Busine	ess Entity ID Number	For PSD Stamp Only			PSD Ba	r Code Only			
	•					·			
								•	
	Department of Agriculture								if you want to receive
	cultural Marketing Service Frade Practices Program		ANNU	AL REPO	RT				ication to file your This will begin in the
	ers and Stockyards Division		OF I	PACKERS	5			next reporting	
	,							Electronic Fili	ing 🗌
		s: If a line's value is zero, enter "0 al Reporting Unit. If all lines are n							
		separate instruction	_					etui neu. See	
									_
	You must complet	te form PSD3005 for each plant the of Form PSD3005 will be comb						oorted in Section	on 3
				•			or this form.		
		GENE	RAL IN	FORMATIO	)N - SE	CTION 1			
101	Reporting Period								
	(mm/dd/yyyy)	a. FROM:				b. TO:			
102	Entity Name								
103	Trade Name/d.b.a.								
104	Mailing Address								
105	City, State, Zip+4								
106	Operating Address								
107	City, State, Zip+4								
108	Contact Name								
109	Contact Telephone		111	E-Mail Addr	ess				
110	Fax			Web Address					
110	1 6/1		112	VI CO / Iddi Co.	,				
		ORGANIZAT	IONAL	STRUCTUE	RE - SE	CTION 2			
	List owners, officers, partne	ers, and members in control of th	his busin	ess with their	owner	ship percentag	e.		
		a. Name				ł	o. Title		c. %
201									
202									
203									
204									
205									
206	Type organization:	] Individual		Corporation		L.L.C.	L.L.P.	Со-ор	Association
207	Is this the same organization	on type reported last year?						☐ Yes	☐ No
208	Does the entity own or open	rate scales on which payment to	sellers is	determined?				☐ Yes	☐ No
209	What is the basis of paymer	nt made to the entity for most live	estock yo	ou purchase?	☐ Per	Head Li	ve Wt. 🔲 I	Dressed Wt./C	arcass Basis
210	Do vou use an electronic in	astrument to measure carcass cha	racteristi	cs to determi	ne pavn	nent to sellers?		☐ Yes	□ No
211		nanufacturer and the type of inst							
212		ontrolled by another business ent		☐ Yes		No If Yes	list the name	and address	on line 213
212	is this business owned of ed	ontrolled by another business ent	ity	165		110 11 1 C3	, nst the name	and address (	M IIIC 213
213	Owned/controlling business						_		
214		ng any Owners, Officers, Director r Market Agency, Dealer Organi			oyees,	☐ Yes	□ No		
If line	214 is yes, give the name o	of related firms, name of person o	or firms v	vith relations	hip, and	d percentage o	of ownership i	under lines 21	5-218
		a. Name of Related Firm			b. N	Jame of Person	/Firm with R	elationship	c. %
215								-	
216									
217									
218									

# LIVESTOCK FEEDING OPERATIONS, PROCUREMENT, SLAUGHTER, AND MEAT PROCESSING - SECTION 3

	ı use only one <sub>l</sub> t totals here.	plant for slaug	ghter operations, re	port values here. If you	u use more than or	ne plant, then use Sup	oplement Form 3	3005 for	each plant and
301	Plant Name								
	Mailing Addre	ess							
	City, State, Zi								
304	Plant Physical different from	Address (if							
305	Is this plant fe	derally or stat	e inspected?	☐ Federal	□ State □	Neither			
	PSIS or state plant inspection number:								
307	· · ·				☐ Lease ☐	Neither			
other	wise continue he names and a	to line 319. addresses of the	he entities for which	her businesses in the	slaughter services	_		only entii	ties for which
you c	usiom siaugnie	erea ai ieasi 1	Entity Na	Add additional pages a	s necessary.	Entity Address		Т	Telephone
308	1st Entity		Entity 14	anic		Entity Address			Серноне
309	2nd Entity								
310	3rd Entity								
311	4th Entity								
entiti	•	separate pag		mber of head slaughte ine 316. For those en				-	
		S	teer/Heifer (hd)	Cow/Bull (hd)	Calf (hd)	Hog (hd)	Sheep/Goat (	(hd)	Other (hd)
312	1st Entity								
313	2nd Entity								
314	3rd Entity								
315	4th Entity								
316	Total addition								
317	Total < 100 ho	d.							
318	Total								
Com	mitted Procur	ement: Lives	stock procured mo	re than 14 days befor	e slaughter:				
		S	teer/Heifer (hd)	Cow/Bull (hd)	Calf (hd)	Hog (hd)	Sheep/Goat (	(hd)	Other (hd)
319	Packer owned	l							
320	From other pa	ckers							
321	All other sour	ces							
322	Total								
Non-	Committed Pa	rocurement:	Livestock procure	d 14 days or fewer be	fore slaughter:				
		S	teer/Heifer (hd)	Cow/Bull (hd)	Calf (hd)	Hog (hd)	Sheep/Goat (	(hd)	Other (hd)
323	From other pa	ckers							
324	Direct								
325	Through publi	ic							
326									
	L			1		1	-1	1	

