



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

COTTON GINNING COOPERATIVES, 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 these balance sheet items for your business year that ended in 20__ .

a. CURRENT ASSETS?.....	(114) \$ <input type="text"/>
b. INVESTMENTS IN ALL OTHER COOPERATIVES (Include CoBank.)?.....	(108) \$ <input type="text"/>
c. PROPERTY, PLANT, AND EQUIPMENT(Net)?.....	(115) \$ <input type="text"/>
d. TOTAL ASSETS?.....	(107) \$ <input type="text"/>
e. CURRENT LIABILITIES?.....	(116) \$ <input type="text"/>
f. TOTAL LIABILITIES?.....	(109) \$ <input type="text"/>
g. ALLOCATED MEMBER EQUITIES?.....	Office use only <input type="text"/>
h. UNALLOCATED MEMBER EQUITIES (<i>Retained Earnings</i>)?.....	(118) \$ <input type="text"/>
i. TOTAL NET WORTH (<i>Total Equity</i>)?.....	(110) \$ <input type="text"/>
j. TOTAL LIABILITIES AND NET WORTH (<i>Equals Total Assets</i>)?.....	Office use only <input type="text"/>

5. From your income statement, please provide the following for your business year that ended in 20__.

a. TOTAL SALES (Exclude service receipts, other income, and patronage refunds.)?.....	(124) \$ <input type="text"/>
b. COST OF GOODS SOLD?.....	(131) \$ <input type="text"/>
c. GROSS MARGIN (<i>Total sales minus cost of goods sold</i>)?.....	Office use only <input type="text"/>
d. SERVICE RECEIPTS AND OTHER OPERATING INCOME OR REVENUE (Include service revenues, storage and handling fees, etc.)?.....	(106) \$ <input type="text"/>
e. GROSS REVENUE (<i>Gross Margin plus Service Receipts and other Income</i>)?...	Office use only <input type="text"/>
f. TOTAL WAGES AND BENEFITS EXPENSE (Include payroll taxes, group insurance, commissions, profit-sharing, and any other related benefits.)?.....	(123) \$ <input type="text"/>
g. DEPRECIATION EXPENSE?.....	(120) \$ <input type="text"/>
h. INTEREST EXPENSE?.....	(121) \$ <input type="text"/>
i. OTHER EXPENSES?.....	Office use only <input type="text"/>
j. TOTAL EXPENSES (Include Operating and all Other Expenses)?.....	(125) \$ <input type="text"/>
k. NET MARGINS FROM OPERATIONS (<i>Local Savings</i>)?.....	Office use only <input type="text"/>
l. TOTAL PATRONAGE REFUNDS AND DIVIDENDS RECEIVED FROM ALL OTHER COOPERATIVES (Include CoBank and all other cooperatives, less any equity write-offs.)?.....	(113) \$ <input type="text"/>
m. NONOPERATING INCOME (Include sale of assets, discontinued operations, non-cooperative investment income, extraordinary items and all other revenues or losses not already accounted for)?.....	(136) \$ <input type="text"/>
n. NET INCOME BEFORE TAXES?.....	(112) \$ <input type="text"/>
o. INCOME TAXES?.....	(135) \$ <input type="text"/>
p. TOTAL NET INCOME (OR LOSS)?.....	(122) \$ <input type="text"/>

6. In fiscal 20__, what was your association's or cooperative's:

- a. LINT COTTON SALES? (205) \$
- b. MOTE SALES?..... \$
- c. GIN TRASH SALES? (*Burrs, stems, leaves, etc.*)..... \$
- d. COTTONSEED SALES?..... (206) \$
- e. OTHER PRODUCT SALES? (*Grain, livestock, etc., please specify*)._____ \$
- f. TOTAL MARKETING SALES?..... (227) \$

7. How many **bales of cotton** did your cooperative gin during fiscal 20__?.....NUMBER

8. If your cooperative sold any supplies (*feed, seed, fertilizer, crop protectants, petroleum products, and other supplies*) and/or equipment in fiscal 20__, please report sales. (*If your cooperative did not sell any supplies or equipment, please go to the next question.*)

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

¹ Include value of feed sales under grower contracts.
² 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.

9. How many **producers** were members of your cooperative in fiscal 20__? (**Include only** members entitled to vote for directors.)..... NUMBER

10. How many **employees** did your cooperative employ during fiscal 20__?

- a. FULL-TIME EMPLOYEES?..... NUMBER
- b. PART-TIME and/or SEASONAL EMPLOYEES?..... NUMBER

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

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 attached note.):

NAME _____

ADDRESS _____

DATE OF PURCHASE OR MERGER _____

Was the other organization a cooperative? NO YES

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

COTTON GINNING COOPERATIVES, 20__