



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. Person 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. If your cooperative at the above address was sold to or merged into other organization recently, please complete this question and question 1 only.

- a. NAME _____
- b. ADDRESS _____
- c. DATE OF SALE OR MERGER _____

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 in the margins or attach a note.

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

BARGAINING, 20__

(NOTE: If you attach a consolidated annual or audit report, fill in only information requested that is not 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. Please provide the amounts for the following categories for your business year that ended in 20__.
 - a. TOTAL ASSETS?..... (107) \$
 - b. INVESTMENTS IN ALL OTHER CO-OPS (**Include** CoBank.)?..... (108) \$
 - c. TOTAL LIABILITIES (*What the cooperative owes.*)?..... (109) \$
 - d. TOTAL NET WORTH OR MEMBER EQUITY (*What members own.*)? (110) \$
- 5. For your business year ended in 20__, what was your cooperative's
 - a. SERVICE RECEIPTS AND OTHER OPERATING AND NONOPERATING INCOME OR REVENUE (**Include** service revenues, storage and handling fees, interest income, etc. **Exclude** dividends and patronage refunds received from other cooperatives, including CoBank.)?..... (106) \$
 - b. TOTAL WAGES AND BENEFITS, (**Include** payroll taxes, group insurance, commissions, profit-sharing, and any other related benefits.)?..... (123) \$
 - c. TOTAL PATRONAGE REFUNDS AND DIVIDENDS RECEIVED FROM ALL OTHER CO-OPS (**Include** CoBank and all other sources, less any equity write-offs.)?..... (113) \$
 - d. TOTAL NET INCOME (OR LOSS) (*Before income taxes and distributions.*)?..... (112) \$
- 6. What was your bargaining volume for fiscal 20__? (*Please list in the table below the quantity and value of products for which your association acted as a bargaining agent, even though you did not handle or sell the products. Estimate if actual records are not available.*)

PRODUCT, QUANTITY, AND DOLLAR VALUE

Product (list) (A)	Check off per unit (B)	Specify unit (tons, cwt., etc.) (C)	Total units for which bargaining was conducted (D)	Total check off received (Dollars)	Estimated sales value of product sold by members and dealers (Dollars)

7. Did your association market any raw or processed products directly? (*Please check one.*)
NO If "NO," go to question 8. YES If "YES," please list products and sales in the following table.

Raw product(s) (<i>specify commodity</i>)	Sales
	\$
	\$
Processed product(s) (<i>specify commodity</i>)	Sales
	\$
	\$
Total raw and processed product sales	\$

8. If any of the products listed in question 7 was pooled, please list the product(s) pooled and pooled sales amount.

a. PRODUCTS POOLED? _____

b. POOLED SALES AMOUNT?..... \$

9. If your cooperative sold any supplies or equipment, please report sales. (If your association had subsidiaries or branches, base responses on consolidated statements. Estimate if actual records are not available. If your cooperative **did not** sell any supplies or equipment, please go to the next question.)

SUPPLIES AND EQUIPMENT	SALES
Feed <small>(Complete feeds, ingredients, hay, grains, oilseed meal, etc.)</small> 1	(501) \$ <input type="text"/>
Fertilizer <small>(Bagged & bulk; include anhydrous ammonia, lime; etc.)</small>	(503) \$ <input type="text"/>
Crop protectants <small>(Herbicides, insecticides, etc.)</small>	(504) \$ <input type="text"/>
Other Supplies <small>(Please specify)_____</small>	() \$ <input type="text"/>
TOTAL	(513) \$ <input type="text"/>

¹ Include value of feed sales under grower contracts. Do not include sales of grains or oilseeds marketed in question 7.

10. Did **producers** hold membership in your cooperative during fiscal 20__? (Please check one.)

NO (If "NO," please go to next question.) YES If "YES," how many producer-members were:
ENTITLED TO VOTE?.....NUMBER

11. How many **other cooperatives** were entitled to vote for directors of your organization at the end of fiscal 20__?

CO-OPS VOTING FOR DIRECTORS OF YOUR CO-OP?.....NUMBER

12. How many **employees** did your cooperative operate with during fiscal 20__?

FULL-TIME EMPLOYEES?.....NUMBER

PART-TIME AND/OR SEASONAL EMPLOYEES?.....NUMBER

13. If your cooperative acquired (by purchase or merger) another organization during your past fiscal year, and is the surviving organization, please check a. or b. and complete c. (Otherwise, go to the 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 an additional page.):

NAME _____

ADDRESS _____

DATE OF PURCHASE OR MERGER _____

Was the other organization a cooperative? YES

14. Please enter the name and title of the manager or CEO of your cooperative (or of the surviving firm):

GENERAL MANAGER OR CEO _____

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 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 greatly appreciated. A copy of our report will be sent to you.

BARGAINING, 20__