#### Slaughter Adjustments: Livestock procured but not slaughtered:

327							
327		Steer/Heifer (hd)	Cow/Bull (hd)	Calf (hd)	Hog (hd)	Sheep/Goat (hd)	Other (hd)
	Livestock sold						
28	Dead or condemned						
29	Total						
L	I .	0 equals line 318 plus 3.	22, plus 326, minus line	2 329	_L	<b>I</b>	1
]		Steer/Heifer (hd)	Cow/Bull (hd)	Calf (hd)	Hog (hd)	Shaar/Coat (hd)	Other (bd)
20	Total Clayahtan	Steen/Heller (lid)	Cow/Bull (lid)	Call (nd)	Hog (hd)	Sheep/Goat (hd)	Other (hd)
L	Total Slaughter						
umb	er of Livestock Paid	for Based on Carcass	Grade; Carcass Weigl	nt or Carcass Gr	de and Weight	(i.e., not liveweight):	
		Steer/Heifer (hd)	Cow/Bull (hd)	Calf (hd)	Hog (hd)	Sheep/Goat (hd)	Other (hd)
31	Carcass Basis/ Dressed Wt.						
eat	Processing Activities	:					
ſ		Beef (1000 lbs)	Pork (1000 lbs)	Veal	1000 lbs)	Lamb (1000 lbs)	Other (1000 lbs)
ŀ	Purchased externally	()					
32	or transferred in						
33	Total Products shipped (exclude offal)						
					GE GETTON: 4		
			FINANCIAL I	NFORMATION	- SECTION 4		
01	Number of days livesto	ock was purchased durir	ng the reporting year				
02	Total value of livestoc	k purchased for feeding			\$		
03	Total value of livestoc	k purchased for slaughte	er		\$		
04	Total value of all lives	tock purchased (line 402	2 plus 403)			\$	
	Enter name and locati	on of bank used for live	stock payments. If nece	essary list additio	nal banks on a se	eparate page.	
г	Name of Financial Ins						
05	Name of Financial Ins Physical Address						
05 06				·			
05 06 07	Physical Address City, State, Zip +4			409	Contact Telepl	hone	
05 06 07	Physical Address			409	Contact Teleph	hone	
05 06 07 08	Physical Address City, State, Zip +4 Contact Name As of the end of the re assigned as collateral to	porting period, were Acunder a financing or loan	n agreement?	or Inventories, or	any part thereof,	pledged or	]Yes □No
05 06 07 08	Physical Address City, State, Zip +4 Contact Name As of the end of the re assigned as collateral to At any time during the	titution porting period, were Ac	n agreement? otified by your financial	or Inventories, or	any part thereof,	pledged or	] Yes
05   06   07   08   110	Physical Address City, State, Zip +4 Contact Name As of the end of the re assigned as collateral to At any time during the in violation of any terr	porting period, were Acunder a financing or loan	n agreement? stified by your financial ovenants of your financial	or Inventories, or institution that you all agreement?	any part thereof,	pledged or	_
05   06   07   08   08   110   111   112   113	Physical Address City, State, Zip +4 Contact Name As of the end of the re assigned as collateral to At any time during the in violation of any terr If so notified, have you If the financial institut	porting period, were Acunder a financing or loan year, Have you been not no, conditions, and/or co	n agreement?  otified by your financial ovenants of your financial or from your financial in the same as that used f	or Inventories, or institution that you all agreement? stitution?	any part thereof,	pledged or	Yes No
05   06   07   08   110   111   112   113	Physical Address City, State, Zip +4 Contact Name As of the end of the re assigned as collateral to At any time during the in violation of any terr If so notified, have you If the financial institut check this box. Other	porting period, were Ac ander a financing or loan as year, Have you been not not, conditions, and/or con a been provided a waive ion named in line 405 is wise, complete lines 414 3 is not selected, complete	n agreement?  otified by your financial ovenants of your financial in from your financial in the same as that used for through 417, as necessi	or Inventories, or institution that you all agreement? stitution? For your financial of sary.	any part thereof, u were or loan agreemen	pledged or	Yes No
05   06   07   08   08   08   08   08   08   08	Physical Address City, State, Zip +4 Contact Name As of the end of the re assigned as collateral that any time during the in violation of any terrifs on ontified, have you lift the financial institut check this box. Other	porting period, were Acunder a financing or loan eyear, Have you been not not been provided a waive ion named in line 405 is wise, complete lines 414 is not selected, complete than one.	n agreement?  otified by your financial ovenants of your financial in from your financial in the same as that used for through 417, as necess	or Inventories, or institution that you all agreement? stitution? For your financial of sary.	any part thereof, u were or loan agreemen	pledged or	Yes No
