RBCS-20__A

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. Your survey responses are confidential and used only in combination with responses from other cooperatives. Title 7, U.S. Code, Section 2276 prohibit disclosure of individual information.

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 James Wadsworth at (202) 720-7395 or send an e-mail message to james.wadsworth@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 and annual financial statement to:

USDA/RBS, STOP 3256, 1400 Independence Ave., SW, Washington, D.C. 20250-3256

You can also email your response to james.wadsworth@usda.gov

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. This survey is voluntary, you are not required to respond. If you have any comments on this survey or on the survey burden, please send them to james.wadsworth@wdc.usda.gov

You may also use this space for comments and questions you have about the survey.

(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__?.....

4. 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?..... (140) $
   h. UNALLOCATED MEMBER EQUITIES (*Retained Earnings*)?..... (118) $
   i. TOTAL NET WORTH (*Total Equity*)?..... (124) $
   j. TOTAL LIABILITIES AND NET WORTH (*Equals Total Assets*)?..... (141) $

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) $
   b. COST OF GOODS SOLD?..... (131) $
   c. GROSS MARGIN *(Total sales minus cost of goods sold)?*..... (142) $
   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)?*… (143) $
   f. TOTAL WAGES AND BENEFITS EXPENSE (***Include*** *payroll taxes, group insurance, commissions, profit-sharing, and any other related benefits.)?*..... (123) $
   g. DEPRECIATION EXPENSE?..... (120) $
   h. INTEREST EXPENSE?…..... (121) $
   i. OTHER EXPENSES? (***Equals*** Total expenses – f, g, & h) ..... (144) $
   j. TOTAL EXPENSES (***Include*** *Operating and all Other Expenses)*?..... (125) $
   k. NET MARGINS FROM OPERATIONS (*Local Savings*)?..... (145) $
   l. TOTAL PATRONAGE REFUNDS AND DIVIDENDS RECEIVED FROM ALL OTHER COOPERATIVES (***Include*** *CoBank and all other cooperatives, less any equity writeoffs.)?*..... (113) $
   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) $
   n. NET INCOME BEFORE TAXES?..... (112) $
   o. 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*).

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

[1] ***Include*** *all meal sales with feed (in question 7) and all oil sales with manufactured food products (item 226 in question 6.)*

[2] ***Include*** *sales of cottonseed meal with feed (in question 7) and sales of cottonseed oil with manufactured food products (item 226 in question 6).*

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 retail and wholesale sales and percentage sold to ***other cooperatives*** (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 **did not** sell any supplies or equipment, please go to the next question.)*

			Percentage of

Supplies and equipment	Retail sales	Wholesale sales	wholesale sales to ***other cooperatives***
Feed *(Complete feeds, ingredients, hay, grains, oilseed meal, distillers grains, etc.)*[1]	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 [2]	511 $	561 $	611 %
TOTAL	513 $	563 $	

[1] **Include** value of feed sales under grower contracts. Do not include sales of whole grains and 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. Did **producers** hold membership in your cooperative during fiscal 20__? (*Please check one.*)

   NO ☐ (*If "NO," please go to the next question.*) YES ☐ *(If "YES," how many producer-members were:*

   a. ENTITLED TO VOTE? ..... NUMBER (103)

9. Did **other cooperatives** hold membership in your association?

   NO ☐ (*If "NO," please go to the next question.*) YES ☐ *(If "YES," continue with a.)*

   a. How many **other cooperatives** were entitled to vote for directors of your organization at the end of fiscal 20__?..... (102)

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

    a. FULL-TIME EMPLOYEES?..... (101)

    b. PART-TIME and/or SEASONAL EMPLOYEES?..... (972)

11. Did your cooperative operate facilities at branch locations during fiscal 20__? (***Exclude*** *your headquarters location.)*

    NO ☐ (*If "NO," please go to the next question.*) YES ☐

    IF "YES," AT HOW MANY BRANCH LOCATIONS DID YOUR COOPERATIVE OPERATE?..... (950)

12. Did your cooperative have any export sales in fiscal 20__? (*If "NO," please 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?..... (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. ☐ 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 page 2.).

NAME

ADDRESS

DATE OF PURCHASE OR MERGER

Was the other organization a cooperative?..... ☐ NO ☐ 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

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.