



FORM

MA-10000(L) (11-24-2014)

MA-10000

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Need help or have questions?

Read the accompanying information sheet(s) before answering the questions.

Visit <https://econhelp.census.gov/cosasm>

- OR -

Call:

Mail your completed form to:

**U.S. CENSUS BUREAU
1201 East 10th Street
Jeffersonville, IN 47132-0001**

(Please correct any errors in this mailing address.)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the U.S. Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

- Use blue or black ballpoint pen.
- Do not use pencil or felt-tip pen.
- Do not put slashes through 0 or 7.
- Please center numbers in their respective boxes.
- Place an "X" inside the box.

Examples:

<input checked="" type="checkbox"/>	0	1	2	3	4	5	6	7	8	9
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Please read the accompanying instructions before answering the questions. The reporting unit for this form is an **establishment** which is generally a single physical location where business is conducted or where services or industrial operations are performed. For further clarification, see information sheet(s).

1 EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) shown to the left of the mailing address the same as the one used for this establishment on its latest 2014 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021 Yes - Go to **2** 0022 No - Enter current EIN (9 digits) 0025

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2 PHYSICAL LOCATION

A. Is this establishment's physical location the same as shown in the mailing address? (P.O. Box and rural route addresses are not physical locations.)

0031 Yes - Go to line B

0032 No - Enter physical location

0035 Number and street

0036 City, town, village, etc.

0037 State

0038 ZIP Code

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CONTINUE WITH **2** ON PAGE 2

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Form MA-10000(L)

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

2 PHYSICAL LOCATION - Continued

B. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.? (Mark "X" only ONE box.)

0041 Yes 0042 No 0043 No legal boundaries 0044 Do not know

C. In what type of municipality is this establishment physically located? (Mark "X" only ONE box.)

0046 City, village, or borough 0047 Town or township 0048 Other 0024 Do not know

3 OPERATIONAL STATUS

Which of the following best describes this establishment's operational status at the end of 2014? (Mark "X" only ONE box.)

0011 In operation
 0016 Under construction, development, or exploration
 0013 Temporarily or seasonally inactive
 0014 Ceased operation - Enter date at right.

0015 Sold or leased to another operator - Enter date at right AND enter name and address of new owner or operator and Employer Identification Number (EIN) below. 7

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

0060 Name of new owner or operator	0061 EIN (9 digits)
<input type="text"/>	<input type="text"/>

0062 Mailing address (Number and street, P.O. Box, etc.)

0063 City, town, village, etc.	0064 State	0065 ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

4 MONTHS IN OPERATION

Mark "X" if None	2014 Number
	<input type="text"/>

Number of months in operation during 2014 (If none, mark "X" and go to 30.) 0002

Where available, this form shows your establishment's prior year data in the 2013 column. The figures may differ from those actually reported because of changes made by the U.S. Census Bureau as a result of correspondence or a comparison with prior data. Check these figures and make any necessary corrections. If 2013 Inventories figures are not printed on your form, report these figures in 9, and if applicable, 10, 11, and 12.

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If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

EXAMPLE:
HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars (**Divide dollar amount by 1,000**):

\$2,036,000.00 / 1,000 = \$2,036:

If a dollar value is "0" (or less than \$500.00):

Mark "X" if None

Report

Report

2014		
\$ Bil.	Mil.	Thou.
	2	036

5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

A. Total value of products shipped and other receipts (Exclude freight charges and excise taxes. Report detail in 22.) 0100

Mark "X" if None

2014			2013	
\$ Bil.	Mil.	Thou.	\$ Thou.	

B. Value of products exported (This is a breakout of the value reported on line A.)

Report the value of products shipped for export. (Include shipments to customers in the Commonwealth of Puerto Rico and U.S. possessions, as well as the value of products shipped to exporters or other wholesalers for export. Also, include the value of products sold to the U.S. Government to be shipped to foreign governments. Exclude products shipped for further manufacture, assembly, or fabrication in the United States.) 0130

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C. Shipments to other domestic plants of your company for further assembly, fabrication, or manufacture

1. Is this the only establishment of this firm?

0907 Yes - Go to 6

0908 No - Go to line C2

2. Market value of products shipped to other domestic plants of your company for further assembly, fabrication, or manufacture (This is a breakout of the value reported on line A.) 0905

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6 E-SHIPMENTS

A. Did this plant use any electronic network to control or coordinate the flow of any of the shipments of goods reported in 5, line A? Or, were the orders for any of the shipments reported in 5, line A, received over an electronic network?

