

## U.S. PRODUCERS' QUESTIONNAIRE

### MATTRESSES FROM CHINA

This questionnaire must be received by the Commission by **July 19, 2019**

*See last page for filing instructions.*

The information called for in this questionnaire is for use by the United States International Trade Commission in connection with its antidumping investigation concerning mattresses from China (Inv. No. 731-TA-1424 (Final)). The information requested in the questionnaire is requested under the authority of the Tariff Act of 1930, title VII. This report is mandatory and failure to reply as directed can result in a subpoena or other order to compel the submission of records or information in your firm's possession (19 U.S.C. § 1333(a)).

Name of firm	_____
Address	_____
City	_____
State	_____
Zip Code	_____
Website	_____
Has your firm produced <i>mattresses</i> (as defined on page 2) or <i>air-adjustable foam mattresses</i> (as defined on page 4) at any time since January 1, 2016?	
<input type="checkbox"/> NO	(Sign the certification below and promptly return <b>only</b> this page of the questionnaire to the Commission)
<input type="checkbox"/> YES	(Complete all parts of the questionnaire, and return the entire questionnaire to the Commission)
Return questionnaire via the U.S. International Trade Commission <i>Drop Box</i> by clicking on the following link: <a href="https://dropbox.usitc.gov/oinv/">https://dropbox.usitc.gov/oinv/</a> . (PIN: <b>MATT</b> )	

#### CERTIFICATION

*I certify that the information herein supplied in response to this questionnaire is complete and correct to the best of my knowledge and belief and understand that the information submitted is subject to audit and verification by the Commission. By means of this certification I also grant consent for the Commission, and its employees and contract personnel, to use the information provided in this questionnaire and throughout this proceeding in any other import-injury proceedings conducted by the Commission on the same or similar merchandise.*

*I, the undersigned, acknowledge that information submitted in response to this request for information and throughout this proceeding or other proceedings may be disclosed to and used: (i) by the Commission, its employees and Offices, and contract personnel (a) for developing or maintaining the records of this or a related proceeding, or (b) in internal investigations, audits, reviews, and evaluations relating to the programs, personnel, and operations of the Commission including under 5 U.S.C. Appendix 3; or (ii) by U.S. government employees and contract personnel, solely for cybersecurity purposes. I understand that all contract personnel will sign appropriate nondisclosure agreements*

_____ Name of Authorized Official	_____ Title of Authorized Official	_____ Date
_____ Signature	_____ Phone	_____ Email address

**PART I.—GENERAL INFORMATION**

***Background.***--This proceeding was instituted in response to a petition filed on September 18, 2018, by Corsicana Mattress Company (Dallas, TX), Elite Comfort Solutions (Newnan, GA), Future Foam Inc. (Council Bluffs, IA), FXI, Inc. (Media, PA), Innocor, Inc. (Red Bank, NJ), Kolcraft Enterprises Inc. (Chicago, IL), Leggett & Platt, Incorporated (Carthage, MO), Serta Simmons Bedding, LLC (Atlanta, GA), and Tempur Sealy International, Inc. (Lexington, KY). Antidumping duties may be assessed on the subject imports as a result of these proceedings if the Commission makes an affirmative determination of injury, threat, or material retardation, and if the U.S. Department of Commerce (“Commerce”) makes an affirmative determination of dumping. Questionnaires and other information pertinent to this proceeding are available at [https://www.usitc.gov/investigations/701731/2018/mattresses\\_china/final.htm](https://www.usitc.gov/investigations/701731/2018/mattresses_china/final.htm).

**Producers of only mattresses (as defined on page 2) please fill out parts I, II, III, and IV in their entirety, and respond to the narrative question V-1 in part IV.**

**Producers of only air-adjustable mattresses (as excluded from the overall definition of mattresses on page 2 and as defined on page 3) please fill out only parts I and V.**

**Producers of both included mattresses and out-of-scope air-adjustable foam mattresses please fill out all parts of this questionnaire as appropriate.**

***Mattresses.***-- The scope of this investigation covers all types of youth and adult mattresses. The term “mattress” denotes an assembly of materials that at a minimum includes a “core,” which provides the main support system of the mattress, and may consist of innersprings, foam, other resilient filling, or a combination of these materials. Mattresses may also contain (1) “upholstery,” the material between the core and the top panel of the ticking on a single-sided mattress, or between the core and the top and bottom panel of the ticking on a double-sided mattress; and/or (2) “ticking,” the outermost layer of fabric or other material (e.g., vinyl) that encloses the core and any upholstery, also known as a cover.

The scope of this investigation is restricted to only “adult mattresses” and “youth mattresses.” “Adult mattresses” have a width exceeding 35 inches, a length exceeding 72 inches, and a depth exceeding 3 inches on a nominal basis. Such mattresses are frequently described as “twin,” “extra-long twin,” “full,” “queen,” “king,” or “California king” mattresses. “Youth mattresses” have a width exceeding 27 inches, a length exceeding 51 inches, and a depth exceeding 1 inch (crib mattresses have a depth of 6 inches or less from edge to edge) on a nominal basis. Such mattresses are typically described as “crib,” “toddler,” or “youth” mattresses. All adult and youth mattresses are included regardless of actual size description.

The scope encompasses all types of “innerspring mattresses,” “non-innerspring mattresses,” and “hybrid mattresses.” “Innerspring mattresses” contain innersprings, a series of metal springs joined together in sizes that correspond to the dimensions of mattresses. Mattresses that contain innersprings are referred to as “innerspring mattresses” or “hybrid mattresses.” “Hybrid mattresses” contain two or more support systems as the core, such as layers of both memory foam and innerspring units.

“Non-innerspring mattresses” are those that do not contain any innerspring units. They are generally produced from foams (e.g., polyurethane, memory (viscoelastic), latex foam, gelinfused viscoelastic (gel foam), thermobonded polyester, polyethylene) or other resilient filling.

Mattresses covered by the scope of this investigation may be imported independently, as part of furniture or furniture mechanisms (e.g., convertible sofa bed mattresses, sofa bed mattresses imported with sofa bed mechanisms, corner group mattresses, day-bed mattresses, roll-away bed mattresses, high risers, trundle bed mattresses, crib mattresses), or as part of a set in combination with a "mattress foundation." "Mattress foundations" are any base or support for a mattress. Mattress foundations are commonly referred to as "foundations," "boxsprings," "platforms," and/or "bases." Bases can be static, foldable, or adjustable. Only the mattress is covered by the scope if imported as part of furniture, with furniture mechanisms, or as part of a set in combination with a mattress foundation.

Excluded from the scope of this investigation are "futon" mattresses. A "futon" is a bi-fold frame made of wood, metal, or plastic material, or any combination thereof, that functions as both seating furniture (such as a couch, love seat, or sofa) and a bed. A "futon mattress" is a tufted mattress, where the top covering is secured to the bottom with thread that goes completely through the mattress from the top through to the bottom, and it does not contain innersprings or foam. A futon mattress is both the bed and seating surface for the futon.

Also excluded from the scope are airbeds (including inflatable mattresses) and waterbeds, which consist of air- or liquid-filled bladders as the core or main support system of the mattress.

Further, also excluded from the scope of this investigation are any products covered by the existing antidumping duty order on uncovered innerspring units. See Uncovered Innerspring Units from the People's Republic of China: Notice of Antidumping Duty Order, 74 FR 7661 (February 19, 2009).

Additionally, also excluded from the scope of this investigation are "mattress toppers." A "mattress topper" is a removable bedding accessory that supplements a mattress by providing an additional layer that is placed on top of a mattress. Excluded mattress toppers have a height of four inches or less.

The products subject to this investigation are currently properly classifiable under Harmonized Tariff Schedule for the United States (HTSUS) subheadings: 9404.21.0010, 9404.21.0013, 9404.29.1005, 9404.29.1013, 9404.29.9085, and 9404.29.9087. Products subject to this investigation may also enter under HTSUS subheadings: 9404.21.0095, 9404.29.1095, 9404.29.9095, 9401.40.0000, and 9401.90.5081. Although the HTSUS subheadings are provided for convenience and customs purposes, the written description of the merchandise subject to this investigation is dispositive.

**Mattress innersprings** are a series of metal springs joined together in sizes that correspond to the dimensions of finished mattresses. Innersprings may be comprised of wrapped coils or open/non-wrapped coils. Wrapped innerspring coils consist of coils that are individually encased in a nonwoven or woven material in rows, which rows are then bound together to form an innerspring. Open/non-wrapped coils are generally joined together by helical wire. For purposes of these investigations, mattresses that contain innersprings are referred to as "innerspring mattresses" or "hybrid mattresses."

**"Non-innerspring mattresses"** are mattresses that do not contain any innerspring units. They are generally produced from foams (e.g., polyurethane, memory (viscoelastic), latex foam, gelinfused viscoelastic (gel foam), thermobonded polyester, polyethylene, or other resilient filling).

**"Hybrid mattresses"** contain two or more support systems as the core, such as layers of both memory foam and innerspring units.

**“Mattress-in-a-box” (“MiBs”)** are mattresses of any size, with or without innersprings, that are rolled and compressed, whether or not further packaged in plastic or other packaging material for delivery in the compressed state to the ultimate consumer purchaser. These mattresses may be referred to by a variety of names, including “mattresses in a box”, “MiBs” or “bed in a box”.

**“Adult mattresses”** have a width exceeding 35 inches, a length exceed 72 inches, and a depth exceeding 3 inches. Such mattresses are frequently described as "twin," "extra-long twin," "full," "queen," "king," or "California king" mattresses.

**“Youth mattresses”** have a width exceeding 27 inches, a length exceeding 51 inches, and a depth exceeding 1 inch (crib mattresses have a depth of 6 inches or less from edge to edge) on a nominal basis. Such mattresses are typically described as "crib," "toddler," or "youth" mattresses.

**“Mattress topper”** is a removable bedding accessory that supplements a mattress by providing an additional layer that is placed on top of a mattress. Such mattress toppers have a height of four inches or less.

**“Air-adjustable foam mattresses”** are mattresses where air or liquid filled bladders are the core or main support system of the mattress.

**Importer**--Any person or firm engaged, either directly or through a parent company or subsidiary, in importing mattresses (as defined above) into the United States from a foreign manufacturer or through its selling agent.

**Reporting of information**--If information is not readily available from your records, provide carefully prepared estimates. If your firm is completing more than one questionnaire (i.e., a producer, importer, and/or purchaser questionnaire), you need not respond to duplicated questions.

**Confidentiality**--The commercial and financial data furnished in response to this questionnaire that reveal the individual operations of your firm will be treated as confidential by the Commission to the extent that such data are not otherwise available to the public and will not be disclosed except as may be required by law (see 19 U.S.C. § 1677f). Such confidential information will not be published in a manner that will reveal the individual operations of your firm; however, general characterizations of numerical business proprietary information (such as discussion of trends) will be treated as confidential business information only at the request of the submitter for good cause shown.

**Verification**--The information submitted in this questionnaire is subject to audit and verification by the Commission. To facilitate possible verification of data, please keep all files, worksheets, and supporting documents used in the preparation of the questionnaire response. Please also retain a copy of the final document that you submit.

**Release of information**--The information provided by your firm in response to this questionnaire, as well as any other business proprietary information submitted by your firm to the Commission in connection with this proceeding, may become subject to, and released under, the administrative protective order provisions of the Tariff Act of 1930 (19 U.S.C. § 1677f) and section 207.7 of the Commission's Rules of Practice and Procedure (19 CFR § 207.7). This means that certain lawyers and other authorized individuals may temporarily be given access to the information for use in connection with this proceeding or other import-injury proceedings conducted by the Commission on the same or similar merchandise; those individuals would be subject to severe penalties if the information were divulged to unauthorized individuals. In addition, if your firm is a U.S. producer, the information you

provide on your production and imports of mattresses and your responses to the questions in Part I of the producer questionnaire will be provided to the U.S. Department of Commerce, upon its request, for use in connection with (and only in connection with) its requirement pursuant to section 702(c)(4)/732(c)(4) of the Act (19 U.S.C. § 1671a(c)(4)/1673a(c)(4)) to make a determination concerning the extent of industry support for the petition requesting this proceeding. Any information provided to Commerce will be transmitted under the confidentiality and release guidelines set forth above. Your response to these questions constitutes your consent that such information be provided to Commerce under the conditions described above.

