**Cooperative Development Authority**

**Cooperative Annual Performance Report (CAPR) Form**

**As of December 31, 20\_13\_\_**

|  |
| --- |
| **BOX 1: To be filled up by CDA Staff only** |
| Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Validated by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Validated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Encoded by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Encoded \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Verified/Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date Verified/Reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| **INSTRUCTIONS TO COOPERATIVES** |
| 1. The CAPR Form shall be uniformly used by **ALL COOPERATIVES**.  |
| 2. All blanks shall be filled-up with appropriate information. |
| 3. The submission of the duly accomplished CAPR Form shall be done **ANNUALLY** within One Hundred Twenty (120) days after the end of the Calendar year.  |
| 4. Submission to CDA shall be done through registered mail, electronic mail or hand-carried to concerned CDA Extension Offices in accordance with Rule 8 IRR and MC No.2011-06.*The reports shall be typewritten or handwritten (print).*  |
| 5. The Accountant/Bookkeeper/Compliance Officer shall fill-up the CAPR Form. |
| 6. The Chairman of the Board and General Manager shall certify to the truthfulness and correctness of the  information contained herein.  |
| 7. This form shall be submitted in three (3) copies; 1 for EO, 1 for CDS & 1 for coop. |
|  |
|  |

**GENERAL INFORMATION**

1. Cooperative Identification Number (CIN): 0102070192

**B**. Name of Cooperative as of latest amendment: MACTAN ISLAND MULTIPURPOSE COOPERATIVE

**C**. Registration Number *(under RA 9520):*  9520-07000351

 **D**. Date Registered**:**

Original Date of Registration: October 3, 2002

Registration Date under RA 9520: October 8, 2009

**E. Present Address of Cooperative:**

2ndFloor Bo-oc Virtudazo Bldg F. Martir, Street Lapu-Lapu City

**F. Category of Cooperative: Primary Secondary Tertiary**

x

**G. Type of Cooperative \_MULTI-PURPOSE**

**H. Business Activities:**

 Financial Intermediation Education

 Mining and Quarrying Agriculture, Hunting & Forestry

 Construction Manufacturing

 Transport, Storage & Communication Hotel & Restaurants

 Real Estate, Renting & Business Activities Wholesale & Retail Trade; Repairs of Motor Vehicles, Motorcycles, and Personal & Household Goods

 Health & Social Work Funeral

|  |
| --- |
|  Fishing Others, Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 Electricity, Gas & Water supplies

 H1. Products/Commodities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 H2. Services Rendered (please specify) LOANS

 H3. Annual Volume of Business (Amount in Php): **25,566,257.53**

H3.a For Credit, Loans granted **22,785,488.85**

H3.b For Service, Gross receipt **35,114,626.63**

H3.c For Consumer/Marketing/Sales **2,780,768.68**

**I. Information on Number of Employees**

|  |  |
| --- | --- |
|  **Number of Employees**  | **Current Year** |
| **Male** | **Female** | **TOTAL** |
|  Full-time |  | **4** | **4** |
|  Part-Time |  |  |  |
|  Total |  | **4** | **4** |
| Note: *In case of Workers Cooperative, all workers are considered direct employees of the cooperative.* |

**J. Information on Number of Volunteer Workers**

|  |  |
| --- | --- |
| **Number of Volunteer Workers** | **Current Year** |
| **Male** | **Female** | **TOTAL** |
|  Volunteer |  |  |  |
|   |  |  |  |
| **Note**: *Volunteers are members rendering services to the cooperative without salary.***K. Contact Person** |
| a. Name : Ms. Bibiana P. Degamo |  |
| b. Designation: General Manager |  |
| c. Phone Number: 032-341-4150 |
| d. Fax Number: 032-341-4150 |
| e. Email Address: bebiemactancoop@yahoo.com mactan\_island\_mpc@yahoo.com |

 **Website :www.mactanislandmpcoop.com**

**L. Information on Membership**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **Particulars** | **For Primary** | **For Secondary** | **For Tertiary** | Other Juridical Persons |
|  Male  | Female |  Primary |  Secondary |
|  No. of Regular members |   208 |  438 |   |   |   |
|  No. of Associate members |    |   |   |   |   |
|  Total No. of Members |   208 |  438 |   |   |   |
|  Target/Potential Membership |   35 |   85 |   |   |   |

L1. Membership Composition (Indicate Number)

|  |  |
| --- | --- |
|  |  |
| 1. Farmers \_\_\_\_\_\_\_\_\_\_\_\_\_ g. Indigenous People \_\_\_\_\_\_\_\_\_\_
2. ARBs \_\_\_\_\_\_\_\_\_\_\_\_\_ h. Differently Abled/PWD \_\_\_1\_\_\_\_\_\_\_
3. Fisherfolk \_\_\_\_69\_\_\_\_\_\_\_\_\_ i. Senior Citizen \_\_29\_\_\_\_\_\_\_
4. OFWs \_\_\_\_4\_\_\_\_\_\_\_\_\_ j. Women \_\_\_\_\_\_\_\_\_\_
5. Teachers \_\_\_\_71\_\_\_\_\_\_\_\_ k. Youth \_\_\_\_\_\_\_\_\_\_
6. Rebel Returnees \_\_\_\_\_\_\_\_\_ l. Others, specify … drivers-61, Gov’t employees-5, Private-200 Self employed-160, Housewife-31 , Workers = 20