Electronic networks include:

- Electronic Data Interchange (EDI)
- E-mail
- Internet
- Extranet
- Other online systems

0181 Yes - Go to line B

0182 No - Go to 7

B. Percent of total reported in 5, line A, that were ordered, or whose movement was controlled or coordinated over electronic networks (Report whole percents. Estimates are acceptable.) 0109

2014		2013	
Percent		Percent	
	%		%

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If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

7 EMPLOYMENT AND PAYROLL

Include:

- Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown to the left of the mailing address or corrected in **1**.
- Spread on stock options that are taxable to employees as wages.

Exclude (Report the following in 10C, lines 1 or 9.):

- Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN.
- Temporary staffing obtained from a staffing service.
- Purchased professional and technical services.

For further clarification, see information sheet(s).

A. Number of employees

1. Number of production workers for pay periods including:

- a. March 12 0325
- b. June 12 0324
- c. September 12 0344
- d. December 12 0347

2. Add lines A1a through A1d 0329

3. Average annual production workers (Divide line A2 by 4 - round to nearest whole number.) 0335

4. All other employees for pay period including March 12 0336

5. TOTAL (Add lines A3 and A4.) 0337

Mark "X" if None	2014				2013			
	Number				Number			
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

B. Payroll before deductions (Exclude employer's cost for fringe benefits.)

1. Annual payroll

- a. Production workers 0304
- b. All other employees 0305
- c. **TOTAL** (Add lines B1a and B1b.) 0300

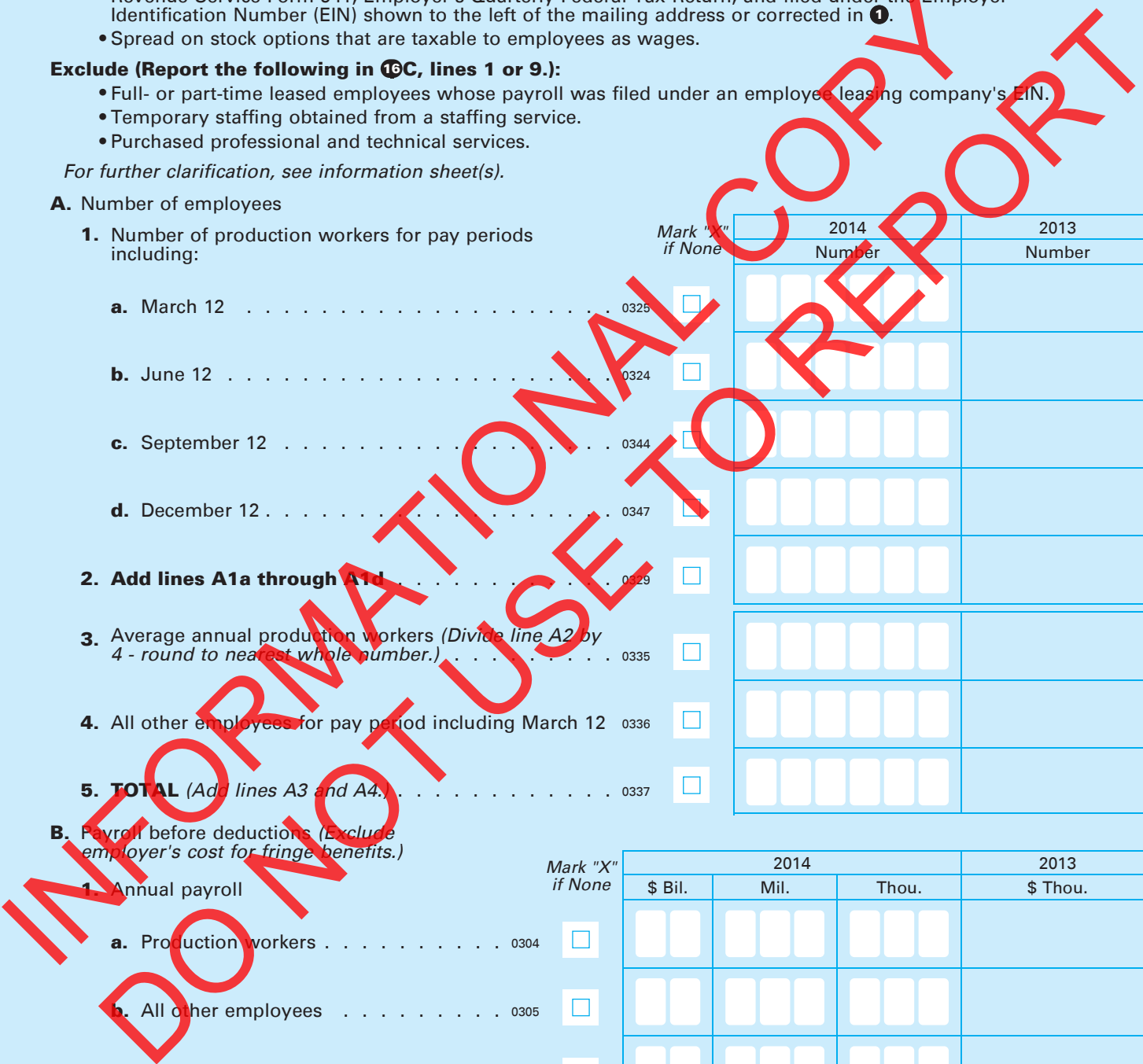
2. First quarter payroll (January-March 2014) 0310

