



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

2011 ANNUAL SURVEY OF MANUFACTURES

FORM

MA-10000(L) (DRAFT)

OMB No. 0607-0449: Approval Expires 10/31/2011

MA-10000

Need help or have questions about filling out this form?

Visit www.census.gov/econhelp

Call:

- 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 name and address, including ZIP Code.)

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:

0 1 2 3 4 5 6 7 8 9

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 EIN used for this establishment on its latest 2011 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021

Yes - Go to **2**

0022

No - Enter current EIN (9 digits)

0025

		-							
--	--	---	--	--	--	--	--	--	--

10000016



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

2 PHYSICAL LOCATION

A. Is this establishment's physical location the same as shown to the left of 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

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 2011? (Mark "X" only ONE box.)

0011 In operation

0016 Under construction, development, or exploration

0013 Temporarily or seasonally inactive

0014 Ceased operation - Give date at right

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

0018	Month	Day	Year

0060 Name of new owner or operator	0061 EIN (9 digits)

0062 Mailing address (Number and street, P.O. Box, etc.)		
0063 City, town, village, etc.	0064 State	0065 ZIP Code

10000024



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4 MONTHS IN OPERATION

Mark "X" 2011
if None Number

Number of months in operation during 2011 (If none, mark "X" and go to 30.) 0002

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HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

Mark "X" if None

If a figure is \$2,035,628.79:

Report →

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

Report →

2011		
\$ Bil.	Mil.	Thou.
<input type="text"/>	<input type="text"/> 2	<input type="text"/> 036
<input type="text"/>	<input type="text"/>	<input type="text"/>

5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Mark "X" if None

	2011			2010
	\$ Bil.	Mil.	Thou.	\$ Thou.
A. Total value of products shipped and other receipts (Report detail in 2.) 0100 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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 <input type="checkbox"/> Yes - Go to 6 0908 <input type="checkbox"/> 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 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

10000032



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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)
- Extranet
- E-mail
- Other online systems
- Internet

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

2011				2010			
Percent				Percent			
<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>	<input type="text"/>	<input type="text"/>	%

10000040



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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:

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

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 A4 - omit fractions.) 0335

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

5. TOTAL (Add lines A3 and A4) 0337

Mark "X" if None

	2011 Number	2010 Number
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

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 2011) 0310

Mark "X" if None

	2011			2010
	\$ Bil.	Mil.	Thou.	\$ Thou.
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

	2011 Hours	2010 Hours
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

10000057



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

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

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

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

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

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

	2011			2010
	\$ Bil.	Mil.	Thou.	\$ Thou.
1. Health insurance				
2. Pension plans				
3. Payroll taxes, employer paid insurance premiums (excluding health), and other employer paid benefits				
4. TOTAL				

8 Not Applicable.

10000065



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9 VALUE OF INVENTORIES

A. Did this establishment own inventories, regardless of where held, at the end of 2011 and/or 2010?

0488 Yes - Go to line B

0489 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 2011			Mark "X" if None	End of 2010			
		\$ Bil.	Mil.	Thou.		\$ Bil.	Mil.	Thou.	
1. Finished goods 0461	<input type="checkbox"/>				0471	<input type="checkbox"/>			
2. Work-in-process 0463	<input type="checkbox"/>				0473	<input type="checkbox"/>			
3. Materials, supplies, fuels, etc. 0462	<input type="checkbox"/>				0472	<input type="checkbox"/>			
4. Total inventories (Add lines B1 through B3) 0460	<input type="checkbox"/>				0470	<input type="checkbox"/>			
5. LIFO reserve (Report LIFO gross in 10 , line A) 0466	<input type="checkbox"/>				0476	<input type="checkbox"/>			
6. Total inventories after LIFO adjustment (Line B4 minus line B5) 0490	<input type="checkbox"/>				0492	<input type="checkbox"/>			

10000073



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10 INVENTORIES BY VALUATION METHOD

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

	Mark "X" if None	End of 2011			Mark "X" if None	End of 2010		
		\$ Bil.	Mil.	Thou.		\$ Bil.	Mil.	Thou.
A. LIFO valuation method before adjustment (Report LIFO reserve in 9, line B5)	0465 <input type="checkbox"/>				0475 <input type="checkbox"/>			
B. First-in, First-out (FIFO)	0498 <input type="checkbox"/>				0496 <input type="checkbox"/>			
C. Average cost	0502 <input type="checkbox"/>				0500 <input type="checkbox"/>			
D. Standard cost	0506 <input type="checkbox"/>				0504 <input type="checkbox"/>			
E. Other valuation method - Specify method 7								
0895 <input type="checkbox"/>	0487 <input type="checkbox"/>				0485 <input type="checkbox"/>			
F. TOTAL (Add lines A through E. Total should equal 9, line B4.)	0510 <input type="checkbox"/>				0508 <input type="checkbox"/>			

11 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 www.ia.ita.doc.gov/ftzpage/info/ftzstart.html for more detailed definitions.) . . .

