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U.S. Department of Agriculture
 Grain Inspection,
 Packers and Stockyards
 Administration

ANNUAL REPORT OF PACKERS

**Packers and
 Stockyards
 Program**

Instructions: If an item's value is zero, enter "0". If an item does not apply, enter "NA". Upon completion please verify that all items have been answered. Return completed form to the P&SP Central Reporting Unit. See separate instructions for complete information about this report.

GENERAL INFORMATION - SECTION 1

101	Reporting Period (mm/dd/yy)	a. from	b. to
102	Legal Business Name		
103	Business Name (dba)		
104	Mailing Address		
105	City, State, Zip		
106	Physical Address		
107	City, State, Zip		
108	Contact Name		
109	Telephone Number		
110	Fax Number		

ORGANIZATIONAL STRUCTURE - SECTION 2

List owners, officers, partners, and managing members in control of this business

	a. Name	b. Title	c. Percentage Ownership
201			
202			
203			
204			
205			

206	Type of organization	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> L.L.C.	<input type="checkbox"/> L.L.P.	<input type="checkbox"/> Co-op	<input type="checkbox"/> Other
207	Is this the same organization type reported last year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
208	Is this business owned or controlled by another business entity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
209	If line 208 is yes, identify the owner/controlling business name and address.							
210	Does this business own or control other businesses within the livestock-meat sector?	<input type="checkbox"/> Yes	<input type="checkbox"/> No					

If line 210 is yes, then provide the names of businesses that you own or control and percentage of control it items 211-214

	a. Name of Business	b. Percentage of Control
211		
212		
213		
214		

Your response to this form is required under the Packers and Stockyards Act of 1921 (9 CFR 201.97 and 7 U.S.C. 181-229). According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information is 0580-0015. The time required to complete this information collection is estimated to average 7 hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

FINANCIAL INFORMATION - SECTION 3

301	Total value of livestock purchased for feeding	\$ _____	
302	Total value of livestock purchased for slaughter	\$ _____	
303	Total value of all livestock purchased (line 301 plus 302)		\$ _____
304	As of the end of the reporting period, were Accounts Receivable and/or Inventories, or any part thereof, pledged or assigned as collateral under a financing or loan agreement?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Enter name and location of bank used for livestock payments

305	Bank Name	
306	Physical Address	
307	City, State, Zip	

BALANCE SHEET - SECTION 4

Include values only for the reporting entity.

Assets

Current Assets

Cash (Enter overdrafts under Current Liabilities - line 418)	401	\$ _____
Temporary Cash Investments (Marketable Securities, Certificates of Deposit, Commercial Paper, etc.)	402	\$ _____
Accounts Receivable (Due in One Year or Less)		
From sources not related to company	403	\$ _____
From sources related to company	404	\$ _____
Total Accounts Receivable	405	\$ _____
Notes and Loans Receivable (Portion due in One Year or Less)	406	\$ _____
InVENTORY		
Livestock	407	\$ _____
Meat and Meat Food Products	408	\$ _____
Other Inventory	409	\$ _____
Total Inventory	410	\$ _____
Other Current Assets	411	\$ _____
Total Current Assets	412	\$ _____

Long-Term Assets

Investments	413	\$ _____
Property, Plant, & Equipment (Net of Depreciation and Amortization)	414	\$ _____
Other Long-Term Assets	415	\$ _____
Total Long-Term Assets	416	\$ _____
Total Assets	417	\$ _____

Liabilities and Net Worth

Liabilities

Current Liabilities

Bank Overdraft	418	\$ _____
Accounts Payable		
Livestock Purchases	419	\$ _____
Other payables to sources not related to company	420	\$ _____
Other payables to sources related to company	421	\$ _____
Total Accounts Payable	422	\$ _____
Notes and Loans Payable (Demand Notes and Portion of Long-Term Notes due in One Year or Less)	423	\$ _____
Other Current Liabilities	424	\$ _____
Total Current Liabilities	425	\$ _____

Long-Term Liabilities (Due after One Year)

	426	\$ _____
Total Liabilities	427	\$ _____

Total Net Worth

	428	\$ _____
Total Liabilities and Net Worth (Equals Total Assets)	429	\$ _____

INCOME STATEMENT - SECTION 5

Include values only for reporting entity.