Mark "X" if None	2014			2013
	\$ Bil.	Mil.	Thou.	\$ Thou.
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

C. Number of hours worked by production workers (Annual hours worked by production workers reported on lines A1a through A1d.) 0200

Mark "X" if None	2014				2013			
	Hours				Hours			
	Thou.				Thou.			
<input type="checkbox"/>								

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If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

7 EMPLOYMENT AND PAYROLL - Continued

D. Employer's annual cost for fringe benefits - Employer's annual cost for legally required programs and programs not required by law.

1. Health insurance - Insurance premiums on hospitals, medical plans, and single service plans such as dental, vision, and prescription drug plans. (Include premium equivalents for self-insured plans and fees paid to third party administrators (TPAs). Exclude disbursement from trusts or funds to satisfy health insurance claims. Do not include employee contributions.) 0333

Mark "X" if None

	2014			2013
	\$ Bil.	Mil.	Thou.	\$ Thou.
<input type="checkbox"/>				

2. Pension plans

a. Defined benefit pension plans - Costs for both qualified and non-qualified defined pension plans. Pension plans that specify the benefit to be paid to employees upon retirement, generally either a specific amount or a percentage of compensation. Employer contributions are based on actuarial computations that include the employee's compensation and years of service and are not allocated to specific accounts maintained for employees. 0335

<input type="checkbox"/>				
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b. Defined contribution plans - Costs under defined contribution plans. Pension plans that define the employer contributions to a separate account provided for each employee. The employee "benefit" at retirement depends on the amount contributed and the results of the account's activity. Examples include profit sharing plans, money purchase (e.g., 401k, 403b) and stock bonus plans (e.g., ESOPs). 0337

<input type="checkbox"/>				
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3. Payroll taxes, employer paid insurance premiums (excluding health), and other employer paid benefits - Include legally required fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, Medicare). Include benefits for life insurance, "quality of life" benefits (e.g., childcare assistance, subsidized commuting, etc.), employer contributions to pre-tax benefit accounts (e.g., health savings accounts), education assistance, and other benefits not specified above. Exclude disbursements from trusts or funds to satisfy health insurance claims. 0339

