

Business Entity ID Number	For PSD Stamp Only	PSD Bar Code Only
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U.S. Department of Agriculture
 Agricultural Marketing Service
 Fair Trade Practices Program
 Packers and Stockyards Division

**ANNUAL REPORT
 OF PACKERS**

Select this box if you want to receive electronic notification to file your annual report. This will begin in the next reporting cycle.

Electronic Filing

Instructions: If a line's value is zero, enter "0". If a line does not apply, enter "N/A". Return completed form to the PSD Central Reporting Unit. If all lines are not completed when the form is received, the form will be returned. See separate instructions for complete information about this report.

You must complete form PSD 3005 for each plant that you use for your firm's operation. The total values reported in Section 2 of Form PSD 3005 will be combined and reported as the totals in Section 3 of this form.

GENERAL INFORMATION - SECTION 1

101	Reporting Period (mm/dd/yyyy)	a. FROM:	b. TO:
102	Entity Name		
103	Trade Name/d.b.a.		
104	Mailing Address		
105	City, State, Zip+4		
106	Operating Address		
107	City, State, Zip+4		
108	Contact Name		
109	Contact Telephone	110	Fax Number
111	E-Mail Address	112	Web Address

ORGANIZATIONAL STRUCTURE - SECTION 2

List owners, officers, partners, and members in control of this business with their ownership percentage.

	a. Name	b. Title	c. %
201			
202			
203			
204			
205			

206	Type 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"/> Association
207	Is this the same organization type reported last year? <input type="checkbox"/> Yes <input type="checkbox"/> No
208	Does the entity own or operate scales on which payment to sellers is determined? <input type="checkbox"/> Yes <input type="checkbox"/> No
209	What is the basis of payment made to the entity for most livestock you purchase? <input type="checkbox"/> Per Head <input type="checkbox"/> Live Wt. <input type="checkbox"/> Dressed Wt./Carcass Basis
210	Do you use an electronic instrument to measure carcass characteristics to determine payment to sellers? <input type="checkbox"/> Yes <input type="checkbox"/> No
211	If line 210 is Yes, list the manufacturer and the type of instrument.
212	Is this business owned or controlled by another business entity - If Yes, list the name and address on line 213 <input type="checkbox"/> Yes <input type="checkbox"/> No
213	Owned/controlling business name and address
214	Does this Business, including any Owners, Officers, Directors, Members or Employees, own an interest in any other Market Agency, Dealer Organization, or Packing Company? <input type="checkbox"/> Yes <input type="checkbox"/> No

If line 214 is yes, give the name of related firms, name of person or firms with relationship, and percentage of ownership under lines 215-218

	a. Name of Related Firm	b. Name of Person/Firm with Relationship	c. %
215			
216			
217			
218			

**LIVESTOCK FEEDING OPERATIONS, PROCUREMENT, SLAUGHTER,
AND MEAT PROCESSING - SECTION 3**

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.

301	Plant Name	
302	Mailing Address	
303	City, State, Zip + 4	
304	Plant Physical Address (if different from 106)	

305	Is this plant federally or state inspected?	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> Neither
306	FSIS or state plant inspection number:	_____		
307	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 than the plant listed in line 301, complete lines 308-318, otherwise continue to line 319.

List the names and addresses of the entities for which you provided custom slaughter services at this plant in lines 308-311. List only entities for which you custom slaughtered at least 100 head or more. Add additional pages as necessary.

	Entity Name	Entity Address	Telephone
308	1st Entity		
309	2nd Entity		
310	3rd Entity		
311	4th Entity		

For each entity listed on lines 308-311 enter the number of head slaughtered on lines 312-315. Combine number of head slaughtered for additional entities reported on separate pages, and enter on line 316. For those entities you slaughter less than 100 head, enter number of head on line 317. Total all values on line 318.

