

U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU

## **2013 ANNUAL SURVEY OF MANUFACTURES**

	FORM
THE CENSOR	MA-10000

IA-10000(L) (07-11-2013)

OMB No. 0607-0449: Approval Expires 11/30/2014

	MA-10000								
	-								
							Χ		
						X			
		$\bigcirc$		2					
Need help or have questions about filling out this form?									
Visit <u>econhelp.census.gov/asm</u> Call:			$\mathbf{X}$						
- OR - Write to the address below. Include your 11-digit Census File Number (CFN) printed in the mailing address.									
Mail your completed form to: U.S. CENSUS BUREAU									
1201 East 10th Street Jeffersonville, IN 47132-0001	(Please correct any errors in								
that receive this questionnaire law, YOUR CENSUS REPOR	<b>IRED BY LAW.</b> Title 13, United States Co to answer the questions and return the r <b>T IS CONFIDENTIAL.</b> It may be seen on hand may be used only for statistical purp process.	report to th Ny by perse	ne U.S. C ons swol	ensus rn to u	Burea	u. By the o	/ the s confid	ame entialit	
Use blue or black ballpoint pen		Exam	nples:						
<ul> <li>Do not use pencil or felt-tip per</li> <li>Do not put slashes through 0 or</li> </ul>		X	01	23	34	5	67	89	7
an establishment which is g	ng instructions before answering the ques enerally a single physical location where onned. For further clarification, see inform	business is	s conduc	g unit ted or	for thi where	is for e serv	m is vices c	or	
	NUMBER Number (EIN) shown to the left of the ma 13 Internal Revenue Service Form 941, En							or this	
Ses Go to 2	No - Enter current EIN (9 digits) —	→ 0025		-					1=
2 PHYSICAL LOCATION									
	ysical location the same as shown in the r addresses are not physical locations.)	mailing add	dress?						
0031 Yes - Go to line B	0035 Number and street								
0032 □ No - Enter → physical									
location	0036 City, town, village, etc.	0037 State	0038 ZIF	Code					
						-			
	CONTINUE WITH <b>2</b> ON PAGE	2							

PHYSICA	AL LOCATION - Continued			
<b>B.</b> Is this (Mark	is establishment physically located inside the legal boundaries of the city <i>k</i> "X" only ONE box.)	y, town, villag	e, etc.?	
0041		ooundaries	0044	Do not know
<b>C.</b> In wh (Mark	hat type of municipality is this establishment physically located? k "X" only ONE box.)			
0046	City, village, or 0047 🗌 Town or township 0048 🗌 Other borough	$\mathcal{A}$	0024	Do not know
Which of	TONAL STATUS of the following best describes this establishment's operational status at X" only ONE box.)	the end of 20	137	~
0011	In operation			
0016	Under construction, development, or exploration	X		
0013	Temporarily or seasonally inactive	$\mathcal{N}$	•	
0014	Ceased operation - Give date at right	Month	Day	Year
0015	Sold or leased to another operator - <i>Give date at right</i> AND enter name and address of new owner or operator and Employer Identification Number (EIN) below 7	0018		
	0060 Name of new owner or operator	0061 EIN (9 c	ligits)	
		- 11		
	0062 Mailing address (Number and street, P.O. Box, etc.)			
	0063 City, town, village, etc. 0064 State	e 0065 ZIP Cod	e	
MONTHS	S IN OPERATION			Mark "X" 2013 if None Number
Number	of months in operation during 2013 (If none, mark "X" and go to $\mathfrak{G}$ .) .		0002	
			0002	
$\frown$				