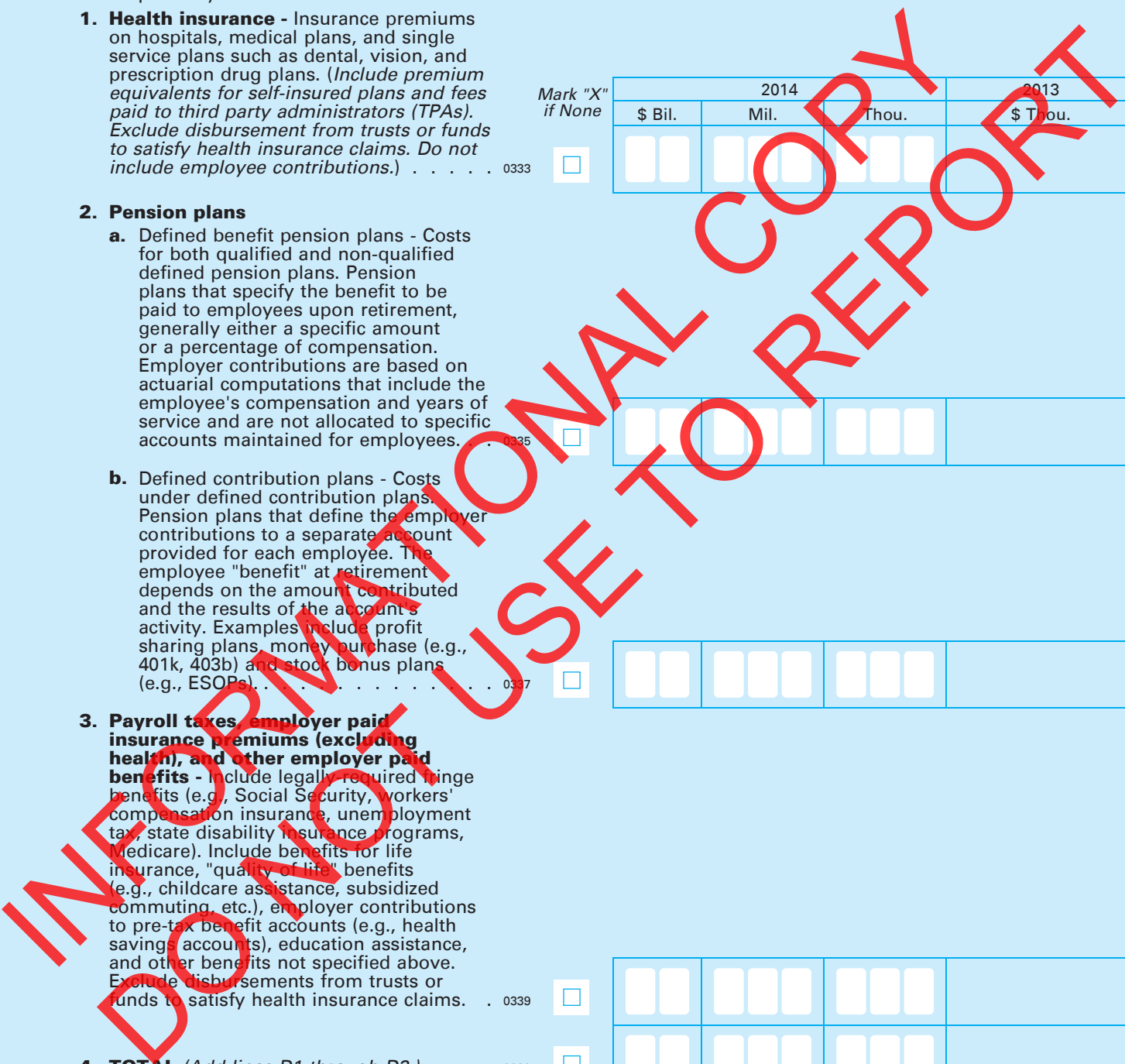
<input type="checkbox"/>				
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4. TOTAL (Add lines D1 through D3.) 0220

<input type="checkbox"/>				
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8 Not Applicable.

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If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

9 VALUE OF INVENTORIES

A. Did this establishment own inventories, regardless of where held, at the end of 2014 and/or 2013?

0486 Yes - Go to line B

0487 No - Go to **13**

B. Report inventories owned by this establishment as of December 31 before Last-in, First-out (LIFO) adjustment (if any).