 (*In case of residential membership there can be multiple entries*)  L2**.** Information on Cooperative Branches/Satellite Offices

|  |  |
| --- | --- |
|  | Numbers |
| Branch Office |  |
| Satellite Office |  |
|  |  |
|  |  |

L3**.** Details of Cooperative Branches/Satellites

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Address of Branch/Satellite** | **No. Members**  |  **Volume of Business (Php)** | **Paid Up Capital**  | **Savings Generated** |
|  | Male | Female  |   |   |   |
|  |  |  |   |   |   |
|  |  |  |   |   |   |
|  |  |  |   |   |   |
|   |  |  |   |   |   |

|  |  |  |
| --- | --- | --- |
| **M. Certificate of Good Standing (CGS)** |   |  |
|   | **Regular** | **Special** |
| CGS NO. |  13-0683 |   |
| Date Issued |  May 2,2013 |   |

|  |  |  |
| --- | --- | --- |
| **N. Certificate of Tax Exemption/Ruling** |   |   |
| Date Issued | March 11,2011  |
| Validity | 5 years - March 22, 2014  |

**O. Information on Savings Deposits**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| **Type of Deposits** | **Regular Members** | **Associate Members** |
| **No. of Members with deposit accounts** | **No. of Accounts** | **Total Amount** | **No. of Members with deposit accounts** | **No. of Accounts** | **Total****Amount** |
| Savings deposits |  370 |  970 |  4,683,218.71 |   |   |   |
| Time deposits |  34 |   57 |  15,386,206.19 |   |   |   |
| Other types Fixed deposits |  646 |  646 |  8,553,867.46 |   |   |   |
| **T o t a l** |   |   | 28,623,292.36  |   |   |   |

**P. Information on Capitalization**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Common** | **Preferred** | **Total** |
| Authorized Capital | 10,000,000.00  |   |   |
| Subscribed Capital |  100,000.00 |   |   |
| Paid-up Capital | 8,553,867.46 |   |   |
| Deposit for Capital Subscription |   8,553,867.46 |   |   |   |   |
| Par Value per Share | 100.00 |   |   |

 |  |
| **Q. Information on Statutory Reserves** |  |
|

|  |  |  |
| --- | --- | --- |
|  | **Amount utilized for the year** | **Accumulated Balance** |
| General Reserve Fund | 51,215.81 | 467,483.79 |
| CETF  |   |   |
|  Remitted to Federation/Union | 25,607.91 | 25,607.90 |
|  Retained amount |  |  |
| Community Development Fund |  15,364.74 | 33,139.35 |
| Optional Fund | 35,851.07 | 53,095.06 |

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **R. Information on External Audit** |   |   |   |   |
|   |   |   |   |   |
| a.       Date of last audit: December 31, 2013 |
| b.       Period of Operation Covered by the last audit: January 1, 2013 to December 2013 |
| c. Name of external auditor: Mario R. Tamidles |

**S. Ratings**

|  |  |  |
| --- | --- | --- |
| I. ***Social Audit*** |  |  |
|  | 1. Organization |  | 14  |
|  | 2. Membership |  | 34  |
|  | 3. Staff |  | 10  |
|  | 4. Cooperation Among Cooperatives | 8 |
|  | 5. Community and Nation | 18 |
|  | 6. Network, Alliances & Linkages | 5 |
|  |  |  | **TOTAL** |  | 89 |
| II. ***Performance Audit***  |  |
|  | 1. Organizational Aspect |  |
|  | 2. Social Aspect |   |
|  | 3. Economic Aspect |  |
|  |  | 3a. Adequacy of Internal Control |   |
|  |  | 3b. Financial Ratios |   |
|  |  |  | 3b.1 **P**rofitability Performance  |  |  |
|  |  |  | 3b.2 **I**nstitutional Strength |   |
|  |  |  | 3b.3 **S**tructure of Assets |   |
|  |  |  | 3b.4 **O**perational Strength |   |
|  |  |  | **TOTAL** |  |   |
|  |  |  |  |  |  |  |
| III. ***PESOS*** (*For Credit/Multipurpose with credit operations and segregated books of account )* |
|  | 1. **P**ortfolio Quality
 |  |   |
|  | 1. **E**fficiency
 |  |   |
|  | 1. **S**tability
 |  |  |   |
|  | 1. **O**perations
 |  |   |
|  | 1. **S**tructure of Assets
 |  |   |
|  |  |  | **TOTAL** |  |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  \_\_\_\_\_\_\_\_\_\_\_\_MARIJANE M.FLORES\_\_\_\_\_\_\_\_ |  |  |  |
|   |   |  Position |   |   |  |  |  |
|   |  | *Accountant* |  |   |  |  |  |
|   |  | *Bookkeeper* |  |   |  |  |  |
|   |  | *Compliance Officer* |   |  |  |  |
| **Certified True and Correct:** |   |   |   |   |  |  |  |
|  |   |   |   |   |  |  |  |
|  | **\_\_\_\_\_\_\_BIBIANA P. DEGAMO\_\_\_\_\_** | **\_\_\_\_\_\_CELSO M. CUMAYAS\_\_\_\_** |  |  |  |
|  |   | General Manager |   |  Chairman |  |  |  |