orm MA-10000(L)							
If not shown, please en Number (CFN) from the	nter your 11-digit Census File e mailing address.						
	Dollar figures should be rounded to thousands of dollars (Divide dollar		Mark "X" if None	\$ Bil.	2013 Mil.	Thou.	
EXAMPLE: HOW TO REPORT	amount by 1,000): \$2,036,000.00 / 1,000 = \$2,036:	Report ——	•		2	03	6
DOLLAR FIGURES	lf a dollar value is "0" (or less than \$500.00):	Report ——	▶ 🛛	E	AM		
5 SALES, SHIPMENTS	, RECEIPTS, OR REVENUE	•					
<ul> <li>A. Total value of preceipts (Exclude taxes.) (Report d</li> <li>B. Value of product of the value report of the value report. Include s the Commonweat possessions, as y shipped to export. Also, inclused to the U.S. of to foreign govern shipped for furth fabrication in the fabrication in the fabrication in the company for furth manufacture</li> <li>1. Is this the on 0907 Yes 0908 No</li> <li>2. Market value</li> </ul>	Mark if Nor freight charges and other etail in <b>2</b> .)		2013 Mirl.			2012 \$ Thou.	
for further as manufacture	sembly, fabrication, or This is a breakout of the d on line A.L 0905						
in , line A? Or, Electronic netw • Electronic Da • E-mail • Internet • Extranet • Other online 0181 Yes - G 0182 No - Ga B. Percent of total r was controlled o	ta Interchange (EDI) systems to to line B	ts reported in <b>5</b> or whose move Report whole	, line A, re ment	2 Per	oments of go ver an electr 013 rcent %	2012 Percent	ed rk?

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ot shown, please enter your 11-digit Census File ber (CFN) from the mailing address.					
EMPLOYMENT AND PAYROLL					
Include:					
<ul> <li>Full- and part-time employees working at this e Revenue Service Form 941, Employer's Quarter Identification Number (EIN) shown to the left of</li> <li>Spread on stock options that are taxable to em</li> </ul>	ly Federa f the maili	l Tax Retur	n, and filed u	nder the Emp	ternal loyer
Exclude:					
• Full- or part-time leased employees whose pay		led under a	an employee	leasing compa	any's EIN.
• Temporary staffing obtained from a staffing set	rvice.		- K		
For further clarification, see information sheet(s).					
A. Number of employees				013	2012
<ol> <li>Number of production workers for pay periods including:</li> </ol>		Mark "X if None		mber	Number
<b>a.</b> March 12	(	0325		$\circ$	
<b>b.</b> June 12		0324			
	V				
<b>c.</b> September 12		0344	X		
<b>d.</b> December 12		0347			
2. Add lines A1a through A1d		0329			
<b>3.</b> Average annual production workers (Divide line 4 - round to nearest whole number.)		0335			
<b>4.</b> All other employees for pay period including M	arch 12	0336			
5. TOTAL (Add lines A3 and A4.)	(	0337			
B. Payroll before deductions (Exclude					
employer's cost for fringe benefits.)	Mark "X"		2013		2012
1. Annual payroll	if None	\$ Bil.	Mil.	Thou.	\$ Thou.
a. Production workers 0304	. 🗆				
<b>b.</b> All other employees 0305	5				
c. TOTAL (Add lines B1a and B1b.) 0300					
2. First quarter payroll (January-March 2013) 0310					
				013	2012
		Mark "X if None	, <u> </u>	ours	Hours
<b>C.</b> Number of hours worked by production workers (A	Annual			hou.	Thou.
hours worked by production workers reported on I	inco				

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7 EMPLOYMENT AND PAYROLL - Continued

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

Mark "X"

if None

\$ Bil.

 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

## 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.
- 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).
- 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

4. TOTAL (Add lines D1 through D3.) . . . . 0220

2013

Thou.

Mil.

