



# 1997 ECONOMIC CENSUS

## GROCERY WHOLESALERS

**DUE DATE** ▶ **FEBRUARY 12, 1998**

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS  
1201 East 10th Street  
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

**WH-5141**

*Please read the accompanying instructions before answering the questions.*

**Census use**

*(Please correct any errors in name, address, and ZIP Code.)*

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

**Item 1. EMPLOYER IDENTIFICATION NUMBER**  
**Is the Employer Identification Number (EIN) shown in the label the same as the one used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?**

094 1  Yes 2  No - Report current EIN below

(9 digits) \_\_\_\_\_

**Item 2. PHYSICAL LOCATION**

**a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)**

093 1  Yes 2  No - Report physical location below

Number and street \_\_\_\_\_

City, town, village, etc. \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

**b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?**

095 1  Yes 3  No legal boundaries  
2  No 4  Do not know

**c. In what type of municipality is this establishment physically located?**

096 1  City, village, or borough  
2  Town or township  
3  Other - Specify \_\_\_\_\_  
4  Do not know

**d. In what county (e.g., Dade County) is this establishment physically located?**

\_\_\_\_\_

**Item 3. OPERATIONAL STATUS** Number of months

**a. How many months during 1997 was this establishment actively operated?**

002

**b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box.**

001 1  In operation  
2  Temporarily or seasonally inactive  
3  Ceased operation - Give date at right  
4  Sold or leased to another operator - Give date at right AND enter name, etc., below

Figures only

Month Year

Name of new owner or operator \_\_\_\_\_

Number and street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

**HOW TO REPORT DOLLAR FIGURES**

Dollar figures should be rounded to thousands of dollars.  
**Example:** If a figure is \$1,125,628.79 report **1 126**  
• Preferred  
Acceptable

Bil-ions (000)	Mil-ions (000)	Thou-sands (000)	Dol-lars (000)
	1	126	
	1	125	629

**Item 4. DOLLAR VOLUME OF BUSINESS**

Bil. Mil. Thou. Dol.

010

**a. Sales and operating receipts for 1997** (Include the gross selling value of business conducted for others)

**b. Did this establishment earn commissions for the sale of merchandise?**

121

1  Yes - Go to line c  
2  No - Skip to line e

**c. Gross selling value of business conducted on a commission basis** (Include in item 4a)

Bil. Mil. Thou. Dol.

122

**d. Commissions received** (On transactions reported in item 4c)

123

*NOTE - If this is the only establishment of this firm skip to item 5*

**e. Percent of products sold by this establishment manufactured or mined in the United States by your company or subsidiaries**

Percent

124

%

**f. Value of transfers to other establishments within your company** (DO NOT include in item 4a)

Mil. Thou. Dol.

125

**Item 5. PAYROLL**  
**Payroll in 1997, BEFORE DEDUCTIONS**

Mil. Thou. Dol.

030

**a. Annual**

031

**b. First quarter (January-March)**

**Item 6. EMPLOYMENT**

Number

**a. Number of paid employees for pay period including March 12, 1997** (Include both full- and part-time employees)

032

**b. List the above employees by the employee's primary function:**

Number

131

(1) Selling

(2) Sales support (including office and clerical, warehousing, customer service, maintenance employees, and drivers)

132

(3) Supporting functions of other establishments in your company (i.e., central administrative, accounting, research, etc.)

133

(4) Manufacturing

134

(5) Other - Specify \_\_\_\_\_

135

*NOTE - The sum of lines 1 through 5 should equal total employment*

HM

**Item 7. OPERATING EXPENSES** Mil. Thou. Dol.  
 Operating expenses for 1997 (Include payroll, but exclude cost of goods sold and interest expense) 040

**Item 8. INVENTORIES**

**a. Did you have inventories at the end of 1996 or 1997?**

180 1  Yes – Complete the remainder of the item  
 2  No – Skip to item 9

**b. Were inventories of this establishment subject to the last-in, first-out (LIFO) method of valuation?**

185 1  Yes – Use the sum of the LIFO amount plus the LIFO reserve for lines c and c(2)  
 2  No – Complete only line c

	End of 1997			End of 1996		
	Mil.	Thou.	Dol.	Mil.	Thou.	Dol.
<b>c. Total inventories</b>	046			047		
<b>(1) Amount not subject to LIFO costing</b>	181			186		
<b>(2) Amount subject to LIFO costing (gross)</b>	182			187		
<b>(a) Amount of the LIFO reserve</b>	183			188		
<b>(b) LIFO value of the line c(2) (net)</b>	184			189		

*NOTE – The sum of lines c(1) and c(2) should equal line c  
 The sum of lines c(2a) and c(2b) should equal line c(2)*

**Item 9. TOTAL PURCHASES OF MERCHANDISE IN 1997** PURCHASES AT COST VALUE Bil. Mil. Thou. Dol.  
 Purchases of merchandise for resale (Net of returns, allowances, and trade and cash discounts; but including amounts allowed for trade-ins) 160

*NOTE – If purchases are greater than sales, please provide an explanation in the REMARKS section*

**Item 10. SALES BY CLASS OF CUSTOMER** Whole percent of sales  
 Report the percentage of this establishment's total sales in 1997 (item 4a) to each class of customer.