**D-GRIDS tool.**--The Commission has a tool that firms can use to move data from their own MS Excel compilation files into self-contained data tables within this MS Word questionnaire, thereby reducing the amount of cell-by-cell data entry that would be required to complete this form. This tool is a macro-enabled MS Excel file available for download from the Commission's generic questionnaires webpage ([https://www.usitc.gov/trade\\_remedy/question.htm](https://www.usitc.gov/trade_remedy/question.htm)) called the "D-GRIDs tool." Use of this tool to help your firm complete this questionnaire is *optional*. Firms opting to use the D-GRIDs tool to populate their data into this questionnaire will need the D-GRIDs specification sheet PDF file specific to this proceeding (available on the case page which is linked under the "Background" above) which includes the necessary references relating to this questionnaire, as well as the macro-enable MS Excel D-GRIDs tool itself from the generic questionnaires page. More detailed instructions on how to use the D-GRIDs tool are available within the D-GRIDs tool itself.

I-1a. **OMB statistics.**--Please report below the actual number of hours required and the cost to your firm of completing this questionnaire.

Hours	Dollars

The questions in this questionnaire have been reviewed with market participants to ensure that issues of concern are adequately addressed and that data requests are sufficient, meaningful, and as limited as possible. Public reporting burden for this questionnaire is estimated to average 50 hours per response, including the time for reviewing instructions, gathering data, and completing and reviewing the questionnaire.

We welcome comments regarding the accuracy of this burden estimate, suggestions for reducing the burden, and any suggestions for improving this questionnaire. Please attach such comments to your response or send to the Office of Investigations, USITC, 500 E St. SW, Washington, DC 20436.

I-1b. **TAA information release.**--In the event that the U.S. International Trade Commission (USITC) makes an affirmative final determination in this proceeding, do you consent to the USITC's release of your contact information (company name, address, contact person, telephone number, email address) appearing on the front page of this questionnaire to the Departments of Commerce, Labor, and Agriculture, as applicable, so that your firm and its workers can be made eligible for benefits under the Trade Adjustment Assistance program?

Yes       No

I-2. **Establishments covered.**--Provide the city, state, zip code, and brief description of each establishment covered by this questionnaire. If your firm is publicly traded, please specify the stock exchange and trading symbol in the footnote to the table. **Firms operating more than one establishment should combine the data for all establishments into a single report.**

**"Establishment"**--Each facility of a firm involved in the production of mattresses, including auxiliary facilities operated in conjunction with (whether or not physically separate from) such facilities.

Establishments covered <sup>1</sup>	City, State	Zip (5 digit)	Description
1			
2			
3			
4			
5			
6			
<sup>1</sup> Additional discussion on establishments consolidated in this questionnaire: _____.			

I-3. **Petitioner status.**--Is your firm the petitioner in this proceeding or a member firm of the petitioning entity?

No	Yes
<input type="checkbox"/>	<input type="checkbox"/>

I-4. **Petition support.**--Does your firm support or oppose the petition?

Country	Support	Oppose	Take no position
China	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I-5. **Ownership.**--Is your firm owned, in whole or in part, by any other firm?

No       Yes--List the following information.

Firm name	Address	Extent of ownership (percent)



**PART II.--TRADE AND RELATED INFORMATION**

Further information on this part of the questionnaire can be obtained from **Calvin Chang** (202-205-3062, [calvin.chang@usitc.gov](mailto:calvin.chang@usitc.gov)). **Supply all data requested on a calendar-year basis.**

- II-1. **Contact information.**--Please identify the responsible individual and the manner by which Commission staff may contact that individual regarding the confidential information submitted in part II.

Name	
Title	
Email	
Telephone	

- II-2. **Changes in operations.**--Please indicate whether your firm has experienced any of the following changes in relation to the production of mattresses since January 1, 2016.

<i>(check as many as appropriate)</i>		<i>(If checked, please describe; leave blank if not applicable)</i>
<input type="checkbox"/>	plant openings	
<input type="checkbox"/>	plant closings	
<input type="checkbox"/>	relocations	
<input type="checkbox"/>	expansions	
<input type="checkbox"/>	acquisitions	
<input type="checkbox"/>	consolidations	
<input type="checkbox"/>	prolonged shutdowns or production curtailments	
<input type="checkbox"/>	revised labor agreements	
<input type="checkbox"/>	other (e.g., technology)	



II-3a. **Production using same machinery.**--Please report your firm's production of products using the same equipment, machinery, or employees as used to produce mattresses, and the combined production on this shared equipment, machinery, or employees in the periods indicated.

**"Overall production capacity" or "capacity"** – The level of production that your establishment(s) could reasonably have expected to attain during the specified periods. Assume normal operating conditions (i.e., using equipment and machinery in place and ready to operate; normal operating levels (hours per week/weeks per year) and time for downtime, maintenance, repair, and cleanup).

Note.--If your firm does not produce any out-of-scope merchandise on the same machinery and equipment as scope merchandise then the "overall production capacity" numbers reported in this question should be exactly equal to the "average production capacity" numbers reported in question II-7. If, however, your firm does produce out-of-scope merchandise using the same machinery and equipment as scope merchandise, then the "average production capacity" reported in question II-7 should exclude the portion of "overall production capacity" that was used to produce this out-of-scope merchandise.

**"Production"** – All production in your U.S. establishment(s), including production consumed internally within your firm and production for another firm under a toll agreement.

<b>Quantity (in number of mattresses)</b>					
<b>Item</b>	<b>Calendar years</b>			<b>January-June</b>	
	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2018</b>	<b>2019</b>
<b>Overall production capacity<sup>1</sup></b>					
<b>Production of:</b>					
Mattresses (in number of mattresses) <sup>2</sup>	0	0	0	0	0
Out-of-scope production.— Mattresses toppers (in number of toppers)					
Other products <sup>3</sup>					
Total production using same machinery or workers	0	0	0	0	0
<sup>1</sup> Data reported for capacity (first line) should be greater than data reported for total production (last line). <sup>2</sup> Data entered for production of mattresses will populate here once reported in question II-7. <sup>3</sup> Please identify these products and their unit of measurement: _____.					

II-3b. **Operating parameters.**--The production capacity reported in II-3a is based on the following operating parameters:

Hours per week	Weeks per year	Number of shifts

II-3c. **Workers' shifts.**—Since January 1, 2016, have you changed the number of shifts you operated to produce mattresses?

No	Yes	If yes—Please explain
<input type="checkbox"/>	<input type="checkbox"/>	

II-3d. **Capacity calculation.**--Please describe the methodology used to calculate overall production capacity reported in II-3a, and explain any changes in reported capacity.

II-3e. **Production of compressed but not rolled mattresses and compressed and rolled mattresses.**-- Please report your firm's capacity and production of compressed but not rolled mattresses (i.e., non-MiB mattresses that are compressed for shipment) and compressed and rolled MiBs.

Quantity (in number of mattresses)					
Item	Calendar years			January-June	
	2016	2017	2018	2018	2019
Compression capacity <sup>1</sup>					
Production of compressed but not rolled mattresses:					
	Calendar years			January-June	
	2016	2017	2018	2018	2019
Rolling capacity <sup>1</sup>					
Production of compressed and rolled MiBs:					

<sup>1</sup> Data reported for capacity should be greater than data reported for production in each section.

II-3f. **Compression or rolling constraints.**—Does your firm's compression and/or rolling capacity constrain the overall production capacity reported in question II-3a?

No	Yes	If yes—Please explain
<input type="checkbox"/>	<input type="checkbox"/>	

II-3g. **Product shifting.**—

- (i) Is your firm able to switch production (capacity) between mattresses and other products using the same equipment and/or labor?

No	Yes	If yes—(i.e., have produced other products or are able to produce other products) Please identify other actual or potential products:
<input type="checkbox"/>	<input type="checkbox"/>	

- (ii) Please describe the factors that affect your firm's ability to shift production capacity between products (e.g., time, cost, relative price change, etc.), and the degree to which these factors enhance or constrain such shifts.

- II-4. **Tolling.**--Since January 1, 2016, has your firm been involved in a toll agreement regarding the production of mattresses?

**“Toll agreement”**--Agreement between two firms whereby the first firm furnishes the raw materials and the second firm uses the raw materials to produce a product that it then returns to the first firm with a charge for processing costs, overhead, etc.

No	Yes	If yes-- Please describe the toll arrangement(s) and name the firm(s) involved.
<input type="checkbox"/>	<input type="checkbox"/>	

II-5. **Foreign trade zones.**--

- (a) **Firm's FTZ operations.**--Does your firm produce mattresses in and/or admit mattresses into a foreign trade zone (FTZ)?

**“Foreign trade zone”** is a designated location in the United States where firms utilize special procedures that allow delayed or reduced customs duty payments on foreign merchandise. A foreign trade zone must be designed as such pursuant to the rules and procedures set forth in the Foreign-Trade Zones Act.

No	Yes	If yes--Describe the nature of your firm's operations in FTZs and identify the specific FTZ site(s).
<input type="checkbox"/>	<input type="checkbox"/>	

- (b) **Other firms' FTZ operations.**--To your knowledge, do any firms in the United States import mattresses into a foreign trade zone (FTZ) for use in distribution of mattresses and/or the production of downstream articles?

No	Yes	If yes--Identify the firms and the FTZs.
<input type="checkbox"/>	<input type="checkbox"/>	

II-6. **Importer.**--Since January 1, 2016, has your firm imported mattresses?

**“Importer”** – The person or firm primarily liable for the payment of any duties on the merchandise, or an authorized agent acting on his behalf. The importer may be the consignee, or the importer of record.

No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	If yes-- <b><u>COMPLETE AND RETURN A U.S. IMPORTERS' QUESTIONNAIRE</u></b>

**Select definitions relating to part II data tables**

**“Average production capacity” or “capacity”**--The level of production that your establishment(s) could reasonably have expected to attain during the specified periods. Assume normal operating conditions (i.e., using equipment and machinery in place and ready to operate; normal operating levels (hours per week/weeks per year) and time for downtime, maintenance, repair, and cleanup; and a typical or representative product mix).

**“Production”**--All production in your U.S. establishment(s), including production consumed internally within your firm and production for another firm under a toll agreement.

**“Commercial (non-retail) U.S. shipments”**--Shipments made within the United States as a result of an arm's length commercial transaction in the ordinary course of business. Report net values (i.e., gross sales values less all discounts, allowances, rebates, prepaid freight, and the value of returned goods) in U.S. dollars, f.o.b. your point of shipment. For the purposes of this questionnaire, commercial U.S. shipments should include (a) sales to distributors, (b) sales to retailers, and (c) commercial sales to end users; but should not include retail level sales made to individual customers through your firm's own retail establishments (either brick-and-mortar stores or online order fulfillment centers).

**“Internal consumption/ including product shipped to own firm's retail establishments”**--Product consumed internally by your firm, which includes merchandise that your firm transferred to your own firm's retail establishments (i.e., shipped to either a bricks-and-mortar store or to an online order fulfillment center). Such transactions are to be valued at fair market value and not the total value of final downstream processed merchandise in the case of internal consumption, nor the retail sale value in the case of your firm owning and operating its own retail establishments or using a third-party fulfillment center to place retail level sales.

**“Transfers to related firms”**--Shipments made to related domestic firms. Such transactions are valued at fair market value.

**“Related firm”**--A firm that your firm solely or jointly owned, managed, or otherwise controlled; a firm that solely or jointly owned, managed, or otherwise controlled your firm; and/or a firm that was solely or jointly owned, managed, or otherwise controlled by a firm that also solely or jointly owned, managed, or otherwise controlled your firm.

**“Export shipments”**--Shipments to destinations outside the United States, including shipments to related firms.

**“Inventories”**--Finished goods inventory, not raw materials or work-in-progress.

*Note: As requested in Part I of this questionnaire, please keep all supporting documents/records used in the preparation of the trade data, as Commission staff may contact your firm regarding questions on the trade data. The Commission may also request that your company submit copies of the supporting documents/records (such as production and sales schedules, inventory records, etc.) used to compile these data*

II-7. **Production, shipment, and inventory data.**--Report your firm's production capacity, production, shipments, and inventories related to the production of mattresses in its U.S. establishment(s) during the specified periods.