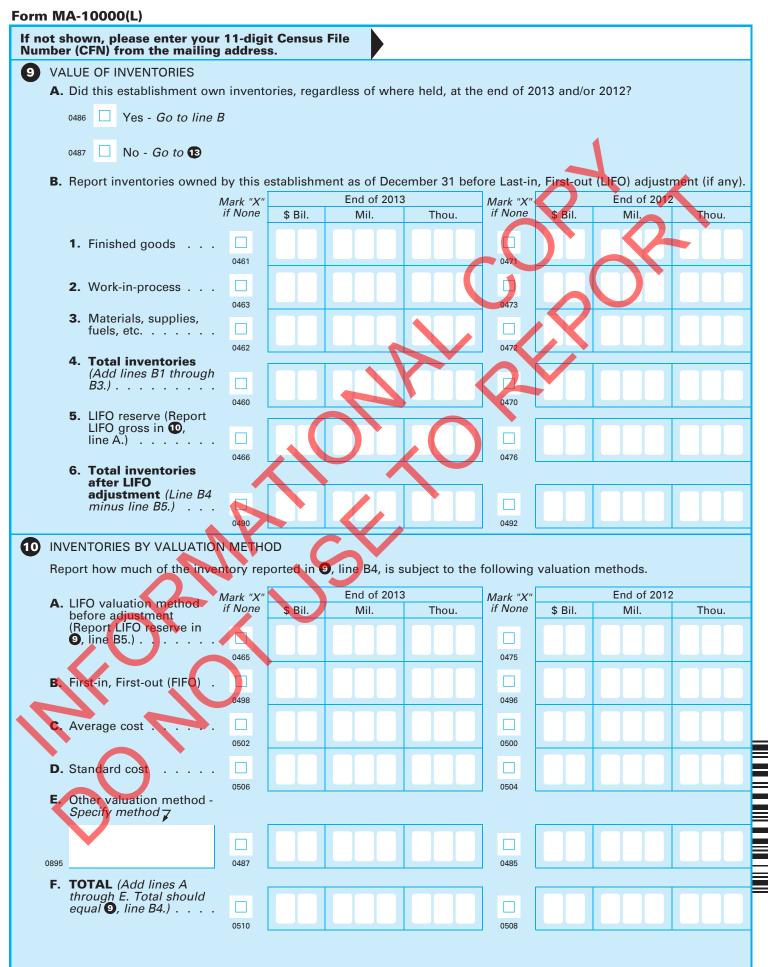
2012

\$ Thou.

