



2024 CO-OP QUESTIONNAIRE

To assist us with our legislative activities, please complete the following, if applicable, for your most recent full fiscal year.
This information may also be updated online by clicking below.

COMPLETE THIS FORM ONLINE

CO-OP NAME _____

HEADQUARTER TOWN _____

NAME OF PERSON COMPLETING FORM _____

FISCAL YEAR END DATE _____

2024 ANNUAL MEETING DATE _____

DOLLAR AMT. RETAINED AS ALLOCATED EQUITY: _____

DOLLAR AMT. PAID TO MEMBERS AS CASH PATRONAGE: _____

DOLLAR AMT. CONTRIBUTED TO COMMUNITY/CHARITABLE CAUSES: _____

DOLLAR AMT. PAID IN CORPORATE INCOME TAX: _____

DOLLAR AMT. PAID IN CO-OP PROPERTY TAXES: _____

OF FULL-TIME LOCATIONS: _____ # OF PART-TIME LOCATIONS: _____

OF FULL-TIME EMPLOYEES: _____

OF VOTING MEMBERS: _____

LICENSED GRAIN STORAGE CAPACITY OF ALL LOCATIONS: _____

RR LINES SERVING YOUR CO-OP: _____

PLEASE CHECK THE FOLLOWING PRODUCTS/SERVICES SUPPLIED BY YOUR CO-OP:

- | | |
|--|---|
| <input type="checkbox"/> Agronomy Consulting | <input type="checkbox"/> Feed Mill |
| <input type="checkbox"/> Ammonium Nitrate | <input type="checkbox"/> Grain Handling/Storage |
| <input type="checkbox"/> Anhydrous Ammonia | <input type="checkbox"/> Motor Fuels |
| <input type="checkbox"/> Bulk Feed | <input type="checkbox"/> Propane |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Seed |
| <input type="checkbox"/> Crop Nutrients | <input type="checkbox"/> Urea |
| <input type="checkbox"/> Crop Protection | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Custom Application | |