<b>a. Export sales</b>	141
<b>b. Restaurants, hotels, food services, and contract feeding</b>	142
<b>c. Retailers and repair shops for resale or repair</b>	143
<b>d. Other wholesale establishments for resale</b>	144
<b>e. Industrial users for production (manufacturing and mining)</b>	145
<b>f. Business users for consumption, not for resale</b>	146
<b>g. Farmers (for farm use)</b>	147
<b>h. Household consumers and individual users</b>	148
<b>i. Builders and contractors</b>	149
<b>j. Governmental bodies (Federal, State, and local)</b>	150
<b>k. TOTAL</b> (Sum of lines a through j should total 100%)	<b>100%</b>

**Item 11. KIND OF BUSINESS AND SELLING CHARACTERISTICS**

**a. Kind of business**  
 What was this establishment's PRINCIPAL kind of business in 1997? Mark (X) only ONE box. 070

(1) General-line groceries . . . . .  514100  
 (2) Coffee, tea, and spices . . . . .  514920  
 (3) Bread and baked goods . . . . .  514930  
 (4) Canned foods . . . . .  514970  
 (5) Food and beverage basic materials (industrial molasses, etc.) . . . . .  514980  
 (6) Soft drinks and bottled water (include beverage concentrates) . . . . .  514940  
 (7) Other grocery specialties . . . . .  514990  
 (8) Other kind of business – Specify . . . . .  777777

**b. Selling characteristics**

**(1) In what format did this establishment PRIMARILY sell in 1997? Mark (X) only ONE box.** 068

From physical displays of priced merchandise . . . 1   
 From a counter (little or no display) . . . . . 2   
 From a warehouse or office . . . . . 3   
 Other – Describe . . . . . 4

**(2) How did this establishment PRIMARILY attract new customers in 1997? Mark (X) only ONE box.** 069

Location and store attractiveness . . . . . 1   
 Advertising to the general public, including direct mail advertising. . . . . 2   
 Advertising to the trade or calls directly to customers . . . . . 3   
 Other – Describe . . . . . 4

**c. Mark (X) the ONE appropriate box if this establishment is a:**

(1) Voluntary group wholesaler (an establishment affiliated with independent retailers engaged in joint sales promotion under a group name) . . . . . 167 1   
 (2) Retail-cooperative wholesaler (an establishment owned and operated cooperatively by independent retailers buying collectively) . . . . . 2   
 (3) Other grocery wholesaler . . . . . 3

**d. Were 50 percent or more of the goods sold by this establishment purchased directly from farmers?** 166  
 1  Yes  
 2  No

**e. What percent of your sales are drop-shipped and do not enter this establishment?** 111 %

**Item 12. TYPE OF OPERATION**  
 What was this establishment's PRINCIPAL type of operation in 1997? Mark (X) only ONE box. 060

**a. Own-brand importer and marketer** . . . . .  14  
**b. Merchant wholesaler (buying and selling on own account)**  
 (1) Importer . . . . .  12  
 (2) Exporter . . . . .  13  
 (3) Merchant wholesale distributor or jobber . . . . .  11  
**c. Manufacturers' sales branches and offices** . . . . .  20  
**d. Agent, broker, and commission merchant**  
 (1) Auction company . . . . .  41  
 (2) Broker (representing buyers and sellers) . . . . .  42  
 (3) Commission merchant . . . . .  43  
 (4) Import agent . . . . .  44  
 (5) Export agent . . . . .  45  
 (6) Manufacturers' agent . . . . .  46  
**e. Other broker or agent – Specify type** . . . . .  77

If not shown, please enter your 11-digit Census File Number from the address label on page 1

Census File Number

**Item 13. COMMODITY LINES**

Report sales by commodity group either as a dollar figure or as a whole percent of total sales (Include the value of merchandise marketed under capital, finance, or full payout leases and rental receipts derived from merchandise under operating leases)

<b>HOW TO REPORT PERCENTS</b>	If figure is <b>38.76%</b> of total sales	Bil.	Mil.	Thou.	Dol.	Per-cent
	• Report whole percents					<b>39</b>
	Not acceptable					<b>38.76</b>