<b>Quantity (in number of mattresses) and value (in \$1,000)</b>					
<b>Item</b>	<b>Calendar years</b>			<b>January-June</b>	
	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2018</b>	<b>2019</b>
<b>Average production capacity<sup>1</sup></b> <i>(quantity) (A)</i>					
<b>Beginning-of-period inventories</b> <i>(quantity) (B)</i>					
<b>Production</b> <i>(quantity) (C)</i>					
<b>U.S. shipments:</b> <b>Commercial (non-retail) shipments:</b> <i>Quantity (D)</i>					
<i>Value (E)</i>					
<b>Internal consumption/ including product shipped to your firm's retail establishments:<sup>2</sup></b> <i>Quantity (F)</i>					
<i>Value<sup>2</sup> (G)</i>					
<b>Transfers to related firms:<sup>2,3</sup></b> <i>Quantity (H)</i>					
<i>Value<sup>2</sup> (I)</i>					
<b>Export shipments:<sup>4</sup></b> <i>Quantity (J)</i>					
<i>Value (K)</i>					
<b>End-of-period inventories</b> <i>(quantity) (L)</i>					

<sup>1</sup> The production capacity reported is based on operating \_\_\_\_\_ hours per week, \_\_\_\_\_ weeks per year. Please describe the methodology used to calculate production capacity, and explain any changes in reported capacity \_\_\_\_\_.

<sup>2</sup> Internal consumption and transfers to related firms must be valued at fair market value. If your firm uses a different basis for valuing these transactions in your records, please specify that basis (e.g., cost, cost plus, etc.): \_\_\_\_\_. However, the data provided above in this table should be based on fair market value.

<sup>3</sup> Please: (a) identify the related firms; (b) indicate the nature of the relationship between your firm and the related firms (e.g., joint venture, wholly owned subsidiary, et cetera), (c) indicate whether the transfers were recorded in your books and records at fair market value or other, non-market formula; and (d) indicate whether your firm retained marketing rights to all transfers, and whether the related firms also processed inputs from sources other than your firm.

<sup>4</sup> Identify your firm's principal export markets: \_\_\_\_\_.

II-7. **Production, shipment, and inventory data.**--Continued

*RECONCILIATION OF SHIPMENTS, PRODUCTION, AND INVENTORY.*--Generally, the data reported for the end-of-period inventories (i.e., line N) should be equal to the beginning-of-period inventories (i.e., line B), plus production (i.e., line C), less total shipments (i.e., lines D, F, H, J, and L). Please ensure that any differences are not due to data entry errors in completing this form, but rather reflect your firm's actual records; and, also provide explanations for any differences (e.g., theft, loss, damage, record systems issues, etc.) if they exist.

Reconciliation	Calendar years			January-June	
	2016	2017	2018	2018	2019
B + C – D – F – H – J – L = should equal zero ("0"). If not, provide an explanation. <sup>1</sup>	0	0	0	0	0
<sup>1</sup> Explanation if the calculated fields above are returning values other than zero (i.e., "0") but are nonetheless accurate:_____.					

II-8. **Forward positioned.**--Does your firm ship mattresses to a third-party internet retailer's facility but maintain ownership of the mattresses until sale (i.e., forward position)?

		<p><b>If yes,</b> Please indicate the third-party retailer(s) involved and, report in the grid below your firm's U.S. shipments that were forward positioned in internet retailers' facilities. For purposes of question II-7 (production, shipments, and inventory data), these shipments should be included in lines F and G, while for purposes question II-9 (Channels of distribution), these shipments should be included in lines Q, R, S, AA, AB, or AC as appropriate.</p>
<b>No</b>	<b>Yes</b>	
<input type="checkbox"/>	<input type="checkbox"/>	

## Forward positioned

Quantity (in number of mattresses) and value (in \$1,000)					
Item	Calendar years			January-June	
	2016	2017	2018	2018	2019
<b>U.S. shipments forward positioned:</b>					
<b>MiBs:</b>					
Quantity (M)					
Value (N)					
<b>Non-MiBs:</b>					
Quantity (O)					
Value (P)					

II-9a. **Channels of distribution: MiB**--Report your firm's U.S. shipments (i.e., inclusive of commercial U.S. shipments, internal consumption, and transfers to related firms) of mattress-in-a-box mattresses (MiB) by channel of distribution in the specified periods.

## Channels of distribution: MiB

Quantity (in number of mattresses)					
US shipments by channel	Calendar years			January-June	
	2016	2017	2018	2018	2019
<b>Shipments to your firm's retail establishments:</b> <sup>1</sup>					
for Brick and mortar sales (Q)					
for Direct-to-consumer/ internet sales (R)					
for Omni-channel sales (S)					
<b>Internal consumption (T)</b> <sup>2</sup>					
<b>Commercial (non-retail) U.S. shipments and transfers to related firms:</b>					
To distributors (U)					
To retailers:					
Brick and mortar <sup>3</sup> (V)					
Internet / online <sup>4</sup> (W)					
Omni-channel <sup>5</sup> (X)					
To end users:					
Hotels and hospitality (Y)					
Other <sup>6</sup> (Z)					
<sup>1</sup> Please describe your own firm's retail footprint: _____. <sup>2</sup> Please describe the downstream products that your firm produces from its internally consumed mattresses: _____. <sup>3</sup> Please list the firm(s) you treat as "brick and mortar": _____. <sup>4</sup> Please list the firm(s) you treat as an internet retailer: _____. <sup>5</sup> Please list the firm(s) you treat as "omni-channel": _____. <sup>6</sup> Other end users include to government entities. Please describe the end users reported: _____.					



II-9b. **Channels of distribution: Non-MiB**--Report your firm's U.S. shipments (i.e., inclusive of commercial U.S. shipments, internal consumption, and transfers to related firms) of mattresses other than mattress-in-a-box mattresses (non-MiB) by channel of distribution in the specified periods.

## Channels of distribution: Non-MiB

Quantity (in number of mattresses)					
US shipments by channel	Calendar years			January-June	
	2016	2017	2018	2018	2019
<b>Shipments to your firm's retail establishments:<sup>1</sup></b>					
for Brick and mortar sales (AA)					
for Direct-to-consumer/ internet sales (AB)					
for Omni-channel sales (AC)					
<b>Internal consumption (AD)<sup>2</sup></b>					
<b>Commercial (non-retail) U.S. shipments and transfers to related firms:</b>					
To distributors (AE)					
To retailers:					
Brick and mortar <sup>3</sup> (AF)					
Internet / online <sup>4</sup> (AG)					
Omni-channel <sup>5</sup> (AH)					
To end users:					
Hotels and hospitality (AI)					
Other <sup>6</sup> (AJ)					
<sup>1</sup> Please describe your own firm's retail footprint: _____. <sup>2</sup> Please describe the downstream products that your firm produces from its internally consumed mattresses: _____. <sup>3</sup> Please list the firm(s) you treat as "brick and mortar": _____. <sup>4</sup> Please list the firm(s) you treat as an internet retailer: _____. <sup>5</sup> Please list the firm(s) you treat as "omni-channel": _____. <sup>6</sup> Other end users include to government entities. Please describe the end users reported: _____.					

II-9a&b. **Channels of distribution:**--Continued

*RECONCILIATION OF CHANNELS.--Please ensure that the quantities reported for channels of distribution (i.e., lines Q through AJ) in each time period equal the quantities for U.S. shipments (i.e., lines D, F, and H) in question II-7. If the calculated fields below return values other than zero (i.e., "0"), the data reported must be revised prior to submission to the Commission.*

Reconciliation	Calendar years			January-June	
	2016	2017	2018	2018	2019
<b>Reconciliation for line F: Internal consumption/ including product shipped to own firm's retail establishments:</b>  $Q + R + S + T + AA + AB + AC + AD - F = \text{zero ("0")}$ . If not, revise.	0	0	0	0	0
<b>Reconciliation for lines D and H: Commercial U.S. shipments and transfers to related firms:</b>  $U + V + W + X + Y + Z + AE + AF + AG + AH + AI + AJ - D - H = \text{zero ("0")}$ . If not, revise.	0	0	0	0	0

II-10a. **U.S. shipments by type: MiB.**--Report your firm's U.S. shipments (i.e., inclusive of commercial U.S. shipments, internal consumption, and transfers to related firms) of mattress-in-a-box mattresses (MiB) by product type in the specified periods.

## U.S. shipments by type: MiB

Quantity (in number of mattresses) and value (in \$1,000)					
Item	Calendar years			January-June	
	2016	2017	2018	2018	2019
<b>U.S. shipments:</b>					
<b>Innerspring only:</b>					
Quantity (AK)					
Value (AL)					
<b>Non-innerspring only:</b>					
Quantity (AM)					
Value (AN)					
<b>Hybrid:</b>					
Quantity (AO)					
Value (AP)					
<b>Other:<sup>1</sup></b>					
Quantity (AQ)					
Value (AR)					
<sup>1</sup> Please describe these products: _____.					

II-10b. **U.S. shipments by type: Non-MiB.**--Report your firm's U.S. shipments (i.e., inclusive of commercial U.S. shipments, internal consumption, and transfers to related firms) of mattresses other than mattress-in-a-box mattresses (non-MiB) by product type in the specified periods.

## U.S. shipments by type: Non-MiB

Quantity (in number of mattresses) and value (in \$1,000)					
Item	Calendar years			January-June	
	2016	2017	2018	2018	2019
<b>U.S. shipments:</b>					
<b>Innerspring only:</b>					
Quantity (AS)					
Value (AT)					
<b>Non-innerspring only:</b>					
Quantity (AU)					
Value (AV)					
<b>Hybrid:</b>					
Quantity (AW)					
Value (AX)					
<b>Other:<sup>1</sup></b>					
Quantity (AY)					
Value (AZ)					
<sup>1</sup> Please describe these products: _____.					

II-10a&b. **U.S. shipments by type**--Continued

*RECONCILIATION OF SHIPMENTS.--Please ensure that the quantities and values U.S. shipments by product type (i.e., lines AK through AZ) in each period in this question are equal to the quantities and values reported for U.S. shipments (i.e., lines D through I) in each period from question II-7. If the calculated fields below return values other than zero (i.e., "0"), the data reported must be revised prior to submission to the Commission.*

Reconciliation	Calendar years			January-June	
	2016	2016	2018	2018	2019
<b>Quantity:</b> AI + AK + AM +AO + AQ + AS + AU + AW – D – F – H = zero ("0"). If not, revise.	0	0	0	0	0
<b>Value:</b> AH + AJ + AL + AN +AR +AT +AV + AX – E – G – I = zero ("0"). If not, revise.	0	0	0	0	0

II-11. **U.S. shipments by size.**--Report your firm's U.S. shipments (i.e., inclusive of commercial U.S. shipments, internal consumption, and transfers to related firms) by product size in the specified periods.

<b>Quantity (in number of mattresses) and value (in \$1,000)</b>					
<b>Item</b>	<b>Calendar years</b>			<b>January-June</b>	
	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2018</b>	<b>2019</b>
<b>U.S. shipments:</b>					
<b>Adult:</b>					
Quantity (BA)					
Value (BB)					
<b>Youth:</b>					
Quantity (BC)					
Value (BD)					

**RECONCILIATION OF SHIPMENTS.**--Please ensure that the quantities and values U.S. shipments by product size (i.e., lines BA through BC) in each period in this question equal the quantities and values reported for U.S. shipments (i.e., lines D through I) in each period from question II-7. If the calculated fields below return values other than zero (i.e., "0"), the data reported must be revised prior to submission to the Commission.

<b>Reconciliation</b>	<b>Calendar years</b>			<b>January-June</b>	
	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2018</b>	<b>2019</b>
<b>Quantity:</b> BA + BC – D – F – H = zero ("0"). If not, revise.	0	0	0	0	0
<b>Value:</b> BB + BD – E – G – I = zero ("0"). If not, revise.	0	0	0	0	0

II-12. **Employment data.**--Report your firm's employment-related data related to the production of mattresses and provide an explanation for any trends in these data.

**"Production and Related Workers" (PRWs)** includes working supervisors and all nonsupervisory workers (including group leaders and trainees) engaged in fabricating, processing, assembling, inspecting, receiving, storage, handling, packing, warehousing, shipping, trucking, hauling, maintenance, repair, janitorial and guard services, product development, auxiliary production for plant's own use (e.g., power plant), recordkeeping, and other services closely associated with the above production operations. Average number employed may be computed by adding the number of employees, both full time and part time, for the 12 pay periods ending closest to the 15th of the month and divide that total by 12. For the January to June periods, calculate similarly and divide by 6.

**"Hours worked"** includes time paid for sick leave, holidays, and vacation time. Include overtime hours actually worked; do not convert overtime pay to its equivalent in straight time hours.

