

2005 Harmonized Statement A Corporations/Co-operatives and Special Individuals

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Section 1: Name and Add	dress		
Print your name and address in th in case we need to contact you.	is section. Provide phone numbers	If you would like someone oth additional information on you address in this section.	
Partici	pant	Contact	Person
Name		Name	
Address		Address	
Town/City	Province	Town/City	Province
Postal Code	Facsimile Number ()	Postal Code	Telephone (days) ()
Telephone (days)	Telephone (evenings)	Facsimile Number	
Section 2: Participant Pr	ofile		
CAIS Participant Identification Numb	per (PIN)	Social Insurance Number (SIN	
Business Number	RC	Trust Number	
	ole boxes) ommunal organization	a limited liability partnership a Status Indian farming on a Reserv	a trust
Province of main farmstead:	Province of main residence as of December 31, 2005:	Language of preference:	English French
Number of years the operation has fa	armed:	Was 2005 your final year of farmin	ng? Yes No
If participant is deceased, please pro	vide the date of death: Year	Month Day	
If you are applying as a corporation, indicate the date of incorporation:	Year Month Day	If dissolved, provide the date of dissolution:	Year Month Day
Are you a current or former federal p	•	Yes No ployment Code for the Public Service?	Yes No
Location of main farmstead, indicate Yukon, British Columbia - District New Brunswick, Nova Scotia - Co Saskatchewan, Manitoba - Legal	t name and number punty name and/or number		
District/County Name:			
District/County Number:			
Legal Land Description: qtr	sec twp rng mer	dian	
Based on the criteria outlined in the NOTE : Partnerships do not need		nbined with another? Yes	No
Was your farming operation combine	ed with another operation by CAIS in	n the last program year?	es No
Are you sending in any of the follow	ing to the CAIS Administration? (ple	ase check all that apply)	
Modified Accrual Accounting O	ption (MAAO) Accru	al to Cash/Cash to Accrual Conversio	n Worksheets
Multi-Year Crops Worksheet	Perish	nable Commodities Worksheet	
Receipts	Othe	r (please specify)	



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Operation	#

Total B +

Total Income \$



of

Section 3: Identification - Complete a Statement B for each additional farming operation Single Farm Partnership Method of accounting -	ge 2						
Method of accounting							
Single Farm Partnership Method of accounting -							
Fiscal Period From: Year Month Day Fiscal Period Year Month Day From: Year Month Day From: Year Month Day From: Year Month Day Finder Code 1: If you are using the accrual method Enter Code 2: If you are using the cash method							
Was your farming operation involved in any of the following (check all applicable boxes for this operation)? a member of a feeder association							
Section 4: Income							
Enter the applicable code for each entry on the form. The codes are listed in the Commodity List and the Program Payment included in the Instructional Guide. Round off all income amounts to the nearest dollar.	List						
Commodity Sales & Program Payments Code Amount Other Farming Income Line Amount	t						
Other program payments 9540							
Business Risk Management (BRM) and Disaster Assistance Payments 9544							
Resales, rebates, GST/HST for allowable expenses 9574							
Resales, rebates, GST/HST for non-allowable expenses, recapture of capital cost allowance (CCA) 9575							
Agricultural contract work 9601							
Patronage dividends 9605							
Interest 9607							
Gravel 9610							
Trucking (farm-related only) 9611	nent List						
Resales of commodities purchased 9612	ent List						
Leases (gas, oil well, surface, etc.) 9613	Payment List Amount						
Machine rental 9614							
Custom feeding income 9617							
Other (specify): 9600							
Total B \$							
Summary of Income							
Total A							

Total A

9950



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Section 5: Expenses

Enter the applicable code for each entry on the form. The codes are listed in the **Commodity** List and the Program Payment List included in the Instructional Guide. Round off all expense amounts to the nearest dollar.

PIN:				

Commodity Purchases and Repayment of Program Benefits	Code	Amount
Total C	9960	\$

Allowable Expenses	Line	Amount
Containers and twine	9661	
Fertilizer and soil supplements	9662	
Pesticides and chemical treatments	9663	
Insurance premiums (crop or production)	9665	
Veterinary fees, medicine, and breeding fees	9713	
Minerals and salts	9714	
Machinery (gasoline, diesel fuel, oil)	9764	
Electricity	9799	
Freight and shipping	9801	
Heating fuel	9802	
Arm's length salaries	9815	
Storage/drying	9822	
Prepared feed	9830	
Custom feeding	9831	
Commissions and levies	9836	
	Total D	\$