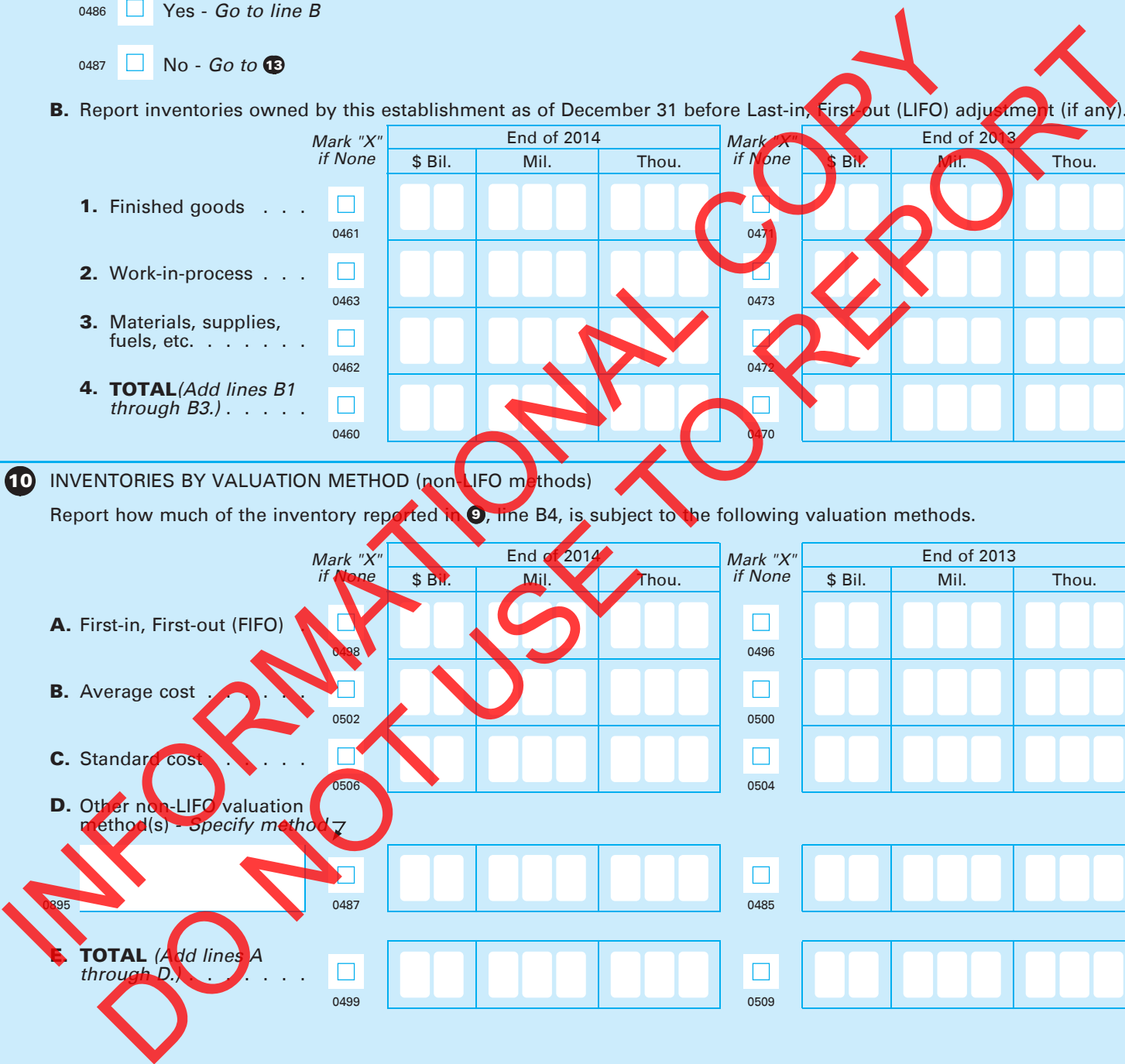
	Mark "X" if None	End of 2014			Mark "X" if None	End of 2013		
		\$ Bil.	Mil.	Thou.		\$ Bil.	Mil.	Thou.
1. Finished goods	<input type="checkbox"/>				<input type="checkbox"/>			
	0461				0471			
2. Work-in-process	<input type="checkbox"/>				<input type="checkbox"/>			
	0463				0473			
3. Materials, supplies, fuels, etc.	<input type="checkbox"/>				<input type="checkbox"/>			
	0462				0472			
4. TOTAL (Add lines B1 through B3.)	<input type="checkbox"/>				<input type="checkbox"/>			
	0460				0470			

10 INVENTORIES BY VALUATION METHOD (non-LIFO methods)

Report how much of the inventory reported in **9**, line B4, is subject to the following valuation methods.

	Mark "X" if None	End of 2014			Mark "X" if None	End of 2013		
		\$ Bil.	Mil.	Thou.		\$ Bil.	Mil.	Thou.
A. First-in, First-out (FIFO)	<input type="checkbox"/>				<input type="checkbox"/>			
	0498				0496			
B. Average cost	<input type="checkbox"/>				<input type="checkbox"/>			
	0502				0500			
C. Standard cost	<input type="checkbox"/>				<input type="checkbox"/>			
	0506				0504			
D. Other non-LIFO valuation method(s) - Specify method <u>7</u>	<input type="checkbox"/>				<input type="checkbox"/>			
	0495				0485			
E. TOTAL (Add lines A through D.)	<input type="checkbox"/>				<input type="checkbox"/>			
	0499				0509			