		Steer/Heifer (hd)	Cow/Bull (hd)	Calf (hd)	Hog (hd)	Sheep/Goat (hd)	Other (hd)
312	1st Entity						
313	2nd Entity						
314	3rd Entity						
315	4th Entity						
316	Total additional pgs.						
317	Total < 100 hd.						
318	Total						

Committed Procurement: Livestock procured more than 14 days before slaughter:

		Steer/Heifer (hd)	Cow/Bull (hd)	Calf (hd)	Hog (hd)	Sheep/Goat (hd)	Other (hd)
319	Packer owned						
320	From other packers						
321	All other sources						
322	Total						

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

		Steer/Heifer (hd)	Cow/Bull (hd)	Calf (hd)	Hog (hd)	Sheep/Goat (hd)	Other (hd)
323	From other packers						
324	Direct						
325	Through public markets						
326	Total						

Slaughter Adjustments: Livestock procured but not slaughtered:

		Steer/Heifer (hd)	Cow/Bull (hd)	Calf (hd)	Hog (hd)	Sheep/Goat (hd)	Other (hd)
327	Livestock sold						
328	Dead or condemned						
329	Total						

Total Slaughter: Line 330 equals line 318 plus 322, plus 326, minus line 329

		Steer/Heifer (hd)	Cow/Bull (hd)	Calf (hd)	Hog (hd)	Sheep/Goat (hd)	Other (hd)
330	Total Slaughter						

Number of Livestock Paid for Based on Carcass Grade; Carcass Weight or Carcass Grade and Weight (i.e., not liveweight):

		Steer/Heifer (hd)	Cow/Bull (hd)	Calf (hd)	Hog (hd)	Sheep/Goat (hd)	Other (hd)
331	Carcass Basis/ Dressed Wt.						

Meat Processing Activities:

		Beef (1000 lbs)	Pork (1000 lbs)	Veal (1000 lbs)	Lamb (1000 lbs)	Other (1000 lbs)
332	Purchased externally or transferred in					
333	Total Products shipped (exclude offal)					

FINANCIAL INFORMATION - SECTION 4

401	Number of days livestock was purchased during the reporting year	_____
402	Total value of livestock purchased for feeding	\$ _____
403	Total value of livestock purchased for slaughter	\$ _____
404	Total value of all livestock purchased (line 402 plus 403)	\$ _____

Enter name and location of bank used for livestock payments. Add additional banks if necessary

405	Name of Financial Institution	_____		
406	Physical Address	_____		
407	City, State, Zip +4	_____		
408	Contact Name	409	Contact Telephone	_____

410	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
411	At any time during the year, Have you been notified by your financial institution that you were in violation of any terms, conditions, and/or covenants of your financial agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
412	If so notified, have you been provided a waiver from your financial institution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
413	If the financial institution named in line 405 is the same as that used for your financial or loan agreement, check this box. Otherwise, complete lines 414 through 418, as necessary.	Same as 405	<input type="checkbox"/>

If the checkbox for 413 is not selected, complete lines 414 through 418 for each financial lending institution. Attach additional sheets if more than one.

414	Name of Lending Institution	_____		
415	Mailing Address	_____		
416	City, State, Zip +4	_____		
417	Contact Name	418	Contact Telephone	_____

Livestock Trust Ratio Calculation

Reference the instruction sheet in calculating your Livestock Trust ratio

419	Calculated Trust Ratio	_____
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STATEMENT OF ASSETS, LIABILITIES, AND EQUITY - SECTION 5

Include values only for the reporting entity. NOTE: If you ONLY provide custom slaughter, and/or your livestock purchase volume is under \$500k, you do not need to complete sections 5 and 6.