Summary of Expenses	
Total C	
Total D	+
Total E	+
Total Expenses	\$

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Non-Allowable Expenses	Line	Amount
Machinery (repairs, licenses, insurance)	9760	
Machinery lease/rental	9765	
Advertising and promotion costs	9792	
Building and fence repairs	9795	
Land clearing and draining	9796	
Agricultural contract work	9798	
Other insurance premiums	9804	
Interest (real estate, mortgage, other)	9805	
Memberships/subscription fees	9807	
Office expenses	9808	
Legal and accounting fees	9809	
Property taxes	9810	
Rent (land, buildings, pastures)	9811	
Non-arm's length salaries	9816	
Motor vehicle expenses	9819	
Small tools	9820	
Soil testing	9821	
Licenses/permits	9823	
Telephone	9824	
Quota rental (tobacco, dairy)	9825	
Gravel	9826	
Purchases of commodities resold	9827	
Motor vehicle interest and leasing costs	9829	
Allowance on eligible capital property	9935	
Capital cost allowance	9936	
Mandatory inventory adjustments — prior year	9937	
Optional inventory adjustments — prior year	9938	
Other (specify):	9896	
	Total E	\$



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Section 6: Statement of Farming Activities (if applicable)

Other Items	Code	Amount
Gross farming income	9959	
Total farming expenses	9968	
Net farming income (loss) before adjustments	9969	

Other Items	Code	Amount
Optional inventory adjustments - current year	9941	
Mandatory inventory adjustments - current year	9942	
Net farming income (loss) after adjustments	9944	
Net farming income (loss)	9946	

Shareholder/Member Information

Number of members in co-operative 865

Total number of outstanding common shares (voting and non-voting)

854

Name of Shareholder/Member	Social Insurance Number					ce N	umk	oer	Number of Common Shares Per Shareholder	55
	Ш									
				_						
	Щ									
	Ш									
	Ш									
	Ш									
				_						
				_						

Partnership Information

Partnership Name:

Partnersh	ip PIN	(for	office	use	only):
-----------	--------	------	--------	-----	--------

Enter the first and last name if the partner is an individual. Enter the corporation name if the partner is a corporation.	% Share	Soc	ial I	nsu	rand	e N	uml	ber	
Your Name									
Partner's Name									
Partner's Name									
Partner's Name									
Partner's Name									
Partner's Name									
Partner's Name									
Partner's Name									

Вι	ısin	ess	Nun	nbei	r (if	part	tner	is a	cor	por	atio	n)
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CHECK HERE IF NOTHING TO REPORT:

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Contract If you participated in Production (Crop) Insurance during the program year for this operation, please provide the

Section 7: Crop Inventory Valuation

Has the productive capacity of this operation decreased during the program year due to disaster circumstances?		If you participated in Production (Crop) Insurance during the program year for this operation, please provide the Contract Numbers in the spaces below.
--	--	---

	17	16								Code	۵
	Number of Summerfallow Acres	Number of Unseedable Acres (too wet/too dry)								Crop/Grade	Ь
	res	wet/too dry)								Units	C
										Acres	۵
_										Starting Inventory	e
										Starting Quantity Inventory Produced	Ť
										Quantity Purchased	9
										Quantity Sold	5
		Net in								Quantity Used as Feed	
		crease (d								Quantity Used as Seed	
	•	ecrease)								Ending Inventory (e+f+g-h-i-j)	~
		Net increase (decrease) total column "n":								Change in Quantity (k-e)	_
		mn "n":								Fair Market Change in Value (1 x m)	3
										Change in Value (I x m)	3

19 ₩

Number of Wasteland Acres Number of Pasture Acres

Total (d)

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#	

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CHECK HERE IF NOTHING TO REPORT:

☐ Yes ☐ No

ntory Valuation
3: Livestock Inven
ction 8

Has the productive capacity of this operation decreased during the program year due to disaster circumstances?

Note 1: If you file to Canada Revenue Agency (CRA) on the accrual basis, do not complete columns (k), (l), or (m).

	total "m":	Net increase (decrease) total "m":	Net increas			(column i):	ansfers out (il the total tr	ı) must equa	in (column h	The total transfers in (column h) must equal the total transfers out (column i):	
Change Value (k x ľ.	Fair Market Value	Change in Quantity (j - c)	Ending Inventory (c+d+e-f-g+h-i)	Transfers Out # of head	Transfers In # of head	Deaths # of head	Sales # of head	Purchases # of head	Births # of head	Starting Inventory # of head	Description	Code
E		¥	j	-	h	g	ţ	е	p	C	q	a

Additional Livestock Information - Production Information

					I
	Productive Animals	Units	2005		Su
104	104 Cattle	# of cows that calved		Ξ	113 Da
123	123 Hogs, Farrow to Finish	# of sows that farrowed		10	108 Ch
145	145 Hogs, Farrowing	# of sows that farrowed		10	109 Ch
	Number of Feeder Livestock			14	143 Ch
105	105 Feeder Cattle (fed up to 900 lbs)	# animals fed		4	144 Tu
106	106 Feeder Cattle (fed over 901 lbs)	# animals fed			ō
125	125 Hogs, Nursery (fed up to 50 lbs)	# animals fed		12	128 PN
124	124 Hogs, Feeders (fed over 51 lbs)	# animals fed			
	Custom Fed Livestock				\vdash
141	141 Cattle	# of animal feed days			
142	142 Hogs	# of animal feed days			