05   06   07   08   08   10   11   11   11   11   11	Physical Address City, State, Zip +4 Contact Name As of the end of the re assigned as collateral to At any time during the in violation of any terr If so notified, have you If the financial institut check this box. Other	porting period, were Acunder a financing or loan eyear, Have you been not not been provided a waive ion named in line 405 is wise, complete lines 414 is not selected, complete than one.	n agreement?  otified by your financial ovenants of your financial in from your financial in the same as that used for through 417, as necess	or Inventories, or institution that you all agreement? stitution? For your financial of sary.	any part thereof, u were or loan agreemen	pledged or	Yes No
05	Physical Address City, State, Zip +4 Contact Name  As of the end of the re assigned as collateral to At any time during the in violation of any terr If so notified, have you If the financial institut check this box. Other If the checkbox for 41 additional sheets if me	porting period, were Acunder a financing or loan eyear, Have you been not not been provided a waive ion named in line 405 is wise, complete lines 414 is not selected, complete than one.	n agreement?  otified by your financial ovenants of your financial in from your financial in the same as that used for through 417, as necess	or Inventories, or institution that you all agreement? stitution? For your financial of sary.	any part thereof, u were or loan agreemen	pledged or	Yes No
05   06   07   08   10   11   12   13   14   15   16   16   16   16   16   16   16	Physical Address City, State, Zip +4 Contact Name  As of the end of the re assigned as collateral to At any time during the in violation of any terr If so notified, have you If the financial institut check this box. Other If the checkbox for 41 additional sheets if me Name of Lending Institut Mailing Address	porting period, were Acunder a financing or loan eyear, Have you been not not been provided a waive ion named in line 405 is wise, complete lines 414 is not selected, complete than one.	n agreement?  otified by your financial ovenants of your financial in from your financial in the same as that used for through 417, as necess	or Inventories, or institution that you all agreement? stitution? For your financial of sary.	any part thereof, u were or loan agreemen	pledged or	Yes No
05   06   07   08   10   11   12   13   14   15   16   17   17   17   17   17   17   17	Physical Address City, State, Zip +4 Contact Name  As of the end of the re assigned as collateral to At any time during the in violation of any terr. If so notified, have you If the financial institut check this box. Other If the checkbox for 41 additional sheets if mode Name of Lending Instituted Mailing Address City, State, Zip +4	porting period, were Acunder a financing or loan eyear, Have you been not not been provided a waive ion named in line 405 is wise, complete lines 414 3 is not selected, complete than one.	n agreement?  otified by your financial ovenants of your financial in from your financial in the same as that used for through 417, as necess	or Inventories, or institution that you all agreement? stitution? For your financial of sary.	any part thereof, u were or loan agreemen	pledged or	Yes No
05   06   07   08   110   111   112   113   114   115   117	Physical Address City, State, Zip +4 Contact Name  As of the end of the re assigned as collateral to At any time during the in violation of any terr If so notified, have you If the financial institut check this box. Other If the checkbox for 41 additional sheets if me Name of Lending Institut Mailing Address City, State, Zip +4 Contact Name  Livestock Trust Ratio	porting period, were Acunder a financing or loan eyear, Have you been not not been provided a waive ion named in line 405 is wise, complete lines 414 3 is not selected, complete than one.	n agreement?  otified by your financial ovenants of your financial in the same as that used for through 417, as necessete lines 414 through 4	or Inventories, or institution that you all agreement? stitution? For your financial of sary.	any part thereof, u were or loan agreemen	pledged or	Yes         No           Yes         No