**"Wages paid"** --Total wages paid before deductions of any kind (e.g., withholding taxes, old-age and unemployment insurance, group insurance, union dues, bonds, etc.). Include wages paid directly by your firm for overtime, holidays, vacations, and sick leave.

Item	Calendar years			January-June	
	2016	2017	2018	2018	2019
Average number of PRWs ( <i>number</i> )					
Hours worked by PRWs ( <i>1,000 hours</i> )					
Wages paid to PRWs ( <i>\$1,000</i> )					

Explanation of trends:

II-13. **Purchases.**--Has your firm purchased mattresses produced in the United States or in other countries since January 1, 2016? (Do not include imports for which your firm was the importer of record. These should be reported in an importer questionnaire).

**“Purchase”** – A transaction to buy product from a U.S. corporate entity such as another U.S. producer, a U.S. distributor, or a U.S. firm that has directly imported the product.

**“Import”** –A transaction to buy from a foreign supplier where your firm is the importer of record.

<b>No</b>	<b>Yes</b>	<b>If yes-- Report such purchases in the table below and explain the reasons for your firms' purchases:</b>
<input type="checkbox"/>	<input type="checkbox"/>	

*Note:* If your firm served as the importer of record for any purchases from foreign suppliers, either for your own account or as a service for another entity, those purchases are to be considered "imports" not "purchases" and **should not** be included in the table below

<b>(Quantity in number of mattresses)</b>					
<b>Item</b>	<b>Calendar years</b>			<b>January-June</b>	
	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2018</b>	<b>2019</b>
<b>Purchases from U.S. importers<sup>1</sup> of mattresses from.--</b> China					
All other sources					
<b>Purchases from domestic producers<sup>2</sup></b>					
<b>Purchases from other sources<sup>3</sup></b>					

<sup>1</sup> Please list the name of the importer(s) from which your firm purchased this product. If your firm’s import suppliers differ by source, please identify the source for each listed supplier: \_\_\_\_\_.

<sup>2</sup> Please list the name of the producer(s) or U.S. distributor(s) from which your firm purchased this product: \_\_\_\_\_.

<sup>3</sup> Please list the name of the source from which your firm purchased this product: \_\_\_\_\_.

II-14. **Other explanations.**--If your firm would like to further explain a response to a question in Part II a narrative box was not provided, please note the question number and the explanation in the space provided below. Please also use this space to highlight any issues your firm had in providing the data in this section, including but not limited to technical issues with the MS Word questionnaire.



**PART III.--FINANCIAL INFORMATION**

Address questions on this part of the questionnaire to **Joanna Lo** (202-205-1888, [Joanna.lo@usitc.gov](mailto:Joanna.lo@usitc.gov)).

III-1. **Contact information.**--Please identify the responsible individual and the manner by which Commission staff may contact that individual regarding the confidential information submitted in part III.

Name	
Title	
Email	
Telephone	

III-2. **Accounting system.**--Briefly describe your firm's financial accounting system.

- A. When does your firm's fiscal year end (month and day)? \_\_\_\_\_  
If your firm's fiscal year changed during the data-collection period, explain below: \_\_\_\_\_
- B.1. Describe the lowest level of operations (e.g., plant, division, company-wide) for which financial statements are prepared that include mattresses: \_\_\_\_\_
- 2. Does your firm prepare profit/loss statements for mattresses:  
 Yes       No
- 3. How often did your firm (or parent company) prepare financial statements (including annual reports, 10Ks)? Please check relevant items below.  
 Audited,  unaudited,  annual reports,  10Ks,  10 Qs,  
 Monthly,  quarterly,  semi-annually,  annually
- 4. Accounting basis:  GAAP,  cash,  tax, or  other comprehensive basis of accounting (specify) \_\_\_\_\_

*Note: As requested in Part I of this questionnaire, please keep all supporting documents/records used in the preparation of the financial data, as Commission staff may contact your firm regarding questions on the financial data. The Commission may also request that your company submit copies of the supporting documents/records (financial statements, including internal profit-and-loss statements for the division or product group that includes mattresses, as well as specific statements and worksheets) used to compile these data.*

III-3. **Cost accounting system.**--Briefly describe your firm's cost accounting system (e.g., standard cost, job order cost, etc.).

III-4. **Allocation basis.**--Briefly describe your firm's allocation basis, if any, for COGS, SG&A, and interest expense and other income and expenses.

--

III-5. **Product listing.**--Please list the products your firm produced in the facilities in which your firm produced mattresses, and provide the share of net sales accounted for by these products in your firm's most recent fiscal year.

<b>Products</b>	<b>Share of sales</b>
Mattresses	%
	%
	%
	%
	%

III-6. **Inputs from related suppliers.**--Does your firm purchase **inputs** (raw materials, labor, energy, or any services) used in the production of mattresses from any related suppliers (e.g., inclusive of transactions between related firms, divisions and/or other components within the same company)?

<b>Yes--Continue to question III-7</b>	<b>No--Continue to question III-9a.</b>
<input type="checkbox"/>	<input type="checkbox"/>

III-7. **Inputs from related suppliers detailed.**--Please identify the inputs used in the production of mattresses that your firm purchases from related suppliers and that are reflected in question III-9a. For "Share of total COGS" please report this information by relevant input on the basis of your most recently completed fiscal year. For "Input valuation" please describe the basis, as recorded in your company's own accounting system, of the purchase cost from the related supplier; e.g., the related supplier's actual cost, cost plus, negotiated transfer price to approximate fair market value.

Input	Related supplier	Share of total COGS
<b>Input valuation as recorded in the firm's accounting books and records</b>		

III-8. **Inputs purchased from related suppliers.**--Please confirm that the inputs purchased from related suppliers, as identified in III-7, were reported in III-9a (financial results on mattresses) in a manner consistent with your firm's accounting books and records.

<b>Yes</b>	<b>No</b>	<b>If no--In the space below, please report the valuation basis of inputs purchased from related suppliers as reported in question III-9a.:</b>
<input type="checkbox"/>	<input type="checkbox"/>	

III-9a. **Operations on mattresses.**--Report the revenue and related cost information requested below on the mattresses operations of your firm's U.S. establishment(s).<sup>1</sup> Do not report resales of products. Note that internal consumption and transfers to related firms must be valued at fair market value. Input purchases from related suppliers should be consistent with and based on information in the firm's accounting books and records. Provide data for your firm's three most recently completed fiscal years, and for the specified interim periods. If your firm was involved in tolling operations (either as the toller or as the tollee), please contact **Joanna Lo** at **(202) 205-1888** before completing this section of the questionnaire.

<b>Quantity (in number of mattresses) and value (in \$1,000)</b>					
<b>Item</b>	<b>Fiscal years ended--</b>			<b>January-June</b>	
	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2018</b>	<b>2019</b>
<b>Net sales quantities:<sup>2</sup></b>					
Commercial sales ("CS") (A)					
Internal consumption ("IC") (B)					
Transfers to related firms ("Transfers") (C)					
Total net sales quantities (D)	0	0	0	0	0
<b>Net sales values (excluding freight):<sup>2</sup></b>					
Commercial sales (E)					
Internal consumption (F)					
Transfers to related firms (G)					
Total net sales values (H)	0	0	0	0	0
<b>Cost of goods sold ("COGS"):<sup>3</sup></b>					
Raw materials (I)					
Direct labor (J)					
Other factory costs (K)					
Total COGS (L)	0	0	0	0	0
<b>Gross profit or (loss) (M)</b>	0	0	0	0	0
<b>Selling, general, and administrative ("SG&amp;A") expenses:</b>					
Selling expenses (N)					
General and administrative expenses (O)					
Total SG&A expenses (P)	0	0	0	0	0
<b>Operating income (loss) (Q)</b>	0	0	0	0	0
<b>Other expenses and income:</b>					
Interest expense (R)					
All other expense items (S)					
All other income items (T)					
<b>Net income or (loss) before income taxes (U)</b>	0	0	0	0	0
<b>Depreciation/amortization included above (V)</b>					

<sup>1</sup> Include only sales (whether domestic or export) and costs related to your U.S. manufacturing operations.  
<sup>2</sup> Less discounts, returns, allowances, and prepaid freight. Freight costs should be included in selling expenses. The quantities and values should approximate the corresponding shipment quantities and values reported in Part II of this questionnaire.  
<sup>3</sup> COGS (whether for domestic or export sales) should include costs associated with CS, IC, and Transfers.

*Note -- The table above contains calculations that will appear when you have entered data in the MS Word form fields.*

III-9b. **Financial data reconciliation.**--The calculable line items from question III-9a (i.e., total net sales quantities and values, total COGS, gross profit (or loss), total SG&A, and net income (or loss)) have been calculated from the data submitted in the other line items. Do the calculated fields return the correct data according to your firm's financial records ignoring non-material differences that may arise due to rounding?

		<p><b>If no--</b> If the calculated fields do not show the correct data, please double check the feeder data for data entry errors and revise. Also, check signs accorded to the post operating income line items; the two expense line items should report positive numbers (i.e., expenses are positive and incomes or reversals are negative--instances of the latter should be rare in those lines) while the income line item also in most instances should have its value be a positive number (i.e., income is positive, expenses or reversals are negative). If after reviewing and potentially revising the feeder data your firm has provided, the differences between your records and the calculated fields persist please identify and discuss the differences in the space below.</p>
<b>Yes</b>	<b>No</b>	
<input type="checkbox"/>	<input type="checkbox"/>	

III-9c. **Raw materials.**--Please report the share of total raw material costs in 2018 (reported in III-9a) for the following raw material inputs:

Input	Share of total raw material costs (percent)	Procurement method	
		Primarily produced by your firm	Primarily purchased by your firm
Innersprings		<input type="checkbox"/>	<input type="checkbox"/>
Foam or other resilient material		<input type="checkbox"/>	<input type="checkbox"/>
Upholstery materials and ticking		<input type="checkbox"/>	<input type="checkbox"/>
Chemicals and other additives		<input type="checkbox"/>	<input type="checkbox"/>
Other material inputs <sup>1</sup>		<input type="checkbox"/>	<input type="checkbox"/>
Total (should sum to 100 percent)	0.0		
<p><sup>1</sup> Please indicate any other notable "other" raw materials (e.g., packaging and labeling materials) not expressly identified above and provide the share of the total raw material costs that they account for:</p>			

III-9d. **Raw materials.**--Has your primary procurement method for any of the material inputs listed in question III-9c changed since January 1, 2016?

		<b>If yes—Please explain in the space below:</b>
<input type="checkbox"/>	<input type="checkbox"/>	

III-9e. **Fixed and variable costs (both variable and mixed).**--For the total COGS (row L) and SG&A (row P) expenses reported in question III-9a, please report the portion of those costs that were fixed and variable (including mixed) costs for your firm's three most recently completed fiscal years, and for the specified interim periods. Please use estimates if necessary.

Value (in \$1,000)					
Item	Fiscal years ended--			January-June	
	2016	2017	2018	2018	2019
<b>COGS (III-9a, row L):</b>					
Fixed costs <sup>1</sup>					
Variable costs <sup>2</sup>					
Total COGS (III-9a, row L)	0	0	0	0	0
<b>SG&amp;A (III-9a, row P):</b>					
Fixed costs <sup>3</sup>					
Variable costs <sup>4</sup>					
Total SG&A (III-9a, row P)	0	0	0	0	0
<sup>1</sup> Please list the primary fixed costs in COGS and explain any large fluctuations: <sup>2</sup> Please list the primary variable (including mixed costs) in COGS and explain any large fluctuations: <sup>3</sup> Please list the primary fixed costs in COGS and explain any large fluctuations: <sup>4</sup> Please list the primary variable (including mixed costs) in COGS and explain any large fluctuations:					

III-10. **Nonrecurring items (charges and gains) included in the subject product financial results.**--For each annual and interim period for which financial results are reported in question III-9a, please specify all material (significant) nonrecurring items (charges and gains) in the schedule below, the specific question III-9a line item where the nonrecurring items are included, a brief description of the relevant nonrecurring items, and the associated values (*in \$1,000*), as reflected in question III-9a; i.e., if an aggregate nonrecurring item has been allocated to question III-9a, only the allocated value amount included in question III-9a should be reported in the schedule below. Note: The Commission's objective here is to gather information only on material (significant) nonrecurring items which impacted the reported financial results of the subject product in question III-9a.