108 Chickens, layers, broiler eggs for hatching # 109 Chickens, layers, eggs for consumption # 143 Chickens, broilers 144 Turkeys, broilers Other (specify below) 128 PMU 9	Supply Managed Commodities Units	2005
kens, layers, broiler eggs for hatching kens, layers, eggs for consumption kens, broilers eys, broilers er (specify below)	kg of butterfat/day	
kens, layers, eggs for consumption kens, broilers eys, broilers er (specify below)	iler eggs for hatching # producing	
eys, broilers eys, broilers er (specify below)	ggs for consumption # producing	
eys, broilers r (specify below)	kg produced	
sr (specify below)	kg produced	
	ow)	
	grams/year	



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Section	y. Othor	Information
JECHOII.	7. Other	ııııdımadıdı

Complete the sections below only	y if you file to	the Canada	Revenue
Agency (CRA) on the cash basis.			

PIN:

Note 1: Report only allowable income and expense items in the sections below.

Note 2: Please round off all amounts to the nearest dollar.

Part A) Purchased Inputs Valuation

CHECK HERE IF NOTHING TO REPORT:

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		(a)
Code	Description	Start of 2005 Fiscal Period (\$)
	Totals	(a)

(b)
End of 2005
Fiscal Period (\$)
(b)

(c) Net increase (decrease) in value of purchased inputs (Total (b) - Total (a)):

(c)

Part B) Deferred Income and Receivables

CHECK HERE IF NOTHING TO REPORT:

		(a)
Code	Description	Opening Receivables and Income Deferred to 2005 Fiscal Period (\$)
	Totals	(a)

(D)
Closing Receivables for 2005 and Income Deferred to 2006 Fiscal Period (\$)
(b)

(c) Net increase (decrease) in deferred income and receivables (Total (b) - Total (a)):

(c)			
1(0)			

Part C) Accounts Payable

CHECK HERE IF NOTHING TO REPORT

т:	

		(a)	
Code	Description	Accounts Payable Start of 2005 Fiscal Period (\$)	
	Totals	(a)	

(b)			
Accounts Payable End of			
2005 Fiscal Period (\$)			
(b)			

(c) Net decrease (increase) in accounts payable (Total (a) - Total (b)):

/-\			
(~)			



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Confidential Information

By completing this form, you authorize the Canada Revenue Agency to share information from your Statement A with the Minister of Agriculture and Agri-Food and you authorize the Minister of Agriculture and Agri-Food to share the information with provincial ministers of agriculture and with the administrators of other federal/provincial farm programs. You further authorize the Minister of Agriculture and Agri-Food to share any additional information that you provide as your application is processed.

The information will be used for the purposes of administering your participation in the CAIS program, determining your eligibility for benefits, verifying the information submitted, administering the premium adjustment linkage between production insurance and the CAIS program, as well as for the purposes of administering benefits under other farm income and special assistance programs, and for purposes of audit, analysis, and evaluation of the CAIS and other farm income and special assistance programs.

In addition, by submitting this form for benefits under the Canadian Agricultural Income Stabilization (CAIS) program, you:

- 1) certify that the information provided is complete and correct;
- 2) understand and agree that any interim payment of CAIS program funds or payments made under the Producer Assistance program will be deducted in the calculation of a final CAIS program payment;
- 3) agree that you will repay any amounts paid to you by the CAIS program that are in excess of the amount calculated under the program rules;
- 4) understand that interest will be charged on overpayments at the 90 day Federal Treasury Bill rate + 2% per annum;
- 5) understand and agree that the information you submit may be combined with the information of other participants for the purposes of determining CAIS benefits and consent to the disclosure of information pertaining to you or your financial affairs to the other participants who are being combined with your information;
- 6) understand and certify that where you have provided information about other individuals or entities you have been authorized by those individuals or entities to provide that information;
- 7) understand and consent that where you have provided information about other individuals or entities, that if they request to see the information you have submitted about them, they will be given access to that information;
- 8) consent to the disclosure and modification of information contained on this form by officials from Agriculture and Agri-Food Canada and the individual(s) you identified on this form as your contact person(s) under Section I;
- 9) consent that third parties, CRA, and other government programs may disclose to the CAIS program Administration, upon its request, any information pertaining to you or your financial affairs which the CAIS program Administration considers necessary for the purpose of verifying the CAIS benefit or the information provided on this form.

The *Privacy Act* protects information given on this form which is kept in personal information bank numbers AAFC PPU 189 and CRA PPU 005.