



United States Department of Agriculture
Rural Development

COOPERATIVE STATISTICS, 2015

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 Carolyn Liebrand at (202) 690-1414 or send an e-mail message to Carolyn.Liebrand@wdc.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 **your consolidated annual or audit report** to:

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

You can also email your response to James.Wadsworth@wdc.usda.gov

Questions? Please contact James Wadsworth 202/720-7395 or Charita Coleman 202/720-2480 or e-mail CoopInfo@wdc.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 not included in the consolidated annual or audit report.)

3. In what month did your cooperative end its fiscal or business year during 2015?

4. Please provide the amounts for these balance sheet items for your business year that ended in 2015.

a. CURRENT ASSETS?	(114) \$	<input style="width: 95%; height: 20px;" type="text"/>
b. INVESTMENTS IN ALL OTHER COOPERATIVES (Include CoBank.)?	(108) \$	<input style="width: 95%; height: 20px;" type="text"/>
c. PROPERTY, PLANT, AND EQUIPMENT(Net)?.....	(115) \$	<input style="width: 95%; height: 20px;" type="text"/>
d. TOTAL ASSETS?	(107) \$	<input style="width: 95%; height: 20px;" type="text"/>
e. CURRENT LIABILITIES?	(116) \$	<input style="width: 95%; height: 20px;" type="text"/>
f. TOTAL LIABILITIES?.....	(109) \$	<input style="width: 95%; height: 20px;" type="text"/>
g. ALLOCATED MEMBER EQUITIES?	(140) \$	<input style="width: 95%; height: 20px;" type="text"/>
h. UNALLOCATED MEMBER EQUITIES (<i>Retained Earnings</i>)?.....	(118) \$	<input style="width: 95%; height: 20px;" type="text"/>
i. TOTAL NET WORTH (<i>Total Equity</i>)?	(124) \$	<input style="width: 95%; height: 20px;" type="text"/>
j. TOTAL LIABILITIES AND NET WORTH (<i>Equals Total Assets</i>)?.....	(141) \$	<input style="width: 95%; height: 20px;" type="text"/>

5. From your income statement, please provide the following for your business year that ended in 2015.

a. TOTAL SALES (Exclude service receipts, other income, and patronage refunds.)?	(124) \$	<input style="width: 95%; height: 20px;" type="text"/>
b. COST OF GOODS SOLD?	(131) \$	<input style="width: 95%; height: 20px;" type="text"/>
c. GROSS MARGIN (<i>Total sales minus cost of goods sold</i>)?.....	(142) \$	<input style="width: 95%; height: 20px;" type="text"/>
d. SERVICE RECEIPTS AND OTHER OPERATING INCOME OR REVENUE (Include service revenues, storage and handling fees, etc.)?	(106) \$	<input style="width: 95%; height: 20px;" type="text"/>
e. GROSS REVENUE (<i>Gross Margin plus Service Receipts and other Income</i>)?...	(143) \$	<input style="width: 95%; height: 20px;" type="text"/>
f. TOTAL WAGES AND BENEFITS EXPENSE (Include payroll taxes, group insurance, commissions, profit-sharing, and any other related benefits.)?	(123) \$	<input style="width: 95%; height: 20px;" type="text"/>
g. DEPRECIATION EXPENSE?	(120) \$	<input style="width: 95%; height: 20px;" type="text"/>
h. INTEREST EXPENSE?	(121) \$	<input style="width: 95%; height: 20px;" type="text"/>
i. OTHER EXPENSES? (Equals Total expenses minus f, g, & h)	(144) \$	<input style="width: 95%; height: 20px;" type="text"/>
j. TOTAL EXPENSES (Include Operating and all Other Expenses)?.....	(125) \$	<input style="width: 95%; height: 20px;" type="text"/>
k. NET MARGINS FROM OPERATIONS (<i>Local Savings</i>)?.....	(145) \$	<input style="width: 95%; height: 20px;" type="text"/>
l. TOTAL PATRONAGE REFUNDS AND DIVIDENDS RECEIVED FROM ALL OTHER COOPERATIVES (Include CoBank and all other cooperatives, less any equity writeoffs.)?	(113) \$	<input style="width: 95%; height: 20px;" 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 style="width: 95%; height: 20px;" type="text"/>
n. NET INCOME BEFORE TAXES?	(112) \$	<input style="width: 95%; height: 20px;" type="text"/>
o. INCOME TAXES?	(135) \$	<input style="width: 95%; height: 20px;" type="text"/>
p. TOTAL NET INCOME (OR LOSS)?	(122) \$	<input style="width: 95%; height: 20px;" type="text"/>

6. If your cooperative **marketed any of the following products** in fiscal 2015, please report sales for each product or product group and the percentage of each that your cooperative received from **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 performed **bargaining** functions or operated on a **commission** basis, please indicate and provide estimated sales value for those commodities. If your cooperative **did not** market any products, please go to question 8).

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 (<i>Exclude meals and oils, distillers grains sold for feed, etc.</i>) ¹	201 \$	251 %
Rice	203 \$	253 %
Cotton, Lint	205 \$	255 %
Cottonseed (<i>Exclude meal and oil.</i>) 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 (<i>For fresh and processed market.</i>)	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. Of the products your cooperative marketed, in what State did they originate? (Please list product(s) reported in question 6 and indicate percent of sales by State in which product(s) was originated. Estimate if necessary.)

Product (list)	Office Use	State of Origin	Office Use	Percent	Product (list)	Office Use	State of Origin	Office Use	Percent
	351		401	451		357		407	457
	352		402	452		358		408	458
	353		403	453		359		409	459
	354		404	454		360		410	460
	355		405	455		361		411	461
	356		406	456		362		412	462

8. If your cooperative **sold any supplies** (feed, seed, fertilizer, crop protectants, petroleum products, and other supplies) and/or equipment in fiscal 2015, 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 question 10.)

Supplies and equipment	Retail sales	Wholesale sales	Percentage of 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.

9. In what States did your cooperative sell its supplies and equipment? (Please list product(s) reported in question 8 and

indicate percent of retail and/or wholesale sales by State in which product(s) was sold. Estimate if necessary.)

Product (list)	Office Use	State of Destination	Office Use	Percent	Product (list)	Office Use	State of Destination	Office Use	Percent
	651		701	751		658		708	758
	652		702	752		659		709	759
	653		703	753		660		710	760
	654		704	754		661		711	761
	655		705	755		662		712	762
	656		706	756		663		713	763
	657		707	757		664		714	764

10. Did **producers** hold membership in your cooperative during fiscal 2015? (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

11. 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 2015?

12. How many **employees** did your cooperative operate with during fiscal 2015?
 a. FULL-TIME EMPLOYEES?
 b. PART-TIME and/or SEASONAL EMPLOYEES?

13. Did your cooperative operate facilities at branch locations during fiscal 2015? (**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?

14. Did your cooperative have any export sales in fiscal 2015? (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?

15. If your cooperative acquired (by purchase or merger) another organization during fiscal 2015, 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

16. 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 2015 CONSOLIDATED ANNUAL OR AUDIT REPORT.

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

You can also email your response to James.Wadsworth@wdc.usda.gov

THANK YOU!

Your contribution to this effort is appreciated. A copy of our report will be sent to you at your request.