Value ( <i>in \$1,000</i> )					
Item	Fiscal years ended--			January-June	
	2016	2017	2018	2018	2019
Nonrecurring item 1					
Nonrecurring item 2					
Nonrecurring item 3					
Nonrecurring item 4					
Nonrecurring item 5					
Nonrecurring item 6					
Nonrecurring item 7					

**Nonrecurring item:** In this table please provide a brief description of each nonrecurring item reported above and indicate the specific line item in table III-9a where the nonrecurring item is classified.

	Description of the nonrecurring item	Income statement classification of the nonrecurring item
Nonrecurring item 1		
Nonrecurring item 2		
Nonrecurring item 3		
Nonrecurring item 4		
Nonrecurring item 5		
Nonrecurring item 6		
Nonrecurring item 7		

III-11. **Classification of identified nonrecurring items (charges and gains) in the accounting books and records of the company.**--If non-recurring items were reported in question III-10 above, please identify where your company recorded these items in your accounting books and records in the normal course of business; i.e., just as responses to question III-10 identify where these items are reported in question III-9a.

--

III-12. **Asset values.**--Report the total assets (i.e., both current and long-term assets) associated with the production, warehousing, and sale of mattresses. If your firm does not maintain some or all of the specific asset information necessary to calculate total assets for mattresses in the normal course of business, please estimate this information based upon a method (such as production, sales, or costs) that is consistent with relevant cost allocations in question III-9a. Provide data as of the end of your firm's three most recently completed fiscal years.

**Note:** Total assets should reflect net assets after any accumulated depreciation and allowances deducted.

Total assets should be allocated to the subject products if these assets are also related to other products. Please provide a brief explanation if there are any substantial changes in total asset value during the period; e.g., due to asset write-offs, revaluation, and major purchases.

<b>Value (in \$1,000)</b>			
<b>Item</b>	<b>Fiscal years ended--</b>		
	<b>2016</b>	<b>2017</b>	<b>2018</b>
Total assets (net) <sup>1</sup>			
<sup>1</sup> Describe substantial changes _____			

III-13. **Capital expenditures and research and development ("R&D") expenses.**--Report your firm's capital expenditures and R&D expenses for mattresses. Provide data for your firm's three most recently completed fiscal years, and for the specified interim periods.

<b>Value (in \$1,000)</b>					
<b>Item</b>	<b>Fiscal years ended--</b>			<b>January-June</b>	
	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2018</b>	<b>2019</b>
Capital expenditures <sup>1</sup>					
R&D expenses <sup>2</sup>					
<sup>1</sup> Please describe the nature, focus, and significance of your firm's capital expenditures on the subject product. _____ <sup>2</sup> Please describe the nature, focus, and significance of your firm's R&D expenses related to subject product. _____					



III-14. **Data consistency and reconciliation.**--Please indicate whether your firm's financial data for questions III-9a, 12, and 13 are based on a calendar year or on your firm's fiscal year:

Calendar year	Fiscal year	Specify fiscal year
<input type="checkbox"/>	<input type="checkbox"/>	

Please note the quantities and values reported in question III-9a should reconcile with the data reported in question II-7 (including export shipments) as long as they are reported on the same calendar year basis.

***RECONCILIATION OF TRADE VS FINANCIAL DATA.**--Please ensure that the quantities and values reported for total shipments in part II equal the quantities and values reported for total net sales in part III of this questionnaire in each time period unless the financial data from part III are reported on a fiscal year basis, in which case only the interim periods must reconcile. If the calculated fields below return values other than zero (i.e., "0") and both are being reported on a calendar basis, please explain the discrepancy below.*

Reconciliation	Fiscal years ended--			January-June	
	2016	2017	2018	2018	2019
<b>Quantity:</b> Trade data from question II-7 (lines D, F, H, and J) less financial total net sales quantity data from question III-9a, = zero ("0").	0	0	0	0	0
<b>Value:</b> Trade data from question II-7 (lines E, G, I, and K) less financial total net sales value data from question III-9a, = zero ("0").	0	0	0	0	0

Do these data in question III-9a reconcile with data in question II-7?

Yes	No	If no, please explain.
<input type="checkbox"/>	<input type="checkbox"/>	

III-15. **Effects of imports on investment.**--Since January 1, 2016, has your firm experienced any actual negative effects on its return on investment or the scale of capital investments as a result of imports of mattresses from China?

<b>No</b>	<b>Yes</b>	<b>If yes, my firm has experienced actual negative effects as follows:</b>
<input type="checkbox"/>	<input type="checkbox"/>	

<i>(check as many as appropriate)</i>		<i>(please describe)</i>
<input type="checkbox"/>	Cancellation, postponement, or rejection of expansion projects	
<input type="checkbox"/>	Denial or rejection of investment proposal	
<input type="checkbox"/>	Reduction in the size of capital investments	
<input type="checkbox"/>	Return on specific investments negatively impacted	
<input type="checkbox"/>	Other	

III-16. **Effects of imports on growth and development.**--Since January 1, 2016, has your firm experienced any actual negative effects on its growth, ability to raise capital, or existing development and production efforts (including efforts to develop a derivative or more advanced version of the product) as a result of imports of mattresses from China?

<b>No</b>	<b>Yes</b>	<b>If yes, my firm has experienced actual negative effects as follows:</b>
<input type="checkbox"/>	<input type="checkbox"/>	

<i>(check as many as appropriate)</i>		<i>(please describe)</i>
<input type="checkbox"/>	Rejection of bank loans	
<input type="checkbox"/>	Lowering of credit rating	
<input type="checkbox"/>	Problem related to the issue of stocks or bonds	
<input type="checkbox"/>	Ability to service debt	
<input type="checkbox"/>	Other	

III-17. **Anticipated effects of imports.**--Does your firm anticipate any negative effects due to imports of mattresses from China?

<b>No</b>	<b>Yes</b>	<b>If yes, my firm anticipates negative effects as follows:</b>
<input type="checkbox"/>	<input type="checkbox"/>	

III-18. **Other explanations.**--If your firm would like to further explain a response to a question in Part III for which a narrative box was not provided, please note the question number and the explanation in the space provided below. Please also use this space to highlight any issues your firm had in providing the data in this section, including but not limited to technical issues with the MS Word questionnaire.

--

**PART IV.--PRICING AND MARKET FACTORS**

Further information on this part of the questionnaire can be obtained from **Andrew Knipe** (202-205-2390, [andrew.knipe@usitc.gov](mailto:andrew.knipe@usitc.gov)).

IV-1. **Contact information.**--Please identify the individual that Commission staff may contact regarding the confidential information submitted in part IV.

Name	
Title	
Email	
Telephone	

**PRICE DATA**

IV-2. This question requests quarterly quantity and value data for your firm's commercial shipments to unrelated U.S. customers since January 1, 2016 of the following products produced by your firm.

**Product 1.**--Memory foam mattress (without any innersprings), queen size, height (edge to edge) greater than or equal to 6.0 inches but less than 8.0 inches, foam density in a top/comfort layer of greater than or equal to 2 pounds per cubic foot but less than or equal to 5 pounds per cubic foot.

**Product 2.**--Memory foam mattress (without any innersprings), queen size, height (edge to edge) greater than or equal to 8.0 inches but less than 10.0 inches, foam density in a top/comfort layer of greater than or equal to 2 pounds per cubic foot but less than or equal to 5 pounds per cubic foot.

**Product 3.**--Memory foam mattress (without any innersprings), queen size, height (edge to edge) greater than or equal to 10.0 inches but less than or equal to 12.0 inches, foam density in a top/comfort layer of greater than or equal to 2 pounds per cubic foot but less than or equal to 5 pounds per cubic foot.

**Product 4.**--Innerspring mattress (including mattresses with multiple cores and/or foam in addition to the innerspring), queen size, height (edge to edge) greater than or equal to 6.0 inches but less than 9.0 inches.

**Product 5.**--Innerspring mattress (including mattresses with multiple cores and/or foam in addition to the innerspring), queen size, height (edge to edge) greater than or equal to 9.0 inches but less than or equal to 12.0 inches.

**Please note that values should be f.o.b., U.S. point of shipment and should not include U.S.-inland transportation costs. Values should reflect the final net amount paid to your firm (i.e., should be net of all deductions for discounts or rebates).**

IV-2a. During January 2016-June 2019, did your firm produce and sell to unrelated U.S. customers any of the above listed products (or any products that were competitive with these products)?

<input type="checkbox"/>	<b>Yes.</b> --Please complete the following pricing data table as appropriate.
<input type="checkbox"/>	<b>No.</b> --Skip to question IV-3.

IV-2b. **Price data.**--Report below the quarterly price data<sup>1</sup> for mattress-in-a-box pricing products<sup>2</sup> produced and sold by your firm. **Please report only rolled and compressed product for sale in a "mattress-in-a-box" format. Do not include data for retail sales to consumers.**

## Mattress-in-a-Box product

Report data in number of mattresses and actual dollars (not \$1,000s).

(Quantity in number of mattresses, value in dollars)						
Period of shipment	Product 1		Product 2		Product 3	
	Quantity	Value	Quantity	Value	Quantity	Value
<b>2016:</b>						
Jan-Mar						
Apr-June						
July-Sept						
Oct-Dec						
<b>2017:</b>						
Jan-Mar						
Apr-June						
July-Sept						
Oct-Dec						
<b>2018:</b>						
Jan-Mar						
Apr-June						
July-Sept						
Oct-Dec						
<b>2019:</b>						
Jan-Mar						
Apr-June						

<sup>1</sup> Net values (i.e., gross sales values less all co-op fees, discounts, allowances, rebates, incentive programs, promotional support, any other price-related support, prepaid freight, and the value of returned goods), f.o.b. your firm's U.S. point of shipment.

<sup>2</sup> Pricing product definitions are provided on the first page of Part IV.

**Note.**--If your firm's product does not exactly meet the product specifications but is competitive with the specified product, provide a description of your firm's product. Also, please explain any anomalies in your firm's reported pricing data.

Product 1:  
Product 2:  
Product 3:

IV-2b. **Price data (Continued).**--Report below the quarterly price data<sup>1</sup> for mattress-in-a-box pricing products<sup>2</sup> produced and sold by your firm. **Please report only rolled and compressed product for sale in a "mattress-in-a-box" format. Do not include data for retail sales to consumers.**

## Mattress-in-a-Box product

Report data in number of mattresses and actual dollars (not \$1,000s).

(Quantity in number of mattresses, value in dollars)				
Period of shipment	Product 4		Product 5	
	Quantity	Value	Quantity	Value
<b>2016:</b>				
Jan-Mar				
Apr-June				
July-Sept				
Oct-Dec				
<b>2017:</b>				
Jan-Mar				
Apr-June				
July-Sept				
Oct-Dec				
<b>2018:</b>				
Jan-Mar				
Apr-June				
July-Sept				
Oct-Dec				
<b>2019:</b>				
Jan-Mar				
Apr-June				

<sup>1</sup> Net values (i.e., gross sales values less all co-op fees, discounts, allowances, rebates, incentive programs, promotional support, any other price-related support, prepaid freight, and the value of returned goods), f.o.b. your firm's U.S. point of shipment.

<sup>2</sup> Pricing product definitions are provided on the first page of Part IV.

**Note.**--If your firm's product does not exactly meet the product specifications but is competitive with the specified product, provide a description of your firm's product. Also, please explain any anomalies in your firm's reported pricing data.

Product 4:

Product 5:

IV-2c. **Price data.**--Report below the quarterly price data<sup>1</sup> for all non-mattress-in-a-box pricing products<sup>2</sup> produced and sold by your firm. **Please report only mattresses not rolled and compressed for sale in a "mattress-in-a-box" format. Do not include data for retail sales to consumers.**

## Non-mattress-in-a-box product

Report data in number of mattresses and actual dollars (not \$1,000s).

<i>(Quantity in number of mattresses, value in dollars)</i>						
Period of shipment	Product 1		Product 2		Product 3	
	Quantity	Value	Quantity	Value	Quantity	Value
<b>2016:</b>						
Jan-Mar						
Apr-June						
July-Sept						
Oct-Dec						
<b>2017:</b>						
Jan-Mar						
Apr-June						
July-Sept						
Oct-Dec						
<b>2018:</b>						
Jan-Mar						
Apr-June						
July-Sept						
Oct-Dec						
<b>2019:</b>						
Jan-Mar						
Apr-June						

<sup>1</sup> Net values (i.e., gross sales values less all co-op fees, discounts, allowances, rebates, incentive programs, promotional support, any other price-related support, prepaid freight, and the value of returned goods), f.o.b. your firm's U.S. point of shipment.

<sup>2</sup> Pricing product definitions are provided on the first page of Part IV.

