



United States Department of Agriculture
Rural Development
COOPERATIVE STATISTICS, 20__
Intra-state sales Co-ops

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 another 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

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 one 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. The data you provide will remain confidential as provided for by law.

GROUP II; CENTRALIZED AND FEDERATED, 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?.....
 - b. INVESTMENTS IN ALL OTHER COOPERATIVES (**Include** CoBank.)?.....
 - c. PROPERTY, PLANT, AND EQUIPMENT(Net)?.....
 - d. TOTAL ASSETS?.....
 - e. CURRENT LIABILITIES?.....
 - f. TOTAL LIABILITIES?.....
 - g. ALLOCATED MEMBER EQUITIES?.....
 - h. UNALLOCATED MEMBER EQUITIES (*Retained Earnings*)?.....
 - i. TOTAL NET WORTH (*Total Equity*)?.....
 - j. TOTAL LIABILITIES AND NET WORTH (*Equals Total Assets*)?.....

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.)?.....
 - 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 (**Include** payroll taxes, group insurance, commissions, profit-sharing, and any other related benefits.)?.....
 - 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*)?.....
 - l. TOTAL PATRONAGE REFUNDS AND DIVIDENDS RECEIVED FROM ALL OTHER COOPERATIVES (**Include** CoBank and all other cooperatives, less any equity write-offs.)?.....
 - 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)?.....
 - n. NET INCOME BEFORE TAXES?.....
 - o. INCOME TAXES?.....
 - p. TOTAL NET INCOME (OR LOSS)?.....

6. If your cooperative **marketed or bargained for any products** (grains and oilseeds, milk or milk products, fruits and vegetables, etc.) in fiscal 20__, please report sales or market value of these products. (If your cooperative did not market any products, please go to the next question.)

PRODUCT(S) MARKETED	SALES (or Market) VALUE
Grains and oilseeds other than cottonseed (<i>Exclude meals and oils, distillers grains sold for feed, etc.</i>) ¹	(201) \$
Rice	(203) \$
Cotton, lint	(205) \$
Cottonseed (<i>Exclude meal and oil.</i>) 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 (<i>For fresh and processed market.</i>)	(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) \$
Fish, shellfish, aquaculture products	(526) \$
Biofuels, ethanol, biodiesel	(626) \$
Manufactured or processed food or other products (Include CO ₂ , fur, other crops or resale items).	(226) \$
TOTAL	(227) \$

¹Include all meal sales with feed (in the next question) and all oil sales with manufactured food products in manufactured or processed food above.

²Include sales of cottonseed meal with feed (in the next question) and sales of cottonseed oil with manufactured food products (item 226 in the above table).

7. 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, distillers grains, 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>Pesticides, herbicides, fungicides, etc.</i>)	(504) \$
Petroleum products (<i>Include gasoline, fuel oil, diesel, propane, LP gas, lube oil, etc.</i>)	(505) \$
All other ²	(511) \$
TOTAL	(513) \$

¹Do not include sales of whole grains or oilseeds reported in question 6.

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.

8. If individual **producers** held membership in your cooperative during fiscal 20__ , how many were:

ENTITLED TO VOTE? NUMBER

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

a. FULL-TIME EMPLOYEES?..... NUMBER

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

10. Did your cooperative operate facilities at branch locations during fiscal 20__ ?

(Exclude your headquarters location.)

NO *(If "NO," go to the next question.)* YES IF "YES," AT HOW MANY BRANCH

LOCATIONS DID YOUR COOPERATIVE OPERATE?.....NUMBER

11. Did your cooperative have any export sales in fiscal 20__ ? NO *(If "NO," go to the next question.)* Please indicate what products you mainly exported *(by circling)* fruits or vegetables, grains or oilseeds, dairy, rice, sugar, cotton, cottonseed oil, dry beans, nuts, poultry or turkey, semen, farm supplies, other _____

WHAT WAS THE VALUE OF SUCH EXPORTS?.....

12. 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 attached note.):*

NAME _____

ADDRESS _____

DATE OF PURCHASE OR MERGER_____ Was the other organization a co-op? NO YES

13. 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.