#### STATEMENT OF ASSETS, LIABILITIES, AND EQUITY - SECTION 5

Include values only for the reporting entity. NOTE: If you provide custom slaughter, and/or your livestock purchase volume is under \$500k, you do not need to complete sections 5 and 6.

ASSETS						
Current Assets:						
Cash (Enter overdrafts on line 522)			501	\$		
Current Cash Equivalents (CD's, Savings, etc.)			502	\$		-
Trade Accounts Receivables-Net (Due in 1 year or less):						-
Owners, Officers, and Affiliated Companies	503	\$				
All Others (Sources Not Related to Company)	504	\$		_		
Total Trade Accounts Receivable-Net (Due in 1 year or less) (	Total lin	nes 503 and 504)	505	- \$		
Inventory:						•
Livestock Inventory	506	\$				
Meat and Meat Products Inventory	507	\$		=		
Other Inventory	508			_		
Total Inventories (Total lines 506, 507, and 508)	200	Ψ	509	- \$		
Notes and Loans Receivable (Due in One Year or Less):						=
Owners, Officers, and Related Entities	510	\$				
Others (Sources Not Related to Company)	511	\$		_		
Total Notes and Loans Receivable (Due in 1 Year or Less) (To	otal lines	s 510 and 511)	512	\$		
Advances Made on Livestock		,	513	\$		-
Other Current Assets			514	\$		-
Total Current Assets (Enter the sum total of lines 501, 502, 50	5, 509,	512, 513, and 514)			515	\$
Property, Plant, & Equipment (Net of Depreciation and Amo	ortizatio	n)			516	\$
Other Assets:						
Investments in Subsidiaries and Affiliated Companies			517	\$		_
Due from Owners, Officers, and Related Entities (Due in 1			518	\$ \$		
year or more) Other Assets			519	•		-
			319	<u> </u>	520	<u> </u>
Total Other Assets (Total of lines 517 through 519) TOTAL ASSETS (Total of lines 515, 516, and 520)					521	\$
					321	Ψ
LIABILITIES  Compart Liabilities						
Current Liabilities:			522	¢		
Overdraft To de Account Population			522	\$		-
Trade AccountsPayables:	500	¢				
Livestock Payables	523	\$		=		
Other Payables to Owners, Officers, and Related Entities	524	\$		=		
Other Payables (Sources Not Related to Company)	525	\$				
Total Trade Accounts Payables (Total lines 523, 524, and 525			526	\$		-
Current Maturities of Long-Term Debt: (Demand notes and p		-	e in 1 ye	ear or less)		
Owners, Officers, and Related Entities	527	\$		_		
Others (Sources Not Related to Company)	528	\$		_		
Total Current Maturities of Long-Term Debt (Total lines 527	and 528		529	\$		_
Other Current Liabilities			530	\$		_
Total Current Liabilities (Total lines 522, 526, 529, and 530)					531	\$
Other Liabilities:						
Long -Term Debt, Less Current Maturities: (Due in 1 year or	more)					
Owners, Officers, and Related Entities			532	\$		
Others (Sources Not Related to Company)			533	\$		-
Total Long-Term Debt, Less Current Maturities (Total of lines	s 532 an	d 533)			534	<del>-</del> \$
All Other Liabilities		/			535	\$
TOTAL LIABILITIES (Total of lines 531, 534 and 535)						\$
101111 LIMBILITED (10tal of lilles 331, 334 and 333)					330	Ψ

EQUITY				
Owner's Equity (Unincorporated)		537	\$	-
OR Stock Issued (Incorporated)		520	¢	
Additional Paid-in Capital		538 539	<u>\$</u>	-
Retained Earnings		540	\$	-
TOTAL EQUITY (Total lines 537 throu	ugh 540)	340	541	- \$
•		11 11: 521)		
TOTAL LIABILITIES AND EQUITY (	Total of lines 536 and 541) (she	ould equal line 521)	542	\$
	STATEMENT OF RE	VENUE AND EXPENSES -	SECTION 6	
Include values only for reporting e	ntity.			
Income Statement				
Net Sales (Gross sales less sales returns	s & allowances)	601	\$	_
Cost of Sales				
Opening Inventory	602	\$		
Livestock Purchases (Should equal lin	ne 404) 603	\$	_	
Meat and Meat Product Purchases	604	\$	_	
Other Purchases	605	\$	_	
Subtotal (sum lines 602 to 605)		606	<del>-</del> 5 \$	
Closing Inventory		607	7 \$	-
Total Cost of Sales (line 606 less 607)			608	\$
Gross Profit (line 601 less 608)			609	\$
Operating Expenses				
Manufacturing	610	\$		
General, Sales, and Administrative	611	\$	_	
Depreciation & Amortization	612	\$	=	
Total Operating Expenses (sum lines 6	10 to 612)	613	<del>-</del> \$	
Operating Income or Loss (line 609	· · · · · · · · · · · · · · · · · · ·		614	<del>-</del> \$
Adjustments to Operating Income	,			
Other Additions to Income		615	5 \$	
Interest Expense (enter as a negative	number)	616	5 \$	-
Other Deductions from Income (enter	· · · · · · · · · · · · · · · · · · ·		7 \$	<u>-</u>
Adjustments to Operating Income + or	,		·	- \$
Net Profit or Loss Before Taxes (A	· ·		619	\$
				*
X		TION - SECTION 7		
Under the Packers and Stockyards Act a of offense against the United States, and and imprisonme		o \$5,000, or to imprisonmen	nt for a term of not more tha	n 3 years, or to both fine
With my signature, I certify the owner, off	information provided on this f icer, or have been authorized b		•	and belief, I am an
701 Print Name		702 Signature		
702 Talankana Namban	704 D-4-	705 TM-		
703 Telephone Number	704 Date	705 Title		

Submitted information is confidential (9 CFR 201.96). Failure to report will result in forfeiture to the United States \$569 per day until report receipt. Section 10 of the FTC Act, made applicable by Section 402 of the Act (7 U.S.C. 222). Enclose with this form all completed Form PSD3005's, Supplement Packer Annual Reports, for multi-plant operations.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information is 0581-0308. The time required to complete this information collection is estimated to average 7 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information is also available in languages other than English.

To file a complaint alleging discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint\_filing\_cust.html, or at any USDA office or write a letter addressed to USDA and provided in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (a) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (b) fax: (202) 690-7442; or (c) email: program.intake@usda.gov.

# Instructions to Complete Annual Report of Packers Form PSD 3004

As a packer, you must file an annual report with the U.S. Department of Agriculture, Agricultural Marketing Service, Fair Trade Practices Program, Packers and Stockyards Division (hereinafter known as "PSD") on Form PSD 3004, Annual Report of Packers. If your purchases are less than \$500,000, you only need to complete sections 1, 2, 3, and section 7. If you slaughter at more than one plant, you must complete a separate Form PSD 3005, Supplement to the Annual Report of Packers, for each plant.