**Note.**--If your firm's product does not exactly meet the product specifications but is competitive with the specified product, provide a description of your firm's product. Also, please explain any anomalies in your firm's reported pricing data.

Product 1:  
Product 2:  
Product 3:



IV-2c. **Price data (Continued).**--Report below the quarterly price data<sup>1</sup> for all non-mattress-in-a-box pricing products<sup>2</sup> produced and sold by your firm. **Please report only mattresses not rolled and compressed for sale in a "mattress-in-a-box" format. Do not include data for retail sales to consumers.**

## Non-mattress-in-a-box product

Report data in number of mattresses and actual dollars (not \$1,000s).

<i>(Quantity in number of mattresses, value in dollars)</i>				
Period of shipment	Product 4		Product 5	
	Quantity	Value	Quantity	Value
<b>2016:</b>				
Jan-Mar				
Apr-June				
July-Sept				
Oct-Dec				
<b>2017:</b>				
Jan-Mar				
Apr-June				
July-Sept				
Oct-Dec				
<b>2018:</b>				
Jan-Mar				
Apr-June				
July-Sept				
Oct-Dec				
<b>2019:</b>				
Jan-Mar				
Apr-June				

<sup>1</sup> Net values (i.e., gross sales values less all co-op fees, discounts, allowances, rebates, incentive programs, promotional support, any other price-related support, prepaid freight, and the value of returned goods), f.o.b. your firm's U.S. point of shipment.

<sup>2</sup> Pricing product definitions are provided on the first page of Part IV.

**Note.**--If your firm's product does not exactly meet the product specifications but is competitive with the specified product, provide a description of your firm's product. Also, please explain any anomalies in your firm's reported pricing data.

Product 4:

Product 5:

IV-2d. **Price data checklist.**--Please check that the pricing data in questions IV-2(b) and IV-2(c) have been correctly reported.

Is the price data reported above:	<b>v if Yes</b>
Exclusive of retail sales to consumers (i.e. does <b>not</b> include such sales data)?	<input type="checkbox"/>
Exclusive of co-op fees (i.e. does <b>not</b> include such sales data)?	<input type="checkbox"/>
In actual dollars ( <b>not</b> \$1,000)?	<input type="checkbox"/>
F.o.b. U.S. point of shipment (i.e., does not include U.S. transportation costs)?	<input type="checkbox"/>
Net of all discounts and rebates?	<input type="checkbox"/>
Have returns credited to the quarter in which the sale occurred?	<input type="checkbox"/>
Less than reported commercial shipments in question II-7 in each year?	<input type="checkbox"/>

IV-2e. **Pricing data methodology.**--Please describe the method and the kinds of documents/records that were used to compile your price data.

*Note: As requested in Part I of this questionnaire, please keep all supporting documents/records used in the preparation of the price data, as Commission staff may contact your firm regarding questions on the price data. The Commission may also request that your company submit copies of the supporting documents/records (such as sales journal, invoices, etc.) used to compile these data.*

IV-3. **Price setting.**--How does your firm determine the prices that it charges for sales of mattresses (check all that apply)? If your firm issues price lists, please submit sample pages of a recent list.

Transaction by transaction	Contracts	Set price lists	Other	If other, describe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

IV-4. **Discount policy.**--Please indicate and describe your firm's discount policies (check all that apply).

Quantity discounts	Annual total volume discounts	Discounts for sets <sup>1</sup>	No discount policy	Other	Describe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<sup>1</sup> Including mattress foundations and/or furniture sets (such as convertible sofa beds, corner groups, day-beds, roll-away beds, high risers, trundle beds, and/or cribs)					

IV-5. **Pricing terms.**--On what basis are your firm's prices of domestic mattresses usually quoted (check one)?

Delivered	F.o.b.	If f.o.b., specify point
<input type="checkbox"/>	<input type="checkbox"/>	

IV-6. **Contract versus spot.**--Approximately what share of your firm's sales of its U.S.-produced mattresses in 2018 was on a (1) short-term contract basis, (2) annual contract basis, (3) long-term contract basis, and (4) spot sales basis?

Item	Type of sale				Total (should sum to 100.0%)
	Short-term contracts (multiple deliveries for less than 12 months)	Annual contracts (multiple deliveries for 12 months)	Long-term contracts (multiple deliveries for more than 12 months)	Spot sales (for a single delivery)	
Share of 2018 sales	%	%	%	%	0.0 %

IV-7. **Contract provisions.**--Please fill out the table regarding your firm's typical sales contracts for U.S.-produced mattresses (or check "not applicable" if your firm does not sell on a short-term, annual and/or long-term contract basis).

<b>Typical sales contract provisions</b>	<b>Item</b>	<b>Short-term contracts</b> (multiple deliveries for less than 12 months)	<b>Annual contracts</b> (multiple deliveries for 12 months)	<b>Long-term contracts</b> (multiple deliveries for more than 12 months)
Average contract duration	<i>No. of days</i>		365	
Price renegotiation (during contract period)	<i>Yes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>No</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fixed quantity and/or price	<i>Quantity</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Price</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Both</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indexed to raw material costs <sup>1</sup>	<i>Yes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>No</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<sup>1</sup> Please identify the indexes used:				

IV-8. **Lead times.**--What is your firm's share of sales from inventory vs. produced-to-order and what is the typical lead time between a customer's order and the date of delivery for your firm's sales of its U.S.-produced mattresses?

<b>Source</b>	<b>Share of 2018 sales</b>	<b>Lead time (Average number of days)</b>
From inventory	%	
Produced-to-order	%	
<b>Total</b> (should sum to 100.0%)	0.0 %	

**IV-9. Shipping information.**--

- (a) What is the approximate percentage of the cost of U.S.-produced mattresses that is accounted for by U.S. inland transportation costs? \_\_\_\_\_ percent
- (b) Who generally arranges the transportation to your firm's customers' locations (*check one*)?  
 Your firm     Purchaser
- (c) Indicate the approximate percentage of your firm's sales of mattresses that are delivered the following distances from its production facility.

<b>Distance from production facility</b>	<b>Share</b>
Within 100 miles	%
101 to 1,000 miles	%
Over 1,000 miles	%
<b>Total (should sum to 100.0%)</b>	<b>0.0 %</b>

**IV-10. Geographical shipments.**--In which U.S. geographic market area(s) has your firm sold its U.S.-produced mattresses since January 1, 2016 (check all that apply)?

<b>Geographic area</b>	<b>√ if applicable</b>
<b>Northeast.</b> --CT, ME, MA, NH, NJ, NY, PA, RI, and VT.	<input type="checkbox"/>
<b>Midwest.</b> --IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, SD, and WI.	<input type="checkbox"/>
<b>Southeast.</b> --AL, DE, DC, FL, GA, KY, MD, MS, NC, SC, TN, VA, and WV.	<input type="checkbox"/>
<b>Central Southwest.</b> --AR, LA, OK, and TX.	<input type="checkbox"/>
<b>Mountains.</b> --AZ, CO, ID, MT, NV, NM, UT, and WY.	<input type="checkbox"/>
<b>Pacific Coast.</b> --CA, OR, and WA.	<input type="checkbox"/>
<b>Other.</b> --All other markets in the United States not previously listed, including AK, HI, PR, and VI.	<input type="checkbox"/>

IV-11. **End uses.**--For any mattresses that are not sold independently (i.e. mattresses sold in combination with other items, such as a mattress foundation, sofa bed, or furniture set), list the end-use products/applications of the mattresses that your firm manufactures. For each end-use product/application, what percentage of the total cost is accounted for by mattresses vs. other inputs?

End-use product/application	Share of total cost of end-use product/application accounted for by		Total (should sum to 100.0% across)
	Mattress	Other inputs	
	%	%	0.0 %
	%	%	0.0 %
	%	%	0.0 %

IV-12. **Substitutes.**--Can other products (i.e., out-of-scope products such as futons, air mattresses, and water beds) be substituted for mattresses?

No                       Yes--Please fill out the table.

Substitute	End use product or application in which this substitute is used	Have changes in the price of this substitute affected the price for mattresses?		
		No	Yes	Explanation
1.		<input type="checkbox"/>	<input type="checkbox"/>	
2.		<input type="checkbox"/>	<input type="checkbox"/>	
3.		<input type="checkbox"/>	<input type="checkbox"/>	

**IV-13. Demand trends.--**

(a) Indicate how demand within the United States and outside of the United States (if known) for inner-spring, non-innerspring (i.e. foam), hybrid, MiB, and flat shipped non-MiB mattresses have changed since January 1, 2016. Explain any trends and describe the principal factors that have affected these changes in demand.

Market	Overall increase	No change	Overall decrease	Fluctuate with no clear trend	Explanation and factors
<b>Current demand</b>					
<b>Within the United States</b>					
Innerspring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Non-innerspring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hybrid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rolled and compressed MiBs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flat shipped non-MiB (i.e., compressed for shipment but not rolled) mattresses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flat shipped, not compressed, non-MiB mattresses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (describe: )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Outside the United States</b>					
Innerspring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Non-innerspring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hybrid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rolled and compressed MiBs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flat shipped non-MiB (i.e., compressed for shipment but not rolled) mattresses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flat shipped, not compressed, non-MiB mattresses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (describe: )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**IV-13. Demand trends.--Continued**

(b) Please also indicate how you anticipate demand will change during the remainder of 2019 and 2020 for the various mattress types listed in part (a). Explain any trends and describe the principal factors that will affect these changes in demand.

Market	Overall increase	No change	Overall decrease	Fluctuate with no clear trend	Explanation and factors
<b>Anticipated future demand during 2019-20</b>					
<b>Within the United States</b>					
Innerspring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Non-innerspring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hybrid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rolled and compressed MiBs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flat shipped non-MiB (i.e., compressed for shipment but not rolled) mattresses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flat shipped, not compressed, non-MiB mattresses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (describe: )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Outside the United States</b>					
Innerspring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Non-innerspring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hybrid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rolled and compressed MiBs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flat shipped non-MiB (i.e., compressed for shipment but not rolled) mattresses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flat shipped, not compressed, non-MiB mattresses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (describe: )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



IV-14. **Product and marketing changes.**--Have there been any significant changes in the product range, product mix, or marketing of mattresses since January 1, 2016 (*please respond for each item*)?

	No	Yes	If yes, please describe.
<b>MiBs</b> (i.e., “bed(s) in a box,” “mattress(es) in a box,” and/or “compressed mattress(es).”)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Other direct to consumer internet sales</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Branding</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Private label programs</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Floor slots at brick and mortar retailers</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Location of products in consumer search results on e-commerce sites</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>	

IV-15. **Floor space allocation and e-commerce placement changes.**--Has the allocation of floor space for mattresses and/or e-commerce placement (i.e., prominence or ranking on websites) of mattresses changed since January 1, 2016 with respect to mattresses from the United States, China, other countries, and overall?

	Increase	No change	Decrease	Fluctuate with no clear trend	Not applicable	Explanation and factors
<b>Floor space allocation</b>						
United States	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
China	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other countries <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>E-commerce placement</b>						
United States	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
China	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other countries <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<sup>1</sup> Please identify these other countries: _____.						

IV-16. **Marketing practices by brick and mortar retailers.**--If your firm sells mattresses through brick and mortar retail establishments, please explain the factors that determine the selection of mattresses that are displayed on the floor of such establishments and their location on the sales floors of such establishments (e.g., sales velocity, quality, reviews, supplier relationships, profit margins, etc.), as well as the relative importance of each factor.

IV-17. **Marketing practices by internet retailers.**--If your firm sells mattresses over an e-commerce website, please explain the factors that determine the rankings of mattresses yielded by consumer search results on the website (e.g., sales velocity, quality, delivery time, customer reviews, price, etc.) and the relative importance of each factor to the search results.

**IV-18. Conditions of competition.--**

- (a) Is the mattress market subject to business cycles (other than general economy-wide conditions) and/or other conditions of competition distinctive to mattresses? If yes, describe.

<b>Check all that apply.</b>	<b>Please describe.</b>
<input type="checkbox"/> <b>No</b>	Skip to question IV-19.
<input type="checkbox"/> <b>Yes-Business cycles (e.g., seasonal business)</b>	
<input type="checkbox"/> <b>Yes-Other distinctive conditions of competition</b>	

- (b) If yes, have there been any changes in the business cycles or conditions of competition for mattresses since January 1, 2016?