Commodity lines	Census use	ESTIMATES are acceptable. Report dollars OR percents.				
		Bil.	Mil.	Thou.	Dol.	Per-cent

<b>1. Frozen foods (packaged)</b>	100	101				102
<b>a. Dinners (frozen)</b>	<b>4111</b>					
<b>b. Fish and seafoods (frozen packaged)</b>	<b>4112</b>					
<b>c. Vegetables (frozen)</b>	<b>4113</b>					
<b>d. Fruits and fruit juices (frozen)</b>	<b>4114</b>					
<b>e. Meat (frozen packaged)</b>	<b>4115</b>					
<b>f. Frozen baked goods</b>	<b>4116</b>					
<b>g. Other frozen foods (except frozen dairy products)</b>	<b>4117</b>					
<b>h. Total (Sum of lines 1a through 1g)</b>	<b>4100</b>					
<b>2. Dairy products (excluding dried or canned)</b>						
<b>a. Butter</b>	<b>4211</b>					
<b>b. Cheese</b>	<b>4212</b>					
<b>c. Milk and cream, except raw</b>	<b>4213</b>					
<b>d. Ice cream</b>	<b>4214</b>					
<b>e. Raw milk</b>	<b>4215</b>					
<b>f. Other dairy products</b>	<b>4216</b>					
<b>g. Total (Sum of lines 2a through 2f)</b>	<b>4200</b>					
<b>3. Poultry and poultry products</b>	<b>4300</b>					
<b>4. Confectionery</b>	<b>4400</b>					
<b>5. Fish and seafoods (excluding canned and frozen packaged)</b>	<b>4500</b>					

**Item 13. COMMODITY LINES – Continued**

Commodity lines	Census use	ESTIMATES are acceptable. Report dollars OR percents.				
		Bil.	Mil.	Thou.	Dol.	Per-cent
<b>6. Meat and meat products (fresh and unpackaged)</b>						
<b>a. Beef (not killed on location)</b>	<b>4611</b>					
<b>b. Veal (not killed on location)</b>	<b>4612</b>					
<b>c. Lamb and mutton (not killed on location)</b>	<b>4613</b>					
<b>d. Pork (not killed on location)</b>	<b>4614</b>					
<b>e. Sausage and prepared meats made on location</b>	<b>4615</b>					
<b>f. Sausage and prepared meats purchased for resale</b>	<b>4616</b>					
<b>g. Meat from animals killed on location</b>	<b>4617</b>					
<b>h. Other meat products</b>	<b>4618</b>					
<b>I. Total (Sum of lines 6a through 6h)</b>	<b>4600</b>					
<b>7. Fresh fruits and vegetables</b>	<b>4700</b>					
<b>8. Coffee, tea, and spices</b>						
<b>a. Coffee</b>	<b>4811</b>					
<b>b. Tea</b>	<b>4812</b>					
<b>c. Spices</b>	<b>4813</b>					
<b>d. Total (Sum of lines 8a through 8c)</b>	<b>4800</b>					
<b>9. Bread and baked goods</b>						
<b>a. Breads and rolls</b>	<b>4821</b>					
<b>b. Cookies, cakes, and other baked goods</b>	<b>4822</b>					
<b>c. Total (Sum of lines 9a and 9b)</b>	<b>4820</b>					
<b>10. Canned foods</b>						
<b>a. Canned and bottled fruits, vegetables, and juices</b>	<b>4831</b>					
<b>b. Canned and bottled baby foods</b>	<b>4832</b>					
<b>c. Canned meats</b>	<b>4833</b>					
<b>d. Canned fish and seafoods</b>	<b>4834</b>					
<b>e. Canned milk</b>	<b>4835</b>					
<b>f. Other canned foods</b>	<b>4836</b>					
<b>g. Total (Sum of lines 10a through 10f)</b>	<b>4830</b>					
<b>11. Food and beverage basic materials (include flavoring extracts, fruit peel, hop extract, industrial molasses, sausage casings, malt, yeast, etc.)</b>	<b>4840</b>					