10000065



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11 INVENTORIES BY LAST-IN, FIRST-OUT (LIFO) VALUATION METHOD

A. Did this establishment use the Last-in, First-out (LIFO) method of valuation for any inventories?

Yes - Go to line B
0481

No - Go to **12**
0482

B. Of the value on **9**, B4, report:

	Mark "X" if None	End of 2014			Mark "X" if None	End of 2013		
		\$ Bil.	Mil.	Thou.		\$ Bil.	Mil.	Thou.
1. Amount subject to LIFO (gross LIFO amount)	<input type="checkbox"/>				<input type="checkbox"/>			
	0465				0475			
2. Amount not subject to LIFO (Should equal 10 , line E.) . . .	<input type="checkbox"/>				<input type="checkbox"/>			
	0539				0543			
3. TOTAL (Add lines 1 and 2; should equal 9 , line B4.)	<input type="checkbox"/>				<input type="checkbox"/>			
	0510				0508			
C. LIFO reserve	<input type="checkbox"/>				<input type="checkbox"/>			
	0466				0476			

12 INVENTORIES OUTSIDE OF THE UNITED STATES

A. Of the total inventories reported in **9**, line B4, were any stored or en route OUTSIDE the 50 U.S. states and the District of Columbia?

0256 Yes - Go to line B

0257 No - Go to **13**

B. Report the total value of these inventories (**Do not report** inventory held in Foreign Trade Zones or in bonded warehouses in the U.S.)
(Please see <http://enforcement.trade.gov/ftzpage/info/ftzstart.html> for more detailed definitions.)

	Mark "X" if None	End of 2014			Mark "X" if None	End of 2013		
		\$ Bil.	Mil.	Thou.		\$ Bil.	Mil.	Thou.
	<input type="checkbox"/>				<input type="checkbox"/>			
	0261				0260			

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If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

13 CAPITAL EXPENDITURES

(Refer to the instructions on how to report leasing arrangements.)

A. Capital expenditures for new and used depreciable assets spent in 2014

- 1. Capital expenditures for new and used buildings and other structures (Exclude land.) 0525
- 2. Capital expenditures for new and used machinery and equipment 0530
- 3. **TOTAL** (Add lines A1 and A2.) 0520

Mark "X" if None

		2014			2013
		\$ Bil.	Mil.	Thou.	\$ Thou.

B. Breakdown of expenditures for new and used machinery and equipment by type (Reported on line A2.)

- 1. Automobiles, trucks, etc., for highway use 0522
- 2. Computers and peripheral data processing equipment 0523
- 3. All other expenditures for machinery and equipment 0524
- 4. **TOTAL** (Add lines B1 through B3, should equal 13, line A2.) 0520

		2014			2013
		\$ Bil.	Mil.	Thou.	\$ Thou.

14 RENTAL PAYMENTS

(Exclude capital leases which are leases with a contract to own at the end of the lease. Include operating leases.)

- A.** Rental or lease of buildings, job site trailers and other structures (Include land.) 0551
- B.** Rental or lease of machinery and equipment (Include construction equipment, tools, office equipment, furniture, and vehicles.) 0552
- C. TOTAL** (Add lines A and B.) 0550

Mark "X" if None

		2014			2013
		\$ Bil.	Mil.	Thou.	\$ Thou.

15 Not Applicable.

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16 SELECTED EXPENSES

A. Selected production related costs

Mark "X" if None

- 1. Cost of materials, parts, containers, packaging, etc. used 0421
- 2. Cost of products bought and sold without further processing (Report sales in **22** under census product code 9998991.) 0426
- 3. Cost of purchased fuels consumed for heat, power, or the generation of electricity 0430
- 4. Cost of purchased electricity (Report comparable quantity on line B1.) 0425
- 5. Cost of work done for you by others on your materials 0424
- 6. **TOTAL** (Add lines A1 through A5.) 0420

2014			2013
\$ Bil.	Mil.	Thou.	\$ Thou.

B. Quantity of Electricity

Mark "X" if None

- 1. Purchased electricity (Quantity comparable to cost reported on line A4.) 0436
- 2. Generated electricity (Gross less generating station use.) 0437
- 3. Electricity sold or transferred to other establishments (Also include on lines B1 or B2.) 0438

2014			2013
Kilowatt-hours			Kilowatt-hours
Bil.	Mil.	Thou.	Thou.