<b>No</b>	<b>Yes</b>	<b>If yes, describe.</b>
<input type="checkbox"/>	<input type="checkbox"/>	

- (c) Please describe the impact, if any, of Mattress Firm's difficulties and bankruptcy on your firm's mattress business and/or the U.S. mattress market as a whole. In your response, identify the magnitude and timing of any effects, and compare your firm's operations and the overall U.S. mattress market before and after Mattress Firm's bankruptcy.

<b>No</b>	<b>Yes</b>	<b>If yes, describe.</b>
<input type="checkbox"/>	<input type="checkbox"/>	

IV-19. **Supply constraints.**--Has your firm refused, declined, or been unable to supply mattresses since January 1, 2016 (examples include placing customers on allocation or "controlled order entry," declining to accept new customers or renew existing customers, delivering less than the quantity promised, being unable to meet timely shipment commitments, etc.)? Address in your response the extent to which supply relationships with existing customers limit your ability or willingness to accept new customers, including private label programs for supplying online retailers.

No	Yes	If yes, describe.
<input type="checkbox"/>	<input type="checkbox"/>	

IV-20. **Raw materials.**--How have the prices for the following types of raw material inputs changed since January 1, 2016?

Type of raw material input	Overall increase	No change	Overall decrease	Fluctuate with no clear trend	Explain, noting how raw material price changes have affected your firm's selling prices for mattresses.
Innersprings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Foam or other resilient material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Upholstery materials and ticking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other material inputs <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Please identify:					

IV-21. **Impact of the section 301 investigation.**--This question concerns the section 301 investigation and tariffs on mattresses.

- (a) Did the announcement in March 2018 and subsequent imposition of tariffs on mattresses imported from China pursuant to the section 301 investigation concerning China impact your firm's mattress business and/or the U.S. mattress market as a whole?

<b>Yes</b> —Please fill out table below and answer part (b)	<b>No</b>	<b>Don't know</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Item	Response
Impact on your firm <sup>1</sup>	
Impact on overall U.S. market <sup>1</sup>	
<sup>1</sup> Please identify the magnitude and timing of any effects, and compare your firm's operations/overall market before and after the announcement of the section 301 measures.	

- (b) **Assessment of specific impacts of the section 301 investigation.**--Please indicate the impact of the announcement and subsequent imposition of tariffs on mattresses imported from China pursuant to the section 301 investigation concerning China.

Item	Increase	No change	Decrease	Fluctuate with no clear trend	Explanation and factors
Overall demand for mattresses in the U.S. market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Supply of mattresses in the U.S. market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prices for mattresses in the U.S. market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Raw material costs for mattresses in the U.S. market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

IV-22. **Interchangeability.**--Are mattresses produced in the United States and in other countries interchangeable (i.e., can they physically be used in the same applications)?

Please indicate A, F, S, N, or O in the table below:

A = the products from a specified country-pair are *always* interchangeable

F = the products are *frequently* interchangeable

S = the products are *sometimes* interchangeable

N = the products are *never* interchangeable

O = *no familiarity* with products from a specified country-pair

Country-pair	China	Other countries
United States		
China		
For any country-pair producing mattresses that is <i>sometimes</i> or <i>never</i> interchangeable, identify the country-pair and explain the factors that limit or preclude interchangeable use:		

IV-23. **Factors other than price.**--Are differences other than price (e.g., quality, availability, transportation network, product range, technical support, *etc.*) between mattresses produced in the United States and in other countries a significant factor in your firm's sales of the products?

Please indicate A, F, S, N, or O in the table below:

A = such differences are *always* significant

F = such differences are *frequently* significant

S = such differences are *sometimes* significant

N = such differences are *never* significant

O = *no familiarity* with products from a specified country-pair

Country-pair	China	Other countries
United States		
China		
For any country-pair for which factors other than price <i>always</i> or <i>frequently</i> are a significant factor in your firm's sales of mattresses, identify the country-pair and report the advantages or disadvantages imparted by such factors:		

IV-24. **Customer identification.**--List the names and contact information for your firm's 10 largest U.S. customers for mattresses since January 1, 2016. Indicate the share of the quantity of your firm's total shipments of mattresses that each of these customers accounted for in 2018. (*Note: If you sell mattresses as the retail level, please do not include individual consumers in your customer list.*)

	<b>Customer's name</b>	<b>Contact person</b>	<b>Email</b>	<b>Telephone</b>	<b>City</b>	<b>State</b>	<b>Share of 2018 sales (%)</b>
<b>1</b>							
<b>2</b>							
<b>3</b>							
<b>4</b>							
<b>5</b>							
<b>6</b>							
<b>7</b>							
<b>8</b>							
<b>9</b>							
<b>10</b>							

**IV-25. Competition from imports.--**

- (a) **Lost revenue.**--Since January 1, 2016: To avoid losing sales to competitors selling mattresses from China, did your firm:

Item	No	Yes
Reduce prices	<input type="checkbox"/>	<input type="checkbox"/>
Roll back announced price increases	<input type="checkbox"/>	<input type="checkbox"/>

- (b) **Lost sales.**--Since January 1, 2016: Did your firm lose sales of mattresses to imports of this product from China?

No	Yes
<input type="checkbox"/>	<input type="checkbox"/>

- (c) If your firm indicated “yes” to any of the above, your firm can provide the Commission with additional information by downloading and completing the lost sales/lost revenues worksheet at [http://usitc.gov/trade\\_remedy/question.htm](http://usitc.gov/trade_remedy/question.htm). Note that the Commission may contact the firms named to verify the allegations reported.

Is your firm submitting the lost sales/lost revenues worksheet?

<input type="checkbox"/>	No—Please explain.
<input type="checkbox"/>	Yes—Please complete the worksheet and submit via the Commission dropbox. <a href="https://dropbox.usitc.gov/oinv/">https://dropbox.usitc.gov/oinv/</a> . (PIN: <b>MATT</b> )

- IV-26. Other explanations.--**If your firm would like to further explain a response to a question in Part IV for which a narrative response box was not provided, please note the question number and the explanation in the space provided below. Please also use this space to highlight any issues your firm had in providing the data in this section, including but not limited to technical issues with the MS Word questionnaire.



**PART V.--ALTERNATIVE PRODUCT INFORMATION**

Further information on this part of the questionnaire can be obtained from **Calvin Chang (202-205-3062, [calvin.chang@usitc.gov](mailto:calvin.chang@usitc.gov))** and/or **Joanna Lo (202-205-1888, [joanna.lo@usitc.gov](mailto:joanna.lo@usitc.gov))**

V-1. **Comparability of mattresses and air-adjustable foam mattresses.**-- For each of the following indicate whether mattresses and air-adjustable foam mattresses (as defined on page 4) are: fully comparable or the same, *i.e.*, have no differentiation between them; mostly comparable or similar; somewhat comparable or similar; never or not-at-all comparable or similar; or no familiarity with products.

F: fully comparable or the same, *i.e.*, have no differentiation between them;

M: mostly comparable or similar;

S: somewhat comparable or similar;

N: never or not-at-all comparable or similar; or

O: no familiarity with products.

(a) **Physical Characteristics and End Uses.**--The differences and similarities in the physical characteristics and end uses.

<b>Product-pair</b>	Comparison	Please provide a narrative discussion for the comparability ratings you provided in terms of their <u>physical characteristics and uses</u> :
Mattresses vs air-adjustable foam mattresses		

(b) **Interchangeability.**--The ability to substitute the products in the same application.

<b>Product-pair</b>	Comparison	Please provide a narrative discussion for the comparability ratings you provided in terms of their <u>interchangeability</u> :
Mattresses vs air-adjustable foam mattresses		

V-1. **Comparability of mattresses and air-adjustable foam mattresses.**--Continued

- F: fully comparable or the same, *i.e.*, have no differentiation between them;
- M: mostly comparable or similar;
- S: somewhat comparable or similar;
- N: never or not-at-all comparable or similar; or
- O: no familiarity with products.

(c) **Channels of distribution.**--Channels of distribution/market situation through which the products are sold (*i.e.*, sold direct to end users, through wholesaler/distributors, etc.).

<b>Product-pair</b>	Comparison	Please provide a narrative discussion for the comparability ratings you provided in terms of their <u>channels of distribution</u> :
Mattresses vs air-adjustable foam mattresses		

(d) **Manufacturing facilities, production processes, and production employees.**--Whether manufactured in the same facilities, from the same inputs, on the same machinery and equipment, and using the same employees.

<b>Product-pair</b>	Comparison	Please provide a narrative discussion for the comparability ratings you provided in terms of their <u>manufacturing facilities, production processes, and production employees</u> :
Mattresses vs air-adjustable foam mattresses		

V-1. **Comparability of mattresses and air-adjustable foam mattresses.**--Continued

- F: fully comparable or the same, *i.e.*, have no differentiation between them;
- M: mostly comparable or similar;
- S: somewhat comparable or similar;
- N: never or not-at-all comparable or similar; or
- O: no familiarity with products.

(e) **Customer and producer perceptions.**--Perceptions as to the differences and/or similarities between the products (*e.g.*, sales/marketing practices).

<b>Product-pair</b>	Comparison	Please provide a narrative discussion for the comparability ratings you provided in terms of their <u>customer and product perceptions</u> :
Mattresses vs air-adjustable foam mattresses		

(f) **Price.**--Whether prices are comparable or differ between the products.

<b>Product-pair</b>	Comparison	Please provide a narrative discussion for the comparability ratings you provided in terms of their <u>price</u> :
Mattresses vs air-adjustable foam mattresses		

**Select definitions relating to part V data tables**

**“Average production capacity” or “capacity”**--The level of production that your establishment(s) could reasonably have expected to attain during the specified periods. Assume normal operating conditions (i.e., using equipment and machinery in place and ready to operate; normal operating levels (hours per week/weeks per year) and time for downtime, maintenance, repair, and cleanup; and a typical or representative product mix).

**“Production”**--All production in your U.S. establishment(s), including production consumed internally within your firm and production for another firm under a toll agreement.

**“Commercial (non-retail) U.S. shipments”**--Shipments made within the United States as a result of an arm's length commercial transaction in the ordinary course of business. Report net values (i.e., gross sales values less all discounts, allowances, rebates, prepaid freight, and the value of returned goods) in U.S. dollars, f.o.b. your point of shipment. For the purposes of this questionnaire, commercial U.S. shipments should include (a) sales to distributors, (b) sales to retailers, and (c) commercial sales to end users; but should not include retail level sales made to individual customers through your firm's own retail establishments (either brick-and-mortar stores or online order fulfillment centers).

**“Internal consumption/ including product shipped to own firm's retail establishments”**--Product consumed internally by your firm, which includes merchandise that your firm transferred to your own firm's retail establishments (i.e., shipped to either a bricks-and-mortar store or to an online order fulfillment center). Such transactions are to be valued at fair market value and not the total value of final downstream processed merchandise in the case of internal consumption, nor the retail sale value in the case of your firm owning and operating its own retail establishments or using a third-party fulfillment center to place retail level sales.

**“Transfers to related firms”**--Shipments made to related domestic firms. Such transactions are valued at fair market value.

**“Related firm”**--A firm that your firm solely or jointly owned, managed, or otherwise controlled; a firm that solely or jointly owned, managed, or otherwise controlled your firm; and/or a firm that was solely or jointly owned, managed, or otherwise controlled by a firm that also solely or jointly owned, managed, or otherwise controlled your firm.

**“Export shipments”**--Shipments to destinations outside the United States, including shipments to related firms.

**“Inventories”**--Finished goods inventory, not raw materials or work-in-progress.

*Note: As requested in Part I of this questionnaire, please keep all supporting documents/records used in the preparation of the trade data, as Commission staff may contact your firm regarding questions on the trade data. The Commission may also request that your company submit copies of the supporting documents/records (such as production and sales schedules, inventory records, etc.) used to compile these data.*

V-2. **Production, shipment, and inventory data (air-adjustable foam mattresses).**—Report your firm's production capacity, production, shipments, and inventories related to the production of air-adjustable foam mattresses in its U.S. establishment(s) during the specified periods.