If you report on a calendar year basis, your form must be postmarked/e-filed by April 15 each year. If you file on a fiscal year basis, you must submit your Annual Report form 90 days after the close of your fiscal year. Requests for additional time to file this report must be received no later than the applicable filing dates above. Failure to file this form may result in a fine of \$569 for each day the report is delinquent. Section 10 of the FTC Act, made applicable by Section 402 of the Act (7 U.S.C. 222). All items must be completed on this form, in its entirety, before submitting the form. Failure to do so will result in the form being returned as incomplete. If available, you may provide financial statements as an attachment to the fully completed annual report form.

For questions about Form PSD 3004, or additional copies of the form, please contact the PSD Central Reporting Unit at 303-375-4264 or <a href="PSD-CRU@usda.gov">PSD-CRU@usda.gov</a>. Forms and instructions are also on PSD's website at <a href="www.ams.usda.gov">www.ams.usda.gov</a>. Please fax the completed form to the Central Reporting Unit at either 314-457-4421/844-303-0332, email to <a href="PSD-CRU@usda.gov">PSD-CRU@usda.gov</a> or mail to:

USDA PSD P.O. Box 110639 Aurora, CO 80042

#### **SECTION-BY-SECTION INSTRUCTIONS**

### FORM HEADER - BUSINESS ENTITY ID

Business Entity ID should be completed using information on the annual report letter or email.

## FORM HEADER - ELECTRONIC FILING

By selecting the Electronic filing check box, the next time you file your annual report you will receive an email message from our system to the address listed on line 111 of the form, each year that you file an annual report, reminding you that your annual report is due, with instructions to go to the E-Forms website located at <a href="https://forms.sc.egov.usda.gov/">https://forms.sc.egov.usda.gov/</a> to file your report. The forms are also located on our website at <a href="http://www.ams.usda.gov">http://www.ams.usda.gov</a>.

Line No.	Subject	Instruction
		L INFORMATION - SECTION
101 a and b	Reporting Period	The reporting year covers the period of time operated the previous year, either calendar year or fiscal year. (FROM: should be the beginning of your reporting year; TO: should be the end of your reporting year, ie., 01/01/20YY to 12/31/20YY)
		If you recently registered, please enter the date you started operating ( <u>FROM</u> ) and the end of your reporting year (TO). If you cease operations and go inactive, the end of your reporting year (TO) will be the last date of operation.
102	Entity Name	Enter the name under which you are registered with PSD.
103	Trade Name/d.b.a.	Enter the trade name under which you operate. This is the name the business uses, if applicable.
104 and 105	Mailing Address	Enter your mailing address. Enter street, city, state, and zip+4. This is the address where all correspondence from the Packers and Stockyards Division should be sent.
106 and 107	Operating Address	Enter the physical location of your operating address. Enter street, city, state, and zip+4. This is the address where you conduct your business services.
108	Contact Name	Enter the name of the person to be contacted regarding questions on the annual report.
109	Contact Telephone	Enter the telephone where the contact may be reached.
110	Fax	Enter the fax used by the entity.
111	E-Mail Address	Enter the entity's e-mail address.
112	Web Site Address (if applicable)	Enter the complete Web site address the business operates. For example: <a href="www.WebSiteName@domain.com">www.WebSiteName@domain.com</a>
	ORGANIZAT	IONAL STRUCTURE – SECTION 2
201a through 205c	Owners, Members, Partners, Or Officers, (Name and Title), Percent	For each owner, officer, member, and every partner, enter their name, title, and respective percentage of ownership. Provide this information for every individual with any ownership interest, 10% or greater, in the applicant's operation. The person signing this report on line 702, must be listed.
206	Type of Organization	Check the appropriate box to indicate the type of organization as it applies to the business' operation.
207	Same Organization Reported	Check the appropriate box to indicate if your organization is the same as operated the previous year.
208	Own or Operate a Scale	Check the appropriate box to indicate if this entity owns or operates a livestock scale which payment to sellers is determined.
209	Payment for livestock	Check the appropriate box to indicate the basis of payment for the majority of livestock sold.
210	Electronic Evaluation Device Yes/No	Check the appropriate box to indicate whether or not you use any type of electronic evaluation device (other than scale) for payment determination. If yes, enter the type of equipment and the manufacturer on line 211.