Income Statement

Net Sales (Gross sales less sales returns & allowances)		501	\$ _____
Cost of Sales			
Opening Inventory	502	\$	_____
Livestock Purchases	503	\$	_____
Meat and Meat Food Product Purchases	504	\$	_____
Other Purchases	505	\$	_____
Subtotal (sum lines 502 to 505)	506	\$	_____
Closing Inventory	507	\$	_____
Total Cost of Sales (line 506 less 507)			508 \$ _____
Gross Profit			509 \$ _____
Operating Expenses			
Manufacturing	510	\$	_____
General, Sales, and Administrative	511	\$	_____
Depreciation & Amortization	512	\$	_____
Total Operating Expenses			513 \$ _____
Operating Income or Loss			514 \$ _____
Adjustments to Operating Income			
Other Additions to Income	515	\$	_____
Interest Expense	516	\$	_____
Other Deductions from Income	517	\$	_____
Total Adjustments to Operating Income			518 \$ _____
Net Profit or Loss before Income Tax			519 \$ _____

LIVESTOCK FEEDING OPERATIONS, PROCUREMENT, SLAUGHTER, AND MEAT PROCESSING - SECTION 6

Plant Information.

If you use only one plant for slaughter operations, report values here. If you use more than one plant, then use Supplement Form 3005 for each plant and report totals here.

601	Plant Name			
602	Mailing Address			
603	City, State, Zip			
604	Plant Physical Address (if different from 106)			
605	Is this plant federally or state inspected?	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> Neither
606	606. FSIS or state plant inspection number:			
607	Do you own or lease this plant?	<input type="checkbox"/> Own	<input type="checkbox"/> Lease	<input type="checkbox"/> Neither

Custom Slaughter: If you custom slaughter for other businesses in the plant listed in line 601, complete lines 608-617, otherwise continue to line 618.

List the names and addresses of the four largest entities you slaughter for in lines 608-611. List only entities for which you slaughter at least 100 head. Add total slaughter for entities not in your largest four and less than 100 head together and list on line 616. Total all values on line 617.

	Entity Name	Entity Address
608	1st Entity	
609	2nd Entity	
610	3rd Entity	
611	4th Entity	

Enter the number of head slaughtered for each entity listed in lines 608-611

	Steer/Heifer (hd)	Cow/Bull (hd)	Calf (hd)	Hog (hd)	Sheep/Lamb (hd)	Other (hd)
612	1st Entity					
613	2nd Entity					
614	3rd Entity					
615	4th Entity					
616	All others					
617	Total					

Committed Supply: Livestock procured more than 14 days before slaughter.

	Steer/Heifer (hd)	Cow/Bull (hd)	Calf (hd)	Hog (hd)	Sheep/Lamb (hd)	Other (hd)
618	Packer owned					
619	From other packers					
620	All other committed sources					
621	Total					

Non-Committed Supply: Livestock procured 14 days or fewer before slaughter.

	Steer/Heifer (hd)	Cow/Bull (hd)	Calf (hd)	Hog (hd)	Sheep/Lamb (hd)	Other (hd)
622	From other packers					
623	Direct					
624	Through public markets					
625	Total					

Slaughter Adjustments: Livestock procured but not slaughtered.

	Steer/Heifer (hd)	Cow/Bull (hd)	Calf (hd)	Hog (hd)	Sheep/Lamb (hd)	Other (hd)
626	Livestock sold					
627	Dead or condemned					
628	Total					

Total Slaughter.

Line 629 equals line 617 plus line 621 plus line 625 minus line 628

	Steer/Heifer (hd)	Cow/Bull (hd)	Calf (hd)	Hog (hd)	Sheep/Lamb (hd)	Other (hd)
629	Total slaughter					

Number of Livestock Paid for Based on Carcass Basis and Dressed Weight (i.e., not liveweight).

	Steer/Heifer (hd)	Cow/Bull (hd)	Calf (hd)	Hog (hd)	Sheep/Lamb (hd)	Other (hd)
630	Carcass and Dressed					

631 Do you use an electronic instrument to determine payment for carcasses or livestock? Yes No

632 If you answered yes in item 631, list the manufacturer and the type of instrument.

Meat Processing Activities (Slaughtering Plants Only)

	Beef (1000 lbs)	Pork (1000 lbs)	Veal (1000 lbs)	Lamb/Mutton (1000 lbs)	Other (1000 lbs)
633	Purchased externally or transferred in				
634	Total products shipped (exclude offal)				

CERTIFICATION - SECTION 7

Under the Packers and Stockyards Act any person who willfully makes, or causes any false entry or statement of fact in this report shall be deemed guilty of offense against the United States, and be subject to a fine of \$1,000 to \$5,000, or to imprisonment for a term of not more than 3 years, or to both fine and imprisonment.

I certify that this report has been prepared by me or under my direction, and to the best of my knowledge and belief correctly reflects reporting entity operations.

701 Print Name	702 Signature (Must be signed by a person listed on 201-205)		
703 Phone Number	704 Date	705 Title	

Submitted information is confidential (9 CFR 201.96). Failure to report will result in forfeiture to the United States \$110 per day until report receipt 7 (U.S.C. 222). Enclose with this form all completed Form 3005's, Supplement Packer Annual Reports, for multiplant operations.

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