## Air-adjustable foam mattresses

Quantity (in number of mattresses) and value (in \$1,000)					
Item	Calendar years			January-June	
	2016	2017	2018	2018	2019
<b>Average production capacity<sup>1</sup></b> (quantity) (A)					
<b>Beginning-of-period inventories</b> (quantity) (B)					
<b>Production</b> (quantity) (C)					
<b>U.S. shipments:</b> <b>Commercial (non-retail) shipments:</b> Quantity (D)					
Value (E)					
<b>Internal consumption/ including product shipped to own firm's retail establishments:<sup>2</sup></b> Quantity (F)					
Value <sup>2</sup> (G)					
<b>Transfers to related firms:<sup>2,3</sup></b> Quantity (H)					
Value <sup>2</sup> (I)					
<b>Export shipments:<sup>4</sup></b> Quantity (J)					
Value (K)					
<b>End-of-period inventories</b> (quantity) (L)					

<sup>1</sup> The production capacity reported is based on operating \_\_\_\_\_ hours per week, \_\_\_\_\_ weeks per year. Please describe the methodology used to calculate production capacity, and explain any changes in reported capacity \_\_\_\_\_.

<sup>2</sup> Internal consumption and transfers to related firms must be valued at fair market value. If your firm uses a different basis for valuing these transactions in your records, please specify that basis (e.g., cost, cost plus, etc.): \_\_\_\_\_. However, the data provided above in this table should be based on fair market value.

<sup>3</sup> Please: (a) identify the related firms; (b) indicate the nature of the relationship between your firm and the related firms (e.g., joint venture, wholly owned subsidiary, et cetera), (c) indicate whether the transfers were recorded in your books and records at fair market value or other, non-market formula; and (d) indicate whether your firm retained marketing rights to all transfers, and whether the related firms also processed inputs from sources other than your firm.

<sup>4</sup> Identify your firm's principal export markets: \_\_\_\_\_.

V-2. **Production, shipment, and inventory data (air-adjustable foam mattresses).**--Continued

*RECONCILIATION OF SHIPMENTS, PRODUCTION, AND INVENTORY.--Generally, the data reported for the end-of-period inventories (i.e., line N) should be equal to the beginning-of-period inventories (i.e., line B), plus production (i.e., line C), less total shipments (i.e., lines D, F, H, J and L). Please ensure that any differences are not due to data entry errors in completing this form, but rather reflect your firm's actual records; and, also provide explanations for any differences (e.g., theft, loss, damage, record systems issues, etc.) if they exist.*

Reconciliation	Calendar years			January-June	
	2016	2017	2018	2018	2019
B + C – D – F – H – J – L = should equal zero ("0"). If not, provide an explanation. <sup>1</sup>	0	0	0	0	0
<sup>1</sup> Explanation if the calculated fields above are returning values other than zero (i.e., "0") but are nonetheless accurate:_____.					

V-3. **Channels of distribution: Air-adjustable foam mattresses**--Report your firm's U.S. shipments (i.e., inclusive of commercial U.S. shipments, internal consumption, and transfers to related firms) of air-adjustable foam mattresses by channel of distribution in the specified periods.

## Channels of distribution: Air-adjustable foam mattresses

Quantity (in number of mattresses)					
US shipments by channel	Calendar years			January-June	
	2016	2017	2018	2018	2019
<b>Shipments to your firm's retail establishments:<sup>1</sup></b>					
for Brick and mortar sales (M)					
for Direct-to-consumer/ internet sales (N)					
for Omni-channel sales (O)					
<b>Internal consumption (P)<sup>2</sup></b>					
<b>Commercial (non-retail) U.S. shipments and transfers to related firms:</b>					
To distributors (Q)					
To retailers:					
Brick and mortar <sup>3</sup> (R)					
Internet / online <sup>4</sup> (S)					
Omni-channel <sup>5</sup> (T)					
To end users:					
Hotels and hospitality (U)					
Other <sup>6</sup> (V)					
<sup>1</sup> Please describe your own firm's retail footprint: _____. <sup>2</sup> Please describe the downstream products that your firm produces from its internally consumed mattresses: _____. <sup>3</sup> Please list the firm(s) you treat as "brick and mortar": _____. <sup>4</sup> Please list the firm(s) you treat as an internet retailer: _____. <sup>5</sup> Please list the firm(s) you treat as "omni-channel": _____. <sup>6</sup> Other end users include to government entities. Please describe the end users reported: _____.					

V-3. **Channels of distribution: Air-adjustable foam mattresses--Continued**

*RECONCILIATION OF CHANNELS.--Please ensure that the quantities reported for channels of distribution (i.e., lines M through V) in each time period equal the quantities for U.S. shipments (i.e., lines D, F, and H) in question V-1. If the calculated fields below return values other than zero (i.e., "0"), the data reported must be revised prior to submission to the Commission.*

Reconciliation	Calendar years			January-June	
	2016	2017	2018	2018	2019
<b>Reconciliation for line F: Internal consumption/ including product shipped to your firm's retail establishments:</b>  M + N + O + P - F = zero ("0"). If not, revise.	0	0	0	0	0
<b>Reconciliation for lines D and H: Commercial U.S. shipments and transfers to related firms:</b>  Q + R + S + T + U + V - D - H = zero ("0"). If not, revise.	0	0	0	0	0



V-4. **Employment data (air-adjustable foam mattresses).**--Report your firm's employment-related data related to the production of air-adjustable foam mattresses and provide an explanation for any trends in these data.

**"Production and Related Workers" (PRWs)** includes working supervisors and all nonsupervisory workers (including group leaders and trainees) engaged in fabricating, processing, assembling, inspecting, receiving, storage, handling, packing, warehousing, shipping, trucking, hauling, maintenance, repair, janitorial and guard services, product development, auxiliary production for plant's own use (e.g., power plant), recordkeeping, and other services closely associated with the above production operations. Average number employed may be computed by adding the number of employees, both full time and part time, for the 12 pay periods ending closest to the 15th of the month and divide that total by 12. For the January to June periods, calculate similarly and divide by 6.

**"Hours worked"** includes time paid for sick leave, holidays, and vacation time. Include overtime hours actually worked; do not convert overtime pay to its equivalent in straight time hours.

**"Wages paid"** --Total wages paid before deductions of any kind (e.g., withholding taxes, old-age and unemployment insurance, group insurance, union dues, bonds, etc.). Include wages paid directly by your firm for overtime, holidays, vacations, and sick leave.

## Air-adjustable foam mattresses

Item	Calendar years			January-June	
	2016	2017	2018	2018	2019
Average number of PRWs ( <i>number</i> )					
Hours worked by PRWs ( <i>1,000 hours</i> )					
Wages paid to PRWs ( <i>\$1,000</i> )					

Explanation of trends:

V-5. **Operations on air-adjustable foam mattresses.**--Report the revenue and related cost information requested below on the air-adjustable foam mattresses operations of your firm's U.S. establishment(s).<sup>1</sup> Do not report resales of products. Note that internal consumption and transfers to related firms must be valued at fair market value. Input purchases from related suppliers should be consistent with and based on information in the firm's accounting books and records. Provide data for your firm's three most recently completed fiscal years, and for the specified interim periods. If your firm was involved in tolling operations (either as the toller or as the tollee), please contact **Joanna Lo** at **(202) 205-1888** before completing this section of the questionnaire.

<b>Quantity (in number of mattresses) and value (in \$1,000)</b>					
<b>Item</b>	<b>Fiscal years ended--</b>			<b>January-June</b>	
	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2018</b>	<b>2019</b>
<b>Net sales quantities:</b> <sup>2</sup>					
Commercial sales ("CS") (A)					
Internal consumption ("IC") (B)					
Transfers to related firms ("Transfers") (C)					
Total net sales quantities (D)	0	0	0	0	0
<b>Net sales values (excluding freight):</b> <sup>2</sup>					
Commercial sales (E)					
Internal consumption (F)					
Transfers to related firms (G)					
Total net sales values (H)	0	0	0	0	0
<b>Cost of goods sold ("COGS"):</b> <sup>3</sup>					
Raw materials (I)					
Direct labor (J)					
Other factory costs (K)					
Total COGS (L)	0	0	0	0	0
<b>Gross profit or (loss) (M)</b>	0	0	0	0	0
<b>Selling, general, and administrative ("SG&amp;A") expenses:</b>					
Selling expenses (N)					
General and administrative expenses (O)					
Total SG&A expenses (P)	0	0	0	0	0
<b>Operating income (loss) (Q)</b>	0	0	0	0	0
<b>Other expenses and income:</b>					
Interest expense (R)					
All other expense items (S)					
All other income items (T)					
<b>Net income or (loss) before income taxes (U)</b>	0	0	0	0	0
<b>Depreciation/amortization included above (V)</b>					

<sup>1</sup> Include only sales (whether domestic or export) and costs related to your U.S. manufacturing operations.  
<sup>2</sup> Less discounts, returns, allowances, and prepaid freight. Freight costs should be included in selling expenses. The quantities and values should approximate the corresponding shipment quantities and values reported in Part II of this questionnaire.  
<sup>3</sup> COGS (whether for domestic or export sales) should include costs associated with CS, IC, and Transfers.

*Note -- The table above contains calculations that will appear when you have entered data in the MS Word form fields.*

V-6. **Asset values (air-adjustable foam mattresses).**--Report the total assets (i.e., both current and long-term assets) associated with the production, warehousing, and sale of air-adjustable foam mattresses. If your firm does not maintain some or all of the specific asset information necessary to calculate total assets for mattresses in the normal course of business, please estimate this information based upon a method (such as production, sales, or costs) that is consistent with relevant cost allocations in question III-9a. Provide data as of the end of your firm's three most recently completed fiscal years.

**Note:** Total assets should reflect net assets after any accumulated depreciation and allowances deducted.

Total assets should be allocated to the subject products if these assets are also related to other products. Please provide a brief explanation if there are any substantial changes in total asset value during the period; e.g., due to asset write-offs, revaluation, and major purchases.

Value (in \$1,000)			
Item	Fiscal years ended--		
	2016	2017	2018
Total assets (net) <sup>1</sup>			
<sup>1</sup> Describe substantial changes _____			

V-7. **Capital expenditures and research and development ("R&D") expenses (air-adjustable foam mattresses).**--Report your firm's capital expenditures and R&D expenses for air-adjustable foam mattresses. Provide data for your firm's three most recently completed fiscal years, and for the specified interim periods.

Value (in \$1,000)					
Item	Fiscal years ended--			January-June	
	2016	2017	2018	2018	2019
Capital expenditures <sup>1</sup>					
R&D expenses <sup>2</sup>					
<sup>1</sup> Please describe the nature, focus, and significance of your firm's capital expenditures on the subject product. _____					
<sup>2</sup> Please describe the nature, focus, and significance of your firm's R&D expenses related to subject product. _____					

## HOW TO FILE YOUR QUESTIONNAIRE RESPONSE

This questionnaire is available as a “fillable” form in MS Word format on the Commission’s website at:

[https://www.usitc.gov/investigations/701731/2018/mattresses\\_china/final.htm](https://www.usitc.gov/investigations/701731/2018/mattresses_china/final.htm)

***Please do not attempt to modify the format or permissions of the questionnaire document.*** Please submit the completed questionnaire using one of the methods noted below. If your firm is unable to complete the MS Word questionnaire or cannot use one of the electronic methods of submission, please contact the Commission for further instructions.

- **Upload via Secure Drop Box.**—Upload the MS Word questionnaire along with a scanned copy of the signed certification page (page 1) through the Commission’s secure upload facility:

**Web address:** <https://dropbox.usitc.gov/oinv/>      **Pin:** **MATT**

- **E-mail.**—E-mail the MS Word questionnaire to [calvin.chang@usitc.gov](mailto:calvin.chang@usitc.gov); include a scanned copy of the signed certification page (page 1). *Submitters are strongly encouraged to encrypt nonpublic documents that are electronically transmitted to the Commission to protect your sensitive information from unauthorized disclosure. The USITC secure drop-box system and the Electronic Document Information System (EDIS) use Federal Information Processing Standards (FIPS) 140-2 cryptographic algorithms to encrypt data in transit. Submitting your nonpublic documents by a means that does not use these encryption algorithms (such as by email) may subject your firm’s nonpublic information to unauthorized disclosure during transmission. If you choose a non-encrypted method of electronic transmission, the Commission warns you that the risk of such possible unauthorized disclosure is assumed by you and not by the Commission.*

**If your firm does not produce this product**, please fill out page 1, print, sign, and submit a scanned copy to the Commission.

***Parties to this proceeding.***—If your firm is a party to this proceeding, it is required to serve a copy of the completed questionnaire on parties to the proceeding that are subject to administrative protective order (see 19 CFR § 207.7). A list of such parties may be obtained from the Commission’s Secretary (202-205-1803). A certificate of service must accompany the completed questionnaire you submit (see 19 CFR § 207.7). Service of the questionnaire must be made in paper form.