ASSETS

Current Assets:	
Cash (Enter overdrafts on line 522)	501 \$ _____
Current Cash Equivalents (CD's, Savings, etc.)	502 \$ _____
Trade Accounts Receivables-Net (Due in 1 year or less):	
Owners, Officers, and Affiliated Companies	503 \$ _____
All Others (Sources Not Related to Company)	504 \$ _____
Total Trade Accounts Receivable-Net (Due in 1 year or less) (Total lines 503 and 504)	505 \$ _____
Inventory:	
Livestock Inventory	506 \$ _____
Meat and Meat Products Inventory	507 \$ _____
Other Inventory	508 \$ _____
Total Inventories (Total lines 506, 507, and 508)	509 \$ _____
Notes and Loans Receivable (Due in One Year or Less):	
Owners, Officers, and Related Entities	510 \$ _____
Others (Sources Not Related to Company)	511 \$ _____
Total Notes and Loans Receivable (Due in 1 Year or Less) (Total lines 510 and 511)	512 \$ _____
Advances Made on Livestock	513 \$ _____
Other Current Assets	514 \$ _____
Total Current Assets (Enter the sum total of lines 501, 502, 505, 509, 512, 513, and 514)	515 \$ _____
Property, Plant, & Equipment (Net of Depreciation and Amortization)	516 \$ _____
Other Assets:	
Investments in Subsidiaries and Affiliated Companies	517 \$ _____
Due from Owners, Officers, and Related Entities (Due in 1 year or more)	518 \$ _____
Other Assets	519 \$ _____
Total Assets (Total of lines 517 through 519)	520 \$ _____
TOTAL ASSETS (Total of lines 515, 516, and 520)	521 \$ _____
LIABILITIES	
Current Liabilities:	
Overdraft	522 \$ _____
Trade Accounts Payables:	
Livestock Payables (Due in 1 Year or Less)	523 \$ _____
Other Payables to Owners, Officers, and Related Entities (Due in 1 Year or Less)	524 \$ _____
Other Payables (Sources Not Related to Company)(Due in 1 Year or Less)	525 \$ _____
Total Trade Accounts Payables (Total lines 523, 524, and 525)	526 \$ _____
Current Maturities of Long-Term Debt: (Demand notes and portion of long-term notes due in 1 year or less)	
Owners, Officers, and Related Entities	527 \$ _____
Others (Sources Not Related to Company)	528 \$ _____
Total Current Maturities of Long-Term Debt (Total lines 527 and 528)	529 \$ _____
Other Current Liabilities	530 \$ _____
Total Current Liabilities (Total lines 522, 526, 529, and 530)	531 \$ _____
Other Liabilities:	
Long -Term Debt, Less Current Maturities: (Due in 1 year or more)	
Owners, Officers, and Related Entities	532 \$ _____
Others (Sources Not Related to Company)	533 \$ _____
Total Long-Term Debt, Less Current Maturities (Total of lines 532 and 533)	534 \$ _____
All Other Liabilities	535 \$ _____
TOTAL LIABILITIES (Total of lines 531, 534 and 535)	536 \$ _____

EQUITY

Owner's Equity (Unincorporated)	537	\$	_____
OR			
Stock Issued (Incorporated)	538	\$	_____
Additional Paid-in Capital	539	\$	_____
Retained Earnings	540	\$	_____
TOTAL EQUITY (Total lines 537 through 540)			541 \$ _____
TOTAL LIABILITIES AND EQUITY (should equal line 521)			542 \$ _____

STATEMENT OF REVENUE AND EXPENSES - SECTION 6

Include values only for reporting entity.

Income Statement

Net Sales (Gross sales less sales returns & allowances)	601	\$	_____
Cost of Sales			
Opening Inventory	602	\$	_____
Livestock Purchases	603	\$	_____
Meat and Meat Product Purchases	604	\$	_____
Other Purchases	605	\$	_____
Subtotal (sum lines 602 to 605)	606	\$	_____
Closing Inventory	607	\$	_____
Total Cost of Sales (line 606 less 607)			608 \$ _____
Gross Profit (line 601 less 608)			609 \$ _____
Operating Expenses			
Manufacturing	610	\$	_____
General, Sales, and Administrative	611	\$	_____
Depreciation & Amortization	612	\$	_____
Total Operating Expenses	613	\$	_____
Operating Income or Loss (line 609 less line 613)			614 \$ _____
Adjustments to Operating Income			
Other Additions to Income	615	\$	_____
Interest Expense (enter as a negative number)	616	\$	_____
Other Deductions from Income (enter as a negative number)	617	\$	_____
Adjustments to Operating Income + or - (Enter the sum total of lines 615 through 617; enter as + or -)			618 \$ _____
Net Profit or Loss Before Taxes (Add line 618 plus line 614)			619 \$ _____

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. Section 10 of the FTC Act, made applicable by Section 402 of the Act (7 U.S.C. 222).

With my signature, I certify the information provided on this form is true and correct to the best of my knowledge and belief, I am an owner, officer, or have been authorized by responsible management to certify this report. (This form must be signed by a person listed in liens 201-205)

701 Print Name		702 Signature
703 Telephone Number	704 Date	705 Title

Submitted information is confidential (9 CFR 201.96). Failure to report may result with a complaint filed against the entity in a United States District Court charging the entity with violations of the Packers and Stockyards Act and seeking civil penalties as authorized by law per day until report receipt. Section 10 of the FTC Act, made applicable by Section 402 of the Act (7 U.S.C. 222).

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 0581-0308. The time required to complete this information collection is estimated to average 7 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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To file a complaint alleging discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office or write a letter addressed to USDA and provided in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (a) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (b) fax: (202) 690-7442; or (c) email: program.intake@usda.gov.
