



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 contribution to this effort is very important. 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. A copy of our report will be sent to you. 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.

1. In what month did your cooperative end its fiscal or business year during 20__?.....
2. How many **producers** were members of your cooperative in fiscal 20__?
(**Include** only producer-members entitled to vote for directors.).....NUMBER
3. a. **ESTIMATED VALUE OF WOOL SOLD?**..... (225) \$
b. **SALES OF SUPPLIES (INPUTS)?**..... (513) \$
4. Number of **full-time and part-time and/or seasonal employees** your cooperative operated with during fiscal 20__?

FULL-TIME? (101)	PART-TIME AND/OR SEASONAL? (972)
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(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.)

5. 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) \$

6. 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) \$

7. REPORTED BY: _____ TITLE _____ PHONE () ____-

FAX () ____- DATE _____ E-MAIL ADDRESS _____

COOPERATIVE'S INTERNET HOME-PAGE ADDRESS _____

Please attach the enclosed return mailing label to your envelope and return this questionnaire along with a **copy of your 20__ annual report** to:

USDA/RBS, STOP 3256, 1400 INDEPENDENCE AVE., SW, WASHINGTON, DC 20250-3256

(If you would like your annual or audit report returned to you, please let us know.)

THANK 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 30 minutes 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. Your help is needed in developing and maintaining complete and accurate nationwide statistics on farmer, rancher, and aquacultural associations or cooperatives. 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@usda.gov