODUCT(S) MARKETED	SALES (OR MARKET VALUE)
Grains and oilseeds other than cottonseed (<i>Exclude</i> meals and oils, distillers grains sold for feed, etc.) ¹	201 \$
Rice	203 \$
Cotton, Lint	205 \$
Cottonseed (Exclude meal and oil.) ²	206 \$
Tobacco	207 \$
All nuts	208 \$
Sugar beets, sugarcane, honey, and related products	210 \$
Dry beans and peas, lentils	212 \$
Fresh fruits and vegetables (For fresh and processed market).	214 \$
Processed fruits and vegetables	216 \$
Milk and milk products	219 \$
Poultry, eggs, turkeys, ratite, squab, and related products	221 \$
Livestock and meat products (Include all species).	223 \$
Wool and mohair	225 \$
Manufactured or processed food or other products (<u>Include</u> ethanol, fish, fur, other crops or resale items). (Please specify.)	226 \$
Total	227 \$

¹ **Include** all meal sales with feed (in question 7) and all oil sales with manufactured food products (item 226 in question 6).

² <u>Include</u> sales of cottonseed meal with feed (in question 7) and sales of cottonseed oil with manufactured food products (item 226 in question 6).

7. If your cooperative sold any farm supplies (feed, seed, fertilizer, crop protectants, petroleum products, and other farm inputs) and or equipment in fiscal 2006, please report sales. (If your cooperative had subsidiaries or branches, base responses on <u>consolidated</u> statements. Round reported figures to nearest dollar. Estimate if actual records are not available. If your cooperative <u>did not</u> sell any farm supplies or equipment, please go to the next question.)

SUPPLIES AND EQUIPMENT	SALES
Feed (Complete feeds, ingredients, hay, grains, oilseed meal, distillers grains, etc.) ¹	501 \$
All seeds (For planting: include seed potatoes)	502 \$
Fertilizer (Bagged and bulk; <u>include</u> anhydrous ammonia, lime, etc.)	503 \$
Crop protectants (Herbicides, insecticides, fungicides, etc.)	504 \$
Petroleum products (<u>Include</u> gasoline, fuel oil, diesel, propane, LP gas, lube oil, etc.)	505 \$
All other ²	511 \$
TOTAL	513 \$

¹ **Exclude** sales of whole grains reported in the prior question.

² Include building materials; tires, batteries, and accessories (TBA); containers and packaging supplies; farm machinery and equipment; home equipment; animal health products; pet food; semen; hardware; food; clothing; fencing; paint; etc.

8. Did producers hold membership in your cooperative during fiscal 2006? (Please check one.)

NO (If "NO," please go to the next question) YES

- 9. Did farmer cooperatives hold membership in your association? (Please check one.)
 - NO (If "NO," please go to the next question.) YES If "YES," continue with a.)
 - a. How many **farmer co-ops** were entitled to vote for directors of your organization at the end of fiscal 2006?.....NUMBER
- 10. How many employees did your cooperative operate with during fiscal 2006?
 - a. FULL-TIME EMPLOYEES?..... NUMBER
 - b. PART-TIME and/or SEASONAL EMPLOYEES?...... NUMBER
- 11. Did your cooperative operate facilities at branch locations during fiscal 2006?

$(911)\Phi$

	(Exclude your headquarters location.)			
	NO	(If "NO," please go to the next question) YES		
	,	AT HOW MANY BRANCH LOCATIONS DID		
12.	2. Did your co-op have any export sales in fiscal 2006?			
	NO	(If "NO," please go to the next question) YES		
	IF YES, WHAT WAS THE VALUE OF SUCH EXPORTS?			

13.	Was more than 10 percent or your co-op's total sales and service		
	income obtained from patrons outside the State in which your		
	cooperative is headquartered?	NO	YES

If "YES," in what State(s)?_____

14. If your cooperative acquired (*by purchase or merger*) another organization during fiscal 2006, and is the surviving organization, please check a. or b. and complete c. (*Otherwise, go to next question.*)

a. PURCHASED b. MERGED

c. Give name and address of the purchased or merged organization and the date it occurred (*If more than one, provide name, address, and date occurred on page 2*):

NAME		
ADDRESS		
DATE OF PURCHASE OR MERGER		
Was the other organization a cooperative?	YES	

15. Please enter the names and titles of the chief board officer or chairman and manager or CEO of your cooperative (*or of the surviving firm*):

a. CHIEF BOARD OFFICER OR CHAIRMAN_____

b. GENERAL MANAGER OR CEO_____

PLEASE ENCLOSE A COPY OF YOUR FISCAL 2006 ANNUAL OR AUDIT REPORT.

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

THANK YOU!

Your contribution to this effort is greatly appreciated. A copy of our report will be sent to you. U.S. Department of Agriculture

Rural Development STOP 3256 Washington, D.C. 20250-3256 Web: http://www.rurdev.usda.gov

Committed to the future of rural communities.

USDA Rural Development provides research, management, and educational assistance to cooperatives to strengthen the economic position of farmers, fishermen, and other rural residents. It works directly with cooperative leaders and Federal and State agencies to improve organization, leadership, and operation of cooperatives and to give guidance to further development.

Rural Development's cooperative program (1) helps farmers, fishermen, and other rural residents develop cooperatives to obtain supplies and services at lower cost and get better prices for products they sell; (2) advises rural residents on developing existing resources through cooperative action to enhance rural living; (3) helps cooperatives improve services and operating efficiency; (4) informs members, directors, employees, and the public on how cooperatives work and benefit their members and their communities; and **services** and programs.

international cooperative programs.

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