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CONTINUE WITH **16** ON PAGE 10

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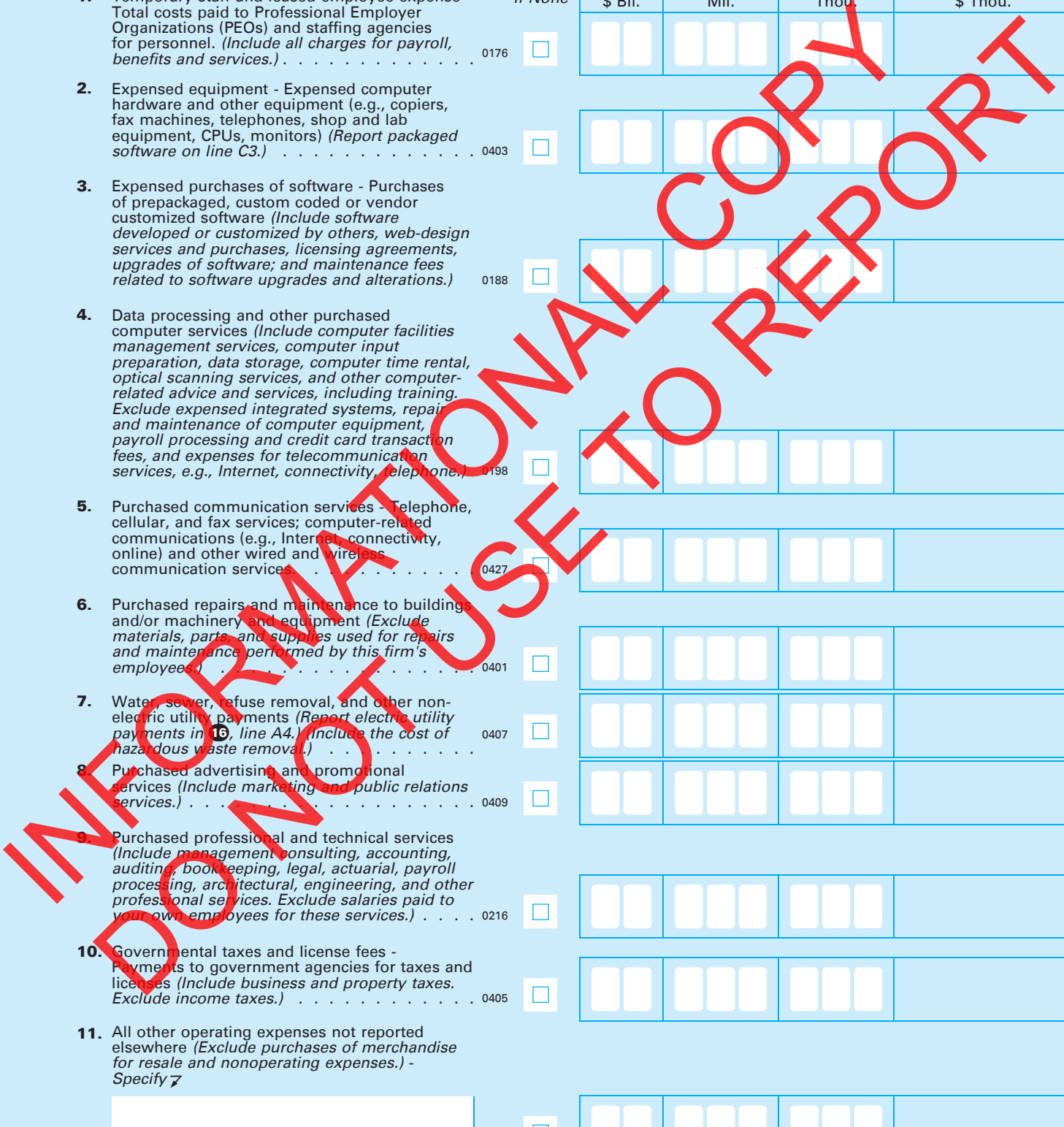
If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