ITEM 13 CONTINUED ON PAGE 4

CONTINUE ON PAGE 4

Item 13. COMMODITY LINES – Continued					
Report sales by commodity group either as a dollar figure or as a whole percent of total sales (Include the value of merchandise marketed under capital, finance, or full payout leases and rental receipts derived from merchandise under operating leases)					
HOW TO REPORT PERCENTS	If figure is 38.76% of total sales	Bil.	Mil.	Thou.	Per-cent
		• Report whole percents → 39			
Not acceptable → 38.76					
Commodity lines	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.			
		Bil.	Mil.	Thou.	Per-cent
12. Soft drinks and bottled water					
a. Soft drinks, packaged	4851				
b. Soft drinks, pre and post mix bulk	4852				
c. Bottled water	4853				
d. Total (Sum of lines 12a through 12c)	4850				
13. Other grocery specialties					
a. Pasta	4861				
b. Breakfast cereals	4862				
c. Cooking oils and margarine	4863				
d. Flour	4864				
e. Pickles, preserves, jellies, jams, and sauces	4865				
f. Sugar, refined	4866				
g. Pet foods	4867				
h. Grocery specialties, n.e.c.	4868				
i. Total (Sum of lines 13a through 13h)	4860				
14. Industrial and personal service paper and plastics	3400				
15. Drugs, pharmaceuticals, cosmetics, and toiletries	3500				
16. Chemicals and allied products (excluding agricultural, plastics, gases and petroleum)	5330				
17. Tobacco and tobacco products	5900				
18. Beer and ale	5600				
19. Wines and distilled alcoholic beverages	5700				
20. Restaurant and hotel equipment and supplies	0960				
21. Office equipment (exclude computers)	0900				
22. Store machines and equipment	0970				
23. Laundry and dry-cleaning equipment and supplies	2530				
24. Grain and beans	4900				
25. Kitchen utensils, mirrors, lamps, and picture frames	0540				
26. Hardware	1700				

Item 13. COMMODITY LINES – Continued					
Commodity lines	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.			
		Bil.	Mil.	Thou.	Per-cent
27. Men's and boys' wear	3800				
28. Women's and children's wear	3900				
29. Footwear	4000				
30. Miscellaneous commodities – Specify					
a. 076	9811				
b. 077	9812				
c. 078	9813				
31. Receipts for farm product preparation services (cleaning, shelling, grading, and packing)	9920				
32. Rental and operating lease receipts	9940				
33. Service receipts and labor charges (including installed parts)	9700				
34. TOTAL (Should equal item 4a if reporting in dollars)	9990				100%
Item 14. LEGAL FORM OF ORGANIZATION					
Which of the following best describes this establishment's legal form of organization during 1997? Mark (X) only ONE box.					
003 1 <input type="checkbox"/> Individual owner (sole proprietorship)					
2 <input type="checkbox"/> Partnership					
3 <input type="checkbox"/> Cooperative association (taxable)					
4 <input type="checkbox"/> Cooperative association (tax-exempt)					
5 <input type="checkbox"/> Government – Specify _____					
0 <input type="checkbox"/> Corporation (Do not mark if any form of cooperative association)					
9 <input type="checkbox"/> Other – Specify _____					
Item 15. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION					
a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero?					
1 <input type="checkbox"/> Yes – Complete this item					
2 <input type="checkbox"/> No – Skip to item 16					
b. Is this company owned or controlled by another company?					
097 1 <input type="checkbox"/> Yes →					
2 <input type="checkbox"/> No					
c. Does this company own or control any other company or companies?					
Enter name, address, and EIN of the owned or controlled company					
098 1 <input type="checkbox"/> Yes →					
2 <input type="checkbox"/> No					
EIN (9 digits) _____					
ITEM 15 CONTINUED ON PAGE 5					

Census File Number

If not shown, please enter your 11-digit Census File Number from the address label on page 1

**Item 15. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION**

**d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1997?**

Number  
079

If more than one, provide the **physical location** address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.

**Estimates are acceptable** if book figures are not available.

1	Name			1997	Mil.	Thou.	Dol.
	Number and street			Sales	081		
	City	State	ZIP Code	Annual payroll	082		
	Kind-of-business description			Paid employees for pay period including March 12			
	Type of operation (choose from item 12)			083			
2	Name			1997	Mil.	Thou.	Dol.
	Number and street			Sales	081		
	City	State	ZIP Code	Annual payroll	082		
	Kind-of-business description			Paid employees for pay period including March 12			
	Type of operation (choose from item 12)			083			
3	Name			1997	Mil.	Thou.	Dol.
	Number and street			Sales	081		
	City	State	ZIP Code	Annual payroll	082		
	Kind-of-business description			Paid employees for pay period including March 12			
	Type of operation (choose from item 12)			083			
			Census use	088			
			Census use	089			

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

**Item 16. CERTIFICATION** - This report is substantially accurate and has been prepared in accordance with instructions.

<b>Period covered by this report</b>	FROM: Mo. Year	TO: Mo. Year	Name of person to contact regarding this report - <i>Print or type</i>			
Telephone	Area code	Number	Extension	Title		
Signature of authorized person						Date

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS