



Please fill out the information in its entirety. All data collected will be kept confidential and destroyed once recorded in an aggregate manner. The data collected will be used in part to tell the cooperative story. For example we will be estimating the economic impact of other cooperatives. We will also create some simple financial benchmarks which we will share with you. Please answer all questions based on the last fiscal year audit.

Fiscal Year End Reporting: _____
 Cooperative Name: _____ Fiscal Year End: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Name: _____ Position: _____
 Phone: _____ Fax: _____ Email: _____
 Cell Phone: _____ I would like to receive text message updates from OACC. Yes No

Board Compensation

Director per meeting compensation: \$ _____ Average Director Monthly Compensation: \$ _____
 Average number of board meetings per year: _____ Do you pay mileage: Yes No

Company Profile

How many locations do you have?: _____

Please list your locations by town/city and identify by seasonal and full time:

What counties do you operate in?:

Total Number of Full Time Employees: _____ Total Number of Members: _____
 Total Number of Permanent Part Time Employee: _____ Total Number of Active Members: _____
 Total Number of Seasonal Employees: _____

Total Bushels of Grain Received/Cotton Ginned:

Total grain sales: \$ _____ Total Grain Margin: \$ _____ Total Ginning Income: \$ _____
 Licensed Grain Storage (bushels) _____ State or Federal Warehouse License _____

Unit Volume (bushels received/bales ginned)

Wheat: _____/bu Corn: _____/bu Milo: _____/bu Cotton: _____/Bales Ginned
 Soybeans: _____/bu Canola: _____/bu Other: _____: _____/bu Other: _____: _____/bu

Agronomy

Total Fertilizer Sales: \$ _____ Total Fertilizer Margin: \$ _____
 Total Tons of Fertilizer Sold: _____ Dry _____ Liquid _____
 Total number of application acres: _____ Chemical Sales: \$ _____ Seed Sales: \$ _____
 Number of Applicators: Floaters _____ Row Crop _____

Please return survey with dues check to:

OACC, PO Box 13548, Oklahoma City, OK 73113 or use an online fillable form at www.okagcoop.org.

And return by email to rjgray@okagcoop.org.



Oklahoma Agricultural Cooperative Council

Energy

Total Fuel Sales: \$ _____

Total Number of Gallons Sold: _____/gals

Overall:

Total Sales including portions of ownerships in LLCs: \$ _____

Total Members Equity: \$ _____

Total Unallocated/Retained Earnings: \$ _____

Total Assets: \$ _____

What was your local net savings for the most recent fiscal year? \$ _____

What was your total net savings for the most recent fiscal year? \$ _____

How much cash patronage did you pay in the most recent fiscal year end? \$ _____

How much stock patronage did you pay in the most recent fiscal year end? \$ _____

How much equity did you retire in the most recent fiscal year end? \$ _____

How much did your co-op pay in property taxes? \$ _____

How much did you pay in state taxes in your most recent fiscal year end? \$ _____

How much did you pay in federal taxes in your most recent fiscal year end? \$ _____

Total amount of payroll expenses for your most recent fiscal year end? \$ _____

How much did your co-op pay in community/charitable contributions? \$ _____

Total amount of farm supply sales for the most recent fiscal year end? \$ _____

What type of equity retirement system are you using?

___Age of Stock ___Age of Patron ___Estates ___Other

If you would like for a branch manager or anyone in your organization to receive OACC email updates and weekly newsletters please list their contact information below (I am updating the OACC Email list. If they aren't listed below and are currently receiving the newsletter they will be removed.):

Name	Title	Email Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Board of Directors

*If you would like for your Board members to receive information from the OACC by email or mail, please put them on the list. I am in the process of updating our contact information, both email and mail, if they aren't added to this survey they will **no longer** receive information from the OACC.*

Name: _____ Title: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

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