Lina Na	Cubicat	Instruction
Line No.	Subject	Instruction
211	Manufacturer of	List the manufacturer and type of instrument used to
	Electronic Device	measure carcass characteristics to determine payment to
		sellers.
212	Business	Check the appropriate box to indicate if this entity is owned
	Control/Ownership	or controlled by another business entity.
213	Business Name and	If line 212 is yes, list the name and address of the
	Address	owner/controlling business.
214	Interest in other Market	Check the appropriate box to indicate if this entity, or any of
	Agency, Dealer	its owners, officers, directors, members or employees own
	Organization or Packing	an interest in any other market agency, dealer business, or
	Company	packing company. If line 214 is yes, complete 215a-218c.
215a.	Related firms' names	List the names of the related firms owned by the person or
through		firm's described in line 214.
218a.		
215b.	Person or firm with	List the name of the person or firm with ownership or
through	Relationship	control of the entity listed in column a.
218b.	1	
215c.	Percentage	List the percentage of ownership/control held by the
through	8	person/firm listed in column b.
218c.		
L	IVESTOCK FEEDING O	PERATIONS, PROCUREMENT, SLAUGHTER,
		AT PROCESSING – SECTION 3
NOTE: If	you provide custom slaug	hter, and/or your livestock purchase volume is under
	do not need to complete s	
301	Plant Name	Enter the name of plant used for your slaughter operation.
302	Mailing Address	Enter the mailing address of the plant. Enter street, city,
and		state, and Zip+4. This is the address where all
303		correspondence to the plant from Packers and Stockyards
		Division should be sent

301	Plant Name	Enter the name of plant used for your slaughter operation.
302 and 303	Mailing Address	Enter the mailing address of the plant. Enter street, city, state, and Zip+4. This is the address where all correspondence to the plant from Packers and Stockyards Division should be sent.
304	Plant Physical Address	Enter the physical address of the plant if it is different from the mailing address. Enter street, city, state, and zip+ 4.
305	Federal or State Inspection	Select the level of inspection provided at the plant.
306	FSIS or State Inspection Number	Enter the inspection number assigned to the plant.
307	Own or Lease	Check the ownership status. "Neither" indicates the plant performs custom slaughter.
308 through 311	Custom Slaughter Entities	Enter name and address (street, city, state, and zip+4), for each entity for which you slaughter at least 100 head or more on a custom basis at this plant during the reporting period. Add additional pages, as necessary.

Line No.	Subject	Instruction
312	Number of head of	For each of the entities listed on lines 308-311, enter total
through	livestock custom	number of head of each category of livestock slaughtered by
318	slaughtered	you on a custom basis during the reporting period. Add
		additional pages, as necessary. Enter custom slaughter
		numbers of head for all others that were listed on separate
		pages on line 316. Enter the total number of head for those
		entities for whom you slaughter less than 100 head on line
		317. Enter sum totals of lines 312 through 317 on line 318,
		for each category livestock reported.

For lines 319 through 322 committed supply arrangements include marketing agreements, forward contracts, and formula contracts agreed on more than 14 days before slaughter. The term "formula contract" means the commitment of livestock for slaughter by any means other than through a negotiated purchase or a forward contract, using a method for calculating price in which the price is determined at a future date. Committed supply arrangements also include written and verbal agreements on delivery volume and pricing terms in some combination agreed on more than 14 days before slaughter, or to those commitments that only specify number of livestock delivered or commitments that only specify how price will be settled if livestock are delivered.

319	Packer Owned	Enter all livestock slaughtered which were owned, in whole or in part, more than 14 days by your firm or its subsidiaries. Your firm's parent or ultimate parent firm, or another firm owned, in whole or in part, by your firm's parent or ultimate parent firm.
320	From other packers	Enter all livestock slaughtered that were procured from other packers through committed supply arrangements more than 14 days before slaughter.
321	All other sources	Enter all other livestock slaughtered that were procured through committed supply arrangements more than 14 days before slaughter, not entered in lines 319 or 320.
322	Total Procurement	Enter column totals of lines 319 through 321.
323	From Other Packers	Enter all livestock slaughtered that were procured from other packers through non-committed supply arrangements, which procure 14 days or less before slaughter.
324	Direct	Enter the number of head procured directly at the packing plant, buying stations, feedlots, etc., from non-committed supply arrangements, which procure 14 days or less before slaughter.
325	Through Public Markets	Enter the number of head procured through public markets from non-committed supply arrangements, which were procured 14 days or less before slaughter.
326	Total Procurement	Enter column totals of lines 323 through 325.
327	Livestock Sold	For each category of livestock procured but not slaughtered, enter the number of head sold during the reporting period.
328	Dead or Condemned	For each category of livestock procured but not slaughtered, enter the number of head that died or were condemned during the reporting period.
329	Total	Enter column totals of lines 327 and 328.
330	Total Slaughter	For each category of livestock, add lines, 318, 322, 326, then subtract line 329; enter as Total Slaughter.