8 Not Applicable.

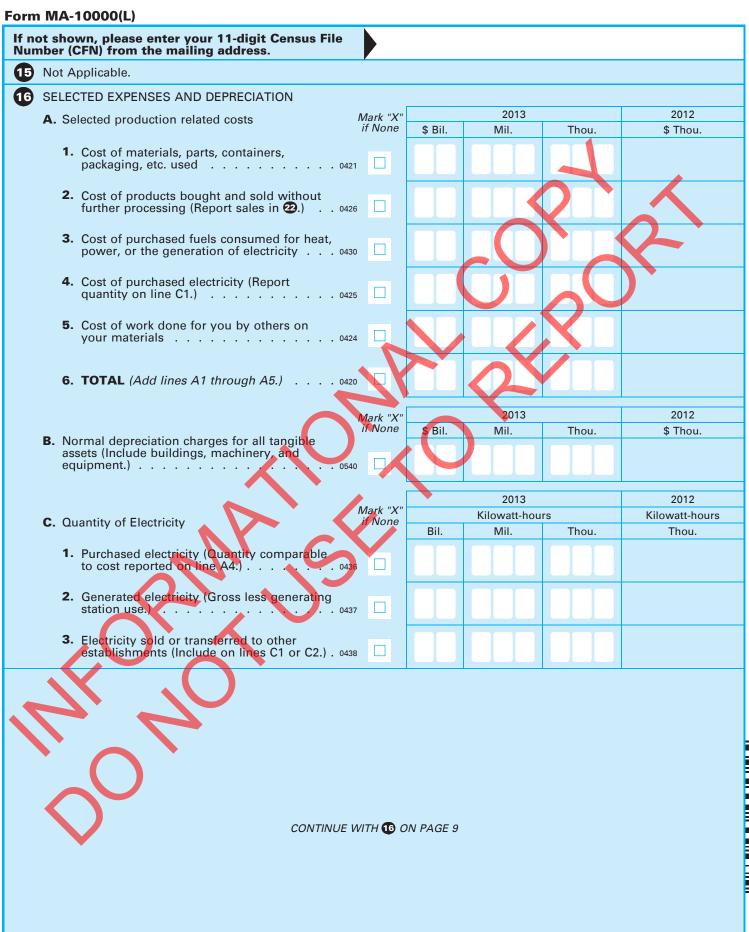
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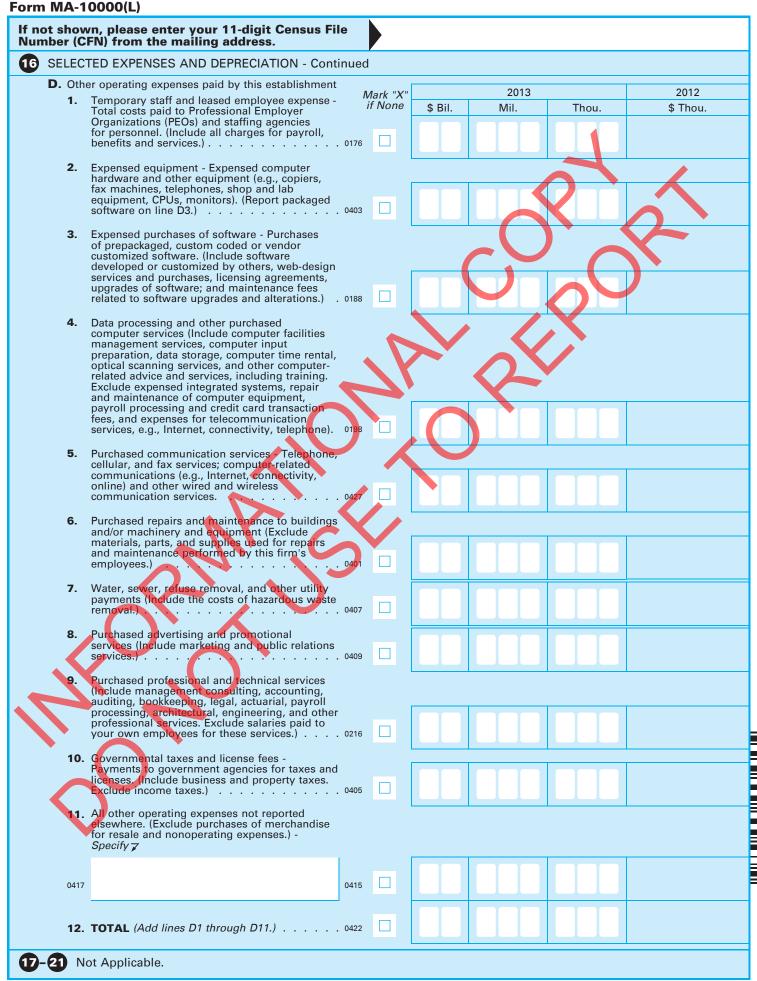