16 SELECTED EXPENSES - Continued

C. Other operating expenses paid by this establishment

Mark "X" if None

		2014			2013
		\$ Bil.	Mil.	Thou.	\$ Thou.
1. Temporary staff and leased employee expense - Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. (Include all charges for payroll, benefits and services.)	0176	<input type="checkbox"/>			
2. Expensed equipment - Expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors) (Report packaged software on line C3.)	0403	<input type="checkbox"/>			
3. Expensed purchases of software - Purchases of prepackaged, custom coded or vendor customized software (Include software developed or customized by others, web-design services and purchases, licensing agreements, upgrades of software; and maintenance fees related to software upgrades and alterations.)	0188	<input type="checkbox"/>			
4. Data processing and other purchased computer services (Include computer facilities management services, computer input preparation, data storage, computer time rental, optical scanning services, and other computer-related advice and services, including training. Exclude expensed integrated systems, repair and maintenance of computer equipment, payroll processing and credit card transaction fees, and expenses for telecommunication services, e.g., Internet, connectivity, telephone.)	0198	<input type="checkbox"/>			
5. Purchased communication services - Telephone, cellular, and fax services; computer-related communications (e.g., Internet, connectivity, online) and other wired and wireless communication services.	0427	<input type="checkbox"/>			
6. Purchased repairs and maintenance to buildings and/or machinery and equipment (Exclude materials, parts, and supplies used for repairs and maintenance performed by this firm's employees.)	0401	<input type="checkbox"/>			
7. Water, sewer, refuse removal, and other non-electric utility payments (Report electric utility payments in 16, line A4.) (Include the cost of hazardous waste removal.)	0407	<input type="checkbox"/>			
8. Purchased advertising and promotional services (Include marketing and public relations services.)	0409	<input type="checkbox"/>			
9. Purchased professional and technical services (Include management consulting, accounting, auditing, bookkeeping, legal, actuarial, payroll processing, architectural, engineering, and other professional services. Exclude salaries paid to your own employees for these services.)	0216	<input type="checkbox"/>			
10. Governmental taxes and license fees - Payments to government agencies for taxes and licenses (Include business and property taxes. Exclude income taxes.)	0405	<input type="checkbox"/>			
11. All other operating expenses not reported elsewhere (Exclude purchases of merchandise for resale and nonoperating expenses.) - Specify ∇	0415	<input type="checkbox"/>			
	0417	<input type="checkbox"/>			
12. TOTAL (Add lines C1 through C11.)	0422	<input type="checkbox"/>			



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17-21 Not Applicable.

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

General - The manufactured products and services listed below are generally made in your industry. **If you make products that are not listed, please enter a description of your products in column (a) and enter their value in column (c) in the blank lines provided in Item 22.** If additional lines are needed please use the "REMARKS" section. PLEASE DO NOT COMBINE PRODUCT LINES.

If the information as requested cannot be taken directly from your book records, **REASONABLE ESTIMATES ARE ACCEPTABLE.**

Valuation of Products - Report the value of the products shipped and services performed at the net selling value, f.o.b. plant to the customer; i.e., after discounts and allowances, and exclusive of freight charges and excise taxes. Report separately for each major kind of product. Include the value of products exported and interplant transfers in the appropriate product line(s). Exports and interplant transfers should also be reported separately in **5**.

Contract Work - REPORT PRODUCTS MADE BY OTHERS FOR YOU FROM YOUR MATERIALS on the specific lines as if they were made in this establishment. On the other hand, DO NOT REPORT on the specific product lines PRODUCTS THAT YOU MADE FROM MATERIALS OWNED BY OTHERS. Report only the amount that you received for "commission or contract receipts" under Census code 9998992.

Resales - DO NOT REPORT on the specific product lines those PRODUCTS BOUGHT AND SOLD OR TRANSFERRED FROM OTHER ESTABLISHMENTS OF YOUR COMPANY AND SOLD WITHOUT FURTHER MANUFACTURE. Report only a value under Census code 9998991, "Resales." Report the corresponding cost in **16**, line A2.

Products and services (a)	Product Class code (b)	Products shipped and other receipts, including interplant transfers and exports Value, f.o.b. plant			
		2014 (c)			2013 (d)
		\$ Bil.	Mil.	Thou.	\$ Thou.
	018				
	026				
	034				
	042				
	059				
	067				
	075				
	083				
	091				

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23-29 Not Applicable.

REMARKS (Please use this space for any explanations that may be essential in understanding your reported data.)

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30 CERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions.

Is the time period covered by this report a calendar year?

Yes No

Enter time period covered →

FROM	Month	Year	TO	Month	Year
	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

Name of person to contact regarding this report

Title

Area code	Number	Extension
<input type="text"/>	<input type="text"/>	<input type="text"/>

Telephone

Fax

Area code	Number
<input type="text"/>	<input type="text"/>

Internet e-mail address

Date completed →

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Thank you for completing your 2014 ANNUAL SURVEY OF MANUFACTURES form.

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.

10000123