Line No.	Subject	Instruction
331	Number Paid on	For each category of livestock, enter total number of
	Carcass Basis/Dressed	livestock slaughtered that were purchased and paid for on a
	Weight	dressed weight or a carcass merit basis (i.e., other than live-
		weight purchases)
332	Meat Purchased	For each category of livestock, enter total pounds of meat in
	Externally	thousands that are purchased externally or transferred in
		from another plant for processing at your plant during the
		reporting period.
333	Total Products Shipped	For each category of livestock, enter total pounds of
		processed meat in thousands, excluding offal, shipped from
		your plant during the reporting period.
		L INFORMATION – SECTION 4
401	Number of days	Enter the number of days livestock was purchased during the
	livestock purchased	reporting year.
402	Livestock purchased for	Enter the gross dollar value of all livestock purchased for
	feeding	feeding.
403	Livestock purchased for	Enter the gross dollar value of all livestock purchased for
	slaughter	slaughter.
404	Total value livestock	Total amount of lines 402 plus 403. This should be equal to
	purchased	line 603.
405	Name, Address, City,	Enter the name, mailing address, contact name, and contact
through	State, Zip+4, Contact	telephone number of the financial institution used for
409	Name, Contact Number	livestock payments.
410	Accounts	Check the appropriate box indicating whether or not any
	Receivables/Inventories	Accounts Receivable and/or Inventories, or any part thereof,
	committed as collateral	have been pledged or assigned as collateral under a financing
411	X' 1 ' CE' 1	or loan agreement.
411	Violation of Financial	Check appropriate box indicating whether you received
	Agreement	notification you were in violation of any of the terms,
412	Waiver Provided	conditions, and/or covenants of your financial agreement.
412	waiver Provided	If line 411 is "Yes", check appropriate box indicating if financial institution provided a waiver.
412	Financial Institution	1
413	same for livestock	Check the box if using the same financial institution for livestock payments and financial or borrowing agreements.
	payments and loan	If not checked, complete lines 414 through 418 with
	agreements	appropriate information.
414	Name, Address, City,	Enter the name, mailing address, contact name, and contact
through	State, Zip+4, Contact	telephone number of the financial institution used for
418	Name, Contact Number	financial or loan agreements.
419	Livestock Trust Ratio	To calculate your Livestock Trust ratio, add Cash, Short-
717	Livestock Trust Ratio	Term Securities (Certificate of Deposits, Money Market
		accounts, etc.) Account Receivables, and Livestock and
		Meat Inventories together, as of the analysis date. Divide
		this number by the amount of livestock Account Payables as
		of the analysis date. Enter this amount. (Add lines 501, 502,
		· · · · · · · · · · · · · · · · · · ·
		, , , , , , , , , , , , , , , , , , , ,
		505, 506, 507, and 512 and divide by line 523)

Line No.	Subject	Instruction
	STATEMENT OF ASSET	ΓS, LIABILITIES AND EQUITY – SECTION 5
the report		form. Include only the Assets, Liabilities and Net Worth of may provide financial statements as an attachment to the
501	Cash	Enter the total book balances of all bank accounts. An overdraft should be reported on line 522.
502	Current Cash Equivalents	Enter the dollar value of any current cash investments (money market accounts, securities, CD's, etc.). Include only those marketable securities that represent the cash available for current operations and not otherwise pledged as security.
503	Trade Accounts Receivable from Owners, Officers, and Affiliated Companies	Enter the dollar amounts owed by owners, officers, or affiliated companies as a result of delivering goods or services, and extending credit in the ordinary course of business.
504	Accounts Receivable from All Others (Sources Not Related to Company)	Enter the dollar amounts owed by customers as a result of delivering goods or services, and extending credit in the ordinary course of business.
505	Total Accounts Receivable-Net (Due in 1 year or less)	Enter the sum total of lines 503 and 504.
506	Livestock Inventory	Enter the dollar amount of livestock inventory
507	Meat and Meat Food Products Inventory	Enter the dollar amount of meat and meat food products inventory.
508	Other Inventory	Enter any merchandise, raw materials, work in process, finished goods, operating supplies and ordinary maintenance materials and parts other than livestock, or meat and meat products to be consumed in the business during the next year.
509	Total Inventories	Enter the sum total of lines 506 through 508.
510	Notes Receivable from Owners, Officers, Related Entities	Enter the total dollar value owed to the company by owners, officers, or related entities that is due in 1 year or less.
511	Notes Receivable from All Others (Sources Not Related to Company)	Enter the total dollar value owed to the company by other than owners, officers or related entities that is due in 1 year or less.
512	Total Notes and Loans Receivable (Due in 1 year or less)	Enter the sum total of lines 510 and 511.
513	Advances on Livestock	Enter the dollar value of cash advances given for the purchase of livestock.
514	Other Current Assets	Enter the dollar value of prepaid expenses and other assets expected to be converted to cash or sold or consumed during the next year.
515	Total Current Assets	Enter the sum total of lines 501, 502, 505, 509, 512, 513 and 514.