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If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.					
11 INVENTORIES OUTSIDE OF THE UNITED STATES	,				
A. Of the total inventories reported in (9, line B4, were District of Columbia?	e any sto	red or en ro	oute OUTSIE	E the 50 U.S. s	states and the
0256 Sec. Yes - Go to line B 0257	🗌 No	- Go to 🚯			
B. Report the total value					
not report inventory if None to Bill N	d of 2013 /iil.	Thou.	Mark "X" if None		l of 2012 lil. Thou.
held in Foreign Trade	/	mou.			in. Thou.
Warehouses in the U.S.) .			1000		
ia.ita.doc.gov/ftzpage/ info/ftzstart.html			0260		
for more detailed definitions.)		· · · (			
12 Not Applicable.					
13 CAPITAL EXPENDITURES					
(Refer to the instructions on how to report leasing arra	angemen	ts.)	<b>N</b>		
A. Capital expenditures for new and used depreciable assets spent in 2013	Mark "X"		2013		2012
1. Capital expenditures for new and used	if None	\$ Bil.	Mil.	Thou.	\$ Thou.
buildings and other structures (Exclude land.)					
2. Capital expenditures for new and used machinery and equipment					
<b>3. TOTAL</b> (Add lines A1 and A2.) 0520					
	$\mathbf{\nabla}$				
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					
3. All other expenditures for machinery and equipment					
4. TOTAL (Add lines B1 through B3.) 0529					
14 RENTAL PAYMENTS	Mark "X"		2013		2012
(Exclude capital leases. Include operating leases.)	if None	\$ Bil.	Mil.	Thou.	\$ Thou.
A. Rental or lease of buildings and other structures (Include land.)					
<b>B.</b> Rental or lease of machinery and equipment					
(Include construction equipment, tools, office equipment, furniture, and vehicles.)					
<b>C. TOTAL</b> (Add lines A and B.)					

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not shown, please enter your 11-digit Cer mber (CFN) from the mailing address.	nsus File		
DETAIL OF SALES, SHIPMENTS, RECEIPTS	OR REVENUE		
General - The manufactured products and servic not listed, please enter a description of you provided in Item 2. If additional lines are need	r products in column (	a) and enter their value in column (o	ke products that are ;) in the blank lines
If the information as requested cannot be taken of	directly from your book r	ecords, <b>REASONABLE ESTIMATES A</b>	RE ACCEPTABLE.
Valuation of Products - Report the value of the customer; i.e., after discounts and allowances, at kind of product. Include the value of products ex reported separately in <b>6</b> .	nd exclusive of freight ch	arges and excise taxes. Report separate	ly for each major
<b>Contract Work</b> - Report PRODUCTS MADE BY in this establishment. On the other hand, do not OWNED BY OTHERS. Report only the amount th	report on the specific pro-	oduct lines PRODUCTS THAT YOU MAD	E FROM MATERIALS
<b>Resales</b> - Do not report on the specific product I ESTABLISHMENTS OF YOUR COMPANY AND SO 9998991, "Resales."	ines those PRODUCTS B DLD WITHOUT FURTHER	OUGHT AND SOLD OR TRANSFERRED MANUFACTURE. Report only a value of	FROM OTHER Inder Census code
5	Product Class	Products shipped and other receipt transfers and exp	s, including interplant
Products and services	code	2013	2012
(a)	(b)	(c) \$ Bil. Mil. Thou.	(d) \$ Thou.
(α)	018	y bil. I will. I Hou.	φ mou.
	026		
	034		
NY I			
	042		
	059		
	067		
	075		
	083		
	091		

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	er (CFN) from	L. L.																
23-29	Not Applica KS <i>(Please us</i> )		(					1			 					- ( - 1		
					-					(			2		\$			
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	RTIFICATION			-				was				ice wi	th the			ns.		
	time period co	overed by	this re	eport a	i calen	ıdar			prepare		ordan Year	ice wi		e instru Monti		ns.	Year	
Is the	time period co		this re	eport a	i calen	ıdar						ice wi	th the TO			ns.	Year	
Is the year?	time period co	overed by No - Ente	this re er time	port a	i calen d cove	idar ered —			Month							ns.	Year	
Is the year?	time period co	overed by No - Ente	this re er time	port a	i calen d cove	idar ered —			Month			ice wi				ns.	Year	
Is the year?	time period co	overed by No - Ente	this re er time garding	port a period	i calen d cove	idar ered —	FR(	MC	Month		Year			Mont	h		Year	
Is the year?	time period co	overed by No - Ente	this re er time garding	port a	i calen d cove	idar ered —	FR(		Month					Mont			Year	
Is the year? Name Tele- phone	time period co	No - Ente	this re er time garding	port a period	i calen d cove	idar ered —	FR(	MC	Month	Title	Year		то	Mont	h Num		Year	