	Mark "X" if None	End of 2011			Mark "X" if None	End of 2010		
		\$ Bil.	Mil.	Thou.		\$ Bil.	Mil.	Thou.
	0261 <input type="checkbox"/>				0260 <input type="checkbox"/>			

12 Not Applicable.

10000081



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13 CAPITAL EXPENDITURES

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

	Mark "X" if None	2011			2010
		\$ Bil.	Mil.	Thou.	\$ Thou.
A. Capital expenditures for new and used depreciable assets spent in 2011					
1. Capital expenditures for new and used buildings and other structures (Exclude land.)	0525 <input type="checkbox"/>				
2. Capital expenditures for new and used machinery and equipment	0530 <input type="checkbox"/>				
3. TOTAL (Add lines A1 and A2)	0520 <input type="checkbox"/>				
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 <input type="checkbox"/>				
2. Computers and peripheral data processing equipment	0523 <input type="checkbox"/>				
3. All other expenditures for machinery and equipment	0524 <input type="checkbox"/>				
4. TOTAL (Add lines B1 through B3)	0529 <input type="checkbox"/>				

14 RENTAL PAYMENTS

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

	Mark "X" if None	2011			2010
		\$ Bil.	Mil.	Thou.	\$ Thou.
A. Rental or lease of buildings, job-site trailers, and other structures (Include land.)	0551 <input type="checkbox"/>				
B. Rental or lease of construction equipment and tools, machinery, office equipment, furniture, and vehicles	0552 <input type="checkbox"/>				
C. TOTAL (Add lines A and B)	0550 <input type="checkbox"/>				

15 Not Applicable.

10000099



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16 SELECTED EXPENSES AND DEPRECIATION

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 **2**.) 0426
- 3. Cost of purchased fuels consumed for heat, power, or the generation of electricity 0430
- 4. Cost of purchased electricity (Report quantity on line C1.) 0425
- 5. Cost of work done for you by others on your materials 0424
- 6. **TOTAL** (Add lines A1 through A5) 0420

2011			2010
\$ Bil.	Mil.	Thou.	\$ Thou.

B. Normal depreciation charges for all tangible assets including buildings, machinery, and equipment 0540

Mark "X" if None

2011			2010
\$ Bil.	Mil.	Thou.	\$ Thou.

C. Quantity of Electricity

Mark "X" if None

- 1. Purchased electricity (Quantity corresponding to cost reported on line A4.) 0436
- 2. Generated electricity (Gross less generating station use.) 0437
- 3. Electricity sold or transferred to other establishments (Include on lines C1 or C2.) 0438

2011			2010
Kilowatt-hours			Kilowatt-hours
Bil.	Mil.	Thou.	Thou.

10000107

CONTINUE WITH **16** ON PAGE 11



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

16 SELECTED EXPENSES AND DEPRECIATION - Continued

D. Other operating expenses paid by this establishment (Include expenses normally considered as non-production related costs and purchased from other companies)

Mark "X" if None

- 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
- 2. Expensed computer hardware and related equipment - Include costs for purchased computer hardware and supplies that is expensed. Exclude capitalized computer hardware expenses, which are to be reported in items 13A2 and 13B2. 0403
- 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.) Exclude capitalized computer software costs. Exclude costs associated with computer software developed within your own company. 0188
- 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

	2011			2010
	\$ Bil.	Mil.	Thou.	\$ Thou.

10000115

CONTINUE WITH **16** ON PAGE 12



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16 SELECTED EXPENSES AND DEPRECIATION - Continued

	Mark "X" if None	2011			2010
		\$ Bil.	Mil.	Thou.	\$ Thou.
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 utility payments (Include the costs 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.) . . . 0217	<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.) - <i>Specify</i> ↴ <div style="border: 1px solid black; width: 200px; height: 20px; margin: 5px 0;"></div> 0417 0415	<input type="checkbox"/>				
12. TOTAL (Add lines D1 through D11.) . . . 0422	<input type="checkbox"/>				

17-21 Not Applicable.

10000123



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

22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

If you cannot locate the description of any products that you produce, please enter a description of your products in column (a) and enter their value in column (c). If additional lines are needed please use the "REMARKS" section. Report separately for each major kind of product. Include the value of products exported and interplant transfers in the appropriate product line(s). They should also be reported separately in 5. Report separately under Product Class code 9998900 sales of products bought and sold without further manufacture, processing, or assembly.

Enter TOTAL value of shipments under code 7700000.

Products and services (a)	Product Class code (b)	Products shipped and other receipts, including interplant transfers and exports			
		2011 (c) \$ Bil.	2011 (c) Mil.	2010 (d) Thou.	2010 (d) \$ Thou.
	018	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	026	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	034	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	042	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	059	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	067	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	075	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	083	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	091	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	109	<input type="text"/>	<input type="text"/>	<input type="text"/>	

10000131



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

23-29 Not Applicable.

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

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

Telephone

Area code

Number

Extension

Fax

Area code

Number

Internet e-mail address

Date completed

Month

Day

Year

Thank you for completing your 2011 ANNUAL SURVEY OF MANUFACTURES form.
PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.

10000149