Line No.	Subject	Instruction
516	Plant, Property and Equipment	Enter the dollar value of land, buildings, plant, equipment and amortizable assets less accumulated depreciation and amortization.
517	Investments in subsidiaries and related companies	Enter the total dollar value of any investments in subsidiaries and related companies.
518	Due from owners, officers and related entities	Enter the dollar value due from owners, officers, and related entities that is expected to be received in more than 1 year from the reporting date of this report.
519	Other Assets	Enter the total dollar value of all others assets expected to be converted to cash, or sold or consumed in more than 1 year from the reporting date of this report.
520	Total Other Assets	Enter the sum total of lines 517 through 519.
521	Total Assets	Enter the sum total of lines 515, 516 and 520.
522	Overdraft	Enter the total overdraft balances of all bank accounts.
523	Livestock Payables	Enter the total dollar amount you owe for livestock.
524	Other Payables to Owners, Officers, and Related Entities	Enter the total dollar amount you owe to owners, officers, and related entities, for other than livestock.
525	Other Payables (Sources Not Related to Company)	Enter the total dollar amount you owe to all vendors for other than livestock, meat, and meat products.
526	Total Trade Accounts Payables	Enter the sum total of lines 523, 524, and 525
527	Amount due to owners, officers, or related entities, 1 year or less	Enter dollar amount of notes and loans due by you to owners, officers, and related entities in 1 year or less.
528	Amount due to others 1 year or less (Sources not Related to Company)	Enter the dollar amount of notes and loans due by you to other than owners, officers, and related entities in 1 year or less.
529	Total Current Maturities of Long Term Debt	Enter the sum total of lines 527 and 528.
530	Other Current Liabilities	Enter the total dollar value of any accrued liabilities and other current liabilities due within 1 year of the reporting date of this report.
531	Total Current Liabilities	Enter the sum total of lines 522, 526, 529 and 530.
532	Amount due to owners, officers, or related entities, after 1 year	Enter the total dollar value of notes, mortgages, bonds, and installments that are payable to owners, officers, and related entities after 1 year.
533	Amount due to others after 1 year (Sources Not Related to Company)	Enter the total dollar value of notes, mortgages, bonds, and installments that are payable to other than owners, officers, and related entities after 1 year.
534	Total Long-Term Debt, Less Current Maturities	Enter the sum total of lines 532 and 533.
535	All Other Liabilities	Enter all other liabilities owed after 1 year.
536	Total Liabilities	Enter the sum total of lines 531, 534, and 535.

Line No.	Subject	Instruction
537	Owner's Equity	If unincorporated, enter the dollar value of the owner's net
	(Unincorporated)	worth (should equal line 521 less line 536).
539	Stock Issued	If incorporated, enter the dollar value of stock issued.
	(Incorporated)	1
530	Additional paid-in	If incorporated, enter the dollar value of any additional paid-
	capital	in capital.
540	Retained Earnings	If incorporated, enter the retained earnings.
541	Total Equity	Enter the sum of lines 537 through 540 (should equal line
0.11		521 less line 536).
542	Total Liabilities and	Enter the sum total of lines 536 and 541 (should equal line
	Equity	521).
	STATEMENT OF R	EVENUE AND EXPENSES – SECTION 6
601	Net Sales	Enter the value of gross sales less sales returns and
		allowances.
602	Opening Inventory	Enter the dollar amount of inventory at the beginning of the
		reporting period.
603	Livestock Purchases	Enter the dollar amount of livestock purchases during the
		reporting period (this should equal line 404).
604	Meat and Meat Products	Enter the dollar amount of meat and meat products
	Purchases	purchased during the reporting period.
605	Other Purchases	Enter the dollar amount of all other purchases during the
		reporting period.
606	Subtotal	Enter the sum of lines 602 through 605.
607	Closing Inventory	Enter the dollar amount of inventory at the end of the
		reporting period.
608	Total Cost of Sales	Subtract line 607 from 606.
609	Gross Profit	Subtract line 608 from line 601.
610	Manufacturing	Enter the dollar amount of manufacturing expenses incurred
010		during the reporting period. This includes all direct costs
		related to your slaughtering and process operations.
611	General, Sales, and	Enter the dollar amount of all General, Sales, and
011	Administrative	Administrative expenses incurred during the reporting
		period.
612	Depreciation and	Enter the dollar amount of depreciation and amortization
012	Amortization	during the reporting period.
613	Total Operating	Enter the sum of lines 610 through 612.
010	Expenses	Ziviz viit com or mice or o un congri or zi
614	Operating Income or	Subtract line 613 from line 609; enter the difference as
	Loss	Operating Income (+) or Loss (-).
615	Other Additions to	Enter any other additions to income during the reporting
	Income	period.
616	Interest Expense	Enter the dollar amount of all interest expenses incurred
	•	during the reporting period as a negative number.
617	Other Deductions from	Enter any other deductions from income during the reporting
	Income	period as a negative number.
618	Adjustments to	Enter the sum of lines 615 through 617.
	Operating Income + or -	

Line No.	Subject	Instruction		
619	Net Profit or Loss	Add line 618 to line 614; enter the sum as Net Profit (+) or		
		Loss (-) Before Income Tax.		
	CED7	PIELCATION CECTION 7		
CERTIFICATION – SECTION 7				
701	Print Name	Print the name of the owner, officer, partner, or member		
		responsible for this report.		
702	Signature	The report must be signed by a responsible person.		
703	Telephone	Enter the telephone number of the person signing the report.		
704	Date	Enter the date the report is signed.		
705	Title	Enter the title of the person signing the report.		