

Form Approved OMB No. 0570-0007

United States Department of Agriculture Rural Development

## COOPERATIVE STATISTICS, 20\_\_\_

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 cooperatives for use in education, research, and decision-making. The data you provide will remain confidential as provided for by law.

1.	Pe	rson completing this questionnaire:			
	a.	NAME			
	b.	TITLE			
	c.	PHONE NUMBER ( ) d. FAX ( ) e. DATE			
	f.	E-MAIL ADDRESS			
	g.	COOPERATIVE'S INTERNET HOME-PAGE ADDRESS			
2.		our cooperative at the above address was <u>sold</u> to or <u>merged</u> into hother organization recently, please nplete this question and question 1 only.			
	a.	NAME			
	b.	ADDRESS			
	C.	c. DATE OF SALE OR MERGER			
lf y	ou h	ave any questions related to this survey of cooperatives, please feel free to contact Eldon Eversull at (202) 690-			

If you have any questions related to this survey of cooperatives, please feel free to contact Eldon Eversull at (202) 690-1415 or send an e-mail message to eldon.eversull@wdc.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

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 a consolidated annual or audit report, fill in only information requested that is <u>not</u> included in the consolidated annual or audit report.)

3. In what month did your cooperative end its fiscal or business year during 20\_\_?...... MONTH

4.

лтн 📖

Please provide the amounts for these balance sheet items for your business year that ended in 20		
a.	CURRENT ASSETS?	(114) \$
b.	INVESTMENTS IN ALL OTHER COOPERATIVES (Include CoBank.)?	(108) \$
c.	PROPERTY, PLANT, AND EQUIPMENT(Net)?	(115) \$
d.	TOTAL ASSETS?	(107) \$
e.	CURRENT LIABILITIES?	(116) \$
f.	TOTAL LIABILITIES?	(109) \$
g.	ALLOCATED MEMBER EQUITIES?	Office use only
h.	UNALLOCATED MEMBER EQUITIES (Retained Earnings)?	(118) \$
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 20\_\_\_.

a.	TOTAL SALES ( <u>Exclude</u> service receipts, other income, and patronage refunds.)?	(124) \$
b.	COST OF GOODS SOLD?	(131) \$
C.	GROSS MARGIN (Total sales minus cost of goods sold)?	Office use only
d.	SERVICE RECEIPTS AND OTHER OPERATING INCOME OR REVENUE (Include service revenues, storage and handling fees, etc.)?	(106) \$
e.	GROSS REVENUE (Gross Margin plus Service Receipts and other Income)?	Office use only
f.	TOTAL WAGES AND BENEFITS EXPENSE ( <u>Include</u> payroll taxes, group insurance, commissions, profit-sharing, and any other related benefits.)?	(123) \$
g.	DEPRECIATION EXPENSE?	(120) \$
h.	INTEREST EXPENSE?	(121) \$
i.	OTHER EXPENSES?	Office use only
j.	TOTAL EXPENSES (Include Operating and all Other Expenses)?	(125) \$
k.	NET MARGINS FROM OPERATIONS (Local Savings)?	Office use only
I.	TOTAL PATRONAGE REFUNDS AND DIVIDENDS RECEIVED FROM ALL OTHER COOPERATIVES ( <i>Include CoBank and all other cooperatives, less any equity writeoffs.</i> )?	(113) \$
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)?	(136) \$
n.	NET INCOME BEFORE TAXES?	(112) \$
0.	INCOME TAXES?	(135) \$
p.	TOTAL NET INCOME (OR LOSS)?	(122) \$

6. If your cooperative **marketed any of the following products** in fiscal 20\_\_\_, please report sales for each product or product group and the percentage of each that your cooperative received from <u>other cooperatives</u> (so that we do not double count cooperative volume). (*If your cooperative had subsidiaries or branches, base responses on* 

consolidated statements. Round reported figures to nearest dollar. Estimate if actual records are not available. If your cooperative performed <u>bargaining</u> functions or operated on a <u>commission</u> basis, please indicate and provide estimated sales value for those commodities. If your cooperative **did not** market any products, please go to the next question).

