(101) (2 Office use only

CP-2006S (SUGARBEET GROWER

OMB No. 0570-0007



Form Approved

United States Department of Agriculture Rural Development

FARMER COOPERATIVE STATISTICS, 2006

If address is incorrect, please correct mailing label.

		μ	iease coi	correct maining laber.					
		ls	s this address your headquarters?						
		Y	'ES	NO					
		elp is needed in developing and maintaining complete and accurate education, research, and decision-making. The data you provide wi							
1.	In bu	what month did your cooperative end its fiscal or usiness year during 2006?		MONTH					
2.		ow many producers were members of your cooperative in fiscal 200 nclude only producer-members entitled to vote for directors.)		BER					
3.	As	s of December 31, 2006, your members or patrons had:							
		ECEIVED PAYMENTS OF AN ESTIMATED TOTAL NET							
4.		umber of full-time and part-time and/or seasonal employees you scal 2006?	r coopera	ative operated with during					
		FULL-TIME? PART-TIME AND/O	R SEAS	ONAL?					
-		E: If you attach an annual or audit report, fill in only i ded in the annual or audit report.)	nforma	tion requested that is <u>not</u>					
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. d.	PROPERTY, PLANT, AND EQUIPMENT(NET)?							
	e.	CURRENT LIABILITIES?		(116) \$					
	f.	TOTAL LIABILITIES?							
	g.	ALLOCATED MEMBER EQUITIES?							
	h.	UNALLOCATED MEMBER EQUITIES (Retained Earnings)?							
	1.	TOTAL NET WORTH (TOTAL EQUITY)?							
	i.	TOTAL LIABILITIES AND NET WORTH (Equals Total Assets)?							

6. From your income statement, please provide the following for your business year that ended in 2006.								
	a.	TOTAL SALES (<i>Exclude</i> service receipts, of and patronage refunds.)?						
	b.	COST OF GOODS SOLD?						
	C.	GROSS MARGIN (Total sales minus cost of	f goods sold)?					
	d.	SERVICE RECEIPTS AND OTHER OPERA (<u>Include</u> service revenues, storage and har						
	e.	GROSS REVENUE (Gross Margin plus Ser	vice Receipts and other Income):	?.				
	f.	TOTAL WAGES AND BENEFITS EXPENSE taxes, group insurance, commissions, profit other related benefits.)?	-sharing, and any					
	g.	DEPRECIATION EXPENSE?						
	h.	INTEREST EXPENSE?						
	I.	OTHER EXPENSES?						
	j.	TOTAL EXPENSES (Include Operating and	d all Other Expenses)?					
	k.	. NET MARGINS FROM OPERATIONS (Local Savings)?						
	l.	TOTAL PATRONAGE REFUNDS AND DIVIFROM ALL OTHER COOPERATIVES (Incl. cooperatives, less any equity writeoffs.)?						
	m.	NONOPERATING INCOME (<i>Include</i> sale of non-cooperative investment income, extraor or losses not already accounted for)?	es					
	n.	n. NET INCOME BEFORE TAXES?						
	0.	INCOME TAXES?						
	p.	TOTAL NET INCOME (OR LOSS)?						
7.	RE	PORTED BY:	TITLE	PHONE ()			
	FA	X () DATE	E-MAIL ADDRESS					
COOPERATIVE'S HOME-PAGE ADDRESS						_		
Please attach the enclosed return mailing label to your envelope and return this questionnaire along with a co								
	your 2006 annual report to:							

USDA/RBS, STOP 3256, 1400 INDEPENDENCE AVE., SW, WASHINGTON, DC 20250-3256

(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 reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing 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.