		1 1
Product(s) marketed	Sales (or market value)	Percentage of total dollar sales marketed for or received from <u>other</u> <u>cooperatives</u>
Grains and oilseeds other than cottonseed (Exclude meals and	201	251
oils, distillers grains sold for feed, etc.) <sup>1</sup>	\$	%
	203	253
Rice	\$	%
	205	255
Cotton, Lint	\$	%
$\mathbf{O}$ - the mass of $t_{\mathrm{T}}$ is the second seco	206	256
Cottonseed (Exclude meal and oil.) <sup>2</sup>	\$	%
Tobacco	207	257
	\$	%
All nuts	208 \$	258 %
	\$ 210	260
Sugar beets, sugarcane, honey, and related products	\$	200
,,	212	262
Dry beans and peas, lentils	\$	%
	214	264
Fresh fruits and vegetables (For fresh and processed market.)	\$	%
	216	266
Processed fruits and vegetables	\$	%
	219	269
Milk and milk products	\$	%
Poultry agas turkeys ratits squab and related products	221	271
Poultry, eggs, turkeys, ratite, squab, and related products	\$	%
Livestock and meat products ( <i>Include all species</i> )	223 \$	273
Elvestock and meat products ( <u>menue</u> an species)	225	275
Wool and mohair	\$	%
	526	576
Fish, shellfish, aquaculture products	\$	%
	626	676
Biofuels, ethanol, biodiesel	\$	%
Manufactured or processed food or other products ( <i>Include</i>		
$CO_2$ , fur, other crops or resale items).		
	226	276
(Please specify.)	\$	%
	227	
TOTAL	\$	
	· · · · · · · · · · · · · · · · · · ·	

<sup>1</sup> <u>Include</u> all meal sales with feed (in question 7) and all oil sales with manufactured food products (item 226 in question 6.)

<sup>2</sup> <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).

If your cooperative sold any supplies (feed, seed, fertilizer, crop protectants, petroleum products, and other supplies) and/or equipment in fiscal 20\_\_, please report retail and wholesale sales and percentage sold to <u>other cooperatives</u> (so that we do not double count cooperative volume). (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 supplies or equipment, please go to the next question.)

Supplies and equipment	Retail sales	Wholesale sales	Percentage of wholesale sales to <u>other</u> <u>cooperatives</u>
Feed (Complete feeds, ingredients, hay, grains, oilseed meal, distillers grains, etc.) <sup>1</sup>	501	551	601
	\$	\$	%
All seeds (For planting: include seed potatoes)	502	552	602
	\$	\$	%
Fertilizer (Bagged and bulk; include anhydrous ammonia, lime, etc.)	503	553	603
	\$	\$	%
Crop Protectants (Herbicides, insecticides, fungicides, etc.)	504	554	604
	\$	\$	%
Petroleum products (Include gasoline, fuel oil, diesel, propane, LP gas, lube oil, etc.)	505	555	605
	\$	\$	%
All other <sup>2</sup>	511	561	611
	\$	\$	%
TOTAL	513 \$	563 \$	

Include value of feed sales under grower contracts. Do <u>not</u> include sales of whole grains and oilseeds reported in question 6.
Include building materials; tires, batteries, and accessories (TBA); containers and packaging supplies; 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 20? (Please check one.)
	NO (If "NO," please go to the next question.) YES	ES," how many producer-members were:
	a. ENTITLED TO VOTE?	NUMBER (103)
9.	Did <b>other cooperatives</b> hold membership in your association NO ( <i>If "NO," please go to the next question.</i> ) YES	on? YES," continue with a.)
	a. How many <b>other cooperatives</b> were entitled to vote for of your organization at the end of fiscal 20?	directors
10.	How many <b>employees</b> did your cooperative operate with du	rring fiscal 20?
	a. FULL-TIME EMPLOYEES?	NUMBER (101)
	b. PART-TIME and/or SEASONAL EMPLOYEES?	NUMBER (972)
11.	Did your cooperative operate facilities at branch locations d NO (If "NO," please go to the next question.) YES	uring fiscal 20? ( <i>Exclude your headquarters location.</i> )
	IF "YES," AT HOW MANY BRANCH LOCATIONS DID YOUR COOPERATIVE OPERATE?	NUMBER (950)
12.	Did your cooperative have any export sales in fiscal 20? what products you mainly exported (by circling) fruits or ver	

cottonseed oil, dry beans, nuts, poultry or turkey, semen, farm supplies, other\_\_\_\_\_

(971) \$

13. If your cooperative acquired (by purchase or merger) another organization during fiscal 20\_\_\_, and is the surviving organization, please check a. or b. and complete c. (Otherwise, go to the next question.)

	a. PURCHASED b. MERG
	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?O YE
14.	Please enter the name and title of the manager or CEO of your cooperative (or of the surviving firm).
	GENERAL MANAGER OR CEO

#### PLEASE ENCLOSE A COPY OF YOUR FISCAL 20\_\_ 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 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.

strengthen the economic position of farmers, ranchers, 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, ranchers, 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 (5) encourages international cooperative programs.

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (PDF), found online at http://www.ascr.usda.gov/complaint\_filing\_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities and you wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

Persons with disabilities, who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

### GROUP I; CENTRALIZED INTER-STATE; FEDERATED, 20\_\_\_