

U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

WH-5147

1997 ECONOMIC CENSUS **MEAT AND MEAT PRODUCTS**

OMB No. 0607-0825: Approval Expires 08/31/99

WH-5147

DUE DATE FEBRUARY 12, 1998
If you have questions about completing this report, please cal or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the labe 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
Please read the accompanying instructions before answering the questions.
Census use
YOUR RESPONSE IS REQUENTED TO THE TRANSPORT OF THE TRANSP

(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. Thou-sands Dollar figures should be rounded Bil-Mil-Dolном то Item 1. EMPLOYER IDENTIFICATION NUMBER lions (000) lars (000) to thousands of dollars. lions (000) sands (000) 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? REPORT Example: If a figure is \$1,125,628.79 DOLLAR Preferred 1 126 **FIGURES** report Acceptable 125 629 Bil. Mil. l Thou. Dol. DOLLAR VOLUME OF BUSINESS 2 ☐ No – Report current EIN below Item 4. 010 Sales and operating receipts for 1997 (Include the gross selling value of business conducted for others) (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) 1 ☐ Yes – Go to line c b. Did this establishment earn 2 ☐ No – Skip to commissions for the sale of merchandise? 093 1 Yes 2 No - Report physical location below Thou. Dol. Bil. Mil. Gross selling value of business conducted on a commission basis (Include in item 4a) Number and street 122 City, town, village, etc. State ZIP Code 123 Commissions received (On transactions reported in item 4c) b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.? NOTE - If this is the only establishment of this firm skip to item 5 Percent

	095 1 Yes 3 No legal bound 2 No 4 Do not know	aries		establishment manufactured or mined in the United States by your company or subsidiaries	124	124		
	In what type of municipality is this ophysically located?	establish	ıment	f. Value of transfers to other establishments within your company (DO NOT include in item 4a)	Mil. 125	Thou.	Dol.	
	2 Town or township 3 Other – Specify			Item 5. PAYROLL Payroll in 1997, BEFORE DEDUCTIONS a. Annual	Mil. 030	Thou.	Dol.	
	In what county (e.g., Dade County) is t physically located?	this esta	blishment	b. First quarter (January-March)	031	 		
	m 3. OPERATIONAL STATUS How many months during 1997 was	00	Jumber of months	Item 6. EMPLOYMENT a. Number of paid employees for pay period including March 12, 1997 (Include both full- and part-time employees)	032	Number	•	
b.	this establishment actively operated Which of the following best describe status at the end of 1997? Mark (X) o	l? es this es		b. List the above employees by the employee's primary function: (1) Selling	131	Number		
	1 In operation Temporarily or seasonally in Ceased operation – Give date		Figures only Month Year	(2) Sales support (including office and clerical, warehousing, customer service, maintenance employees, and drivers)	132			
	4 Sold or leased to another op Give date at right AND enter etc., below	erator –		Supporting functions of other establishments in your company (i.e., central administrative, accounting, research, etc.)	133			
	Name of new owner or operator			(4) Manufacturing	134			
	Number and street			(5) Other – Specify	135			
	City	State	ZIP Code					

Item 7. OPERATING EXPENSES					Thou.	Dol.	Item 11. KIND OF BUSINESS AND SELLING CHARACTERISTICS					
Operating expenses for 1997 (Include payroll, but exclude cost of goods sold and interest expense)					 	 	a. Kind of business What was this establishment's PRINCIPAL					
Item 8. INVENTORIES ONE box.												
a.	Did you have invente	ories a	t the end of	1996 or	1997?		070					
	180 1 Yes - Com	•		of the ite	m		(1) Meat and meat products (except boxed beef)	6				
	2	o item s	9				(3) Frozen foods, packaged					
b.	Were inventories of the last-in, first-out						(5) General-line groceries					
	185 1 Yes - <i>Use</i>	the sun	n of the LIFO lines c and c(amount p	lus the l	LIFO						
	2 ☐ No – <i>Comp</i>			2)								
			nd of 1997		nd of 19	206	b. Selling characteristics					
		Mil.	Thou. Do	_	Thou.		(1) In what format did this establishment PRIMARILY sell in 1997? Mark (X) only ONE					
		046		047	İ		box. 068					
c.	Total inventories				l I		From physical displays of priced merchandise 1 From a counter (little or no display) 2					
		181	 	186	 		From a warehouse or office					
	(1) Amount not subject to LIFO costing				 		Other – <i>Describe</i> 4					
		182	 	187	 							
	(2) Amount subject to LIFO costing				i I							
	(gross)	183		188			(2) How did this establishment PRIMARILY					
	(a) Amount of the				1		attract new customers in 1997? Mark (X) only ONE box.					
	LIFO reserve	104		100	 		069					
	(b) LIFO value of the line c(2)	184		189	 		Location and store attractiveness					
	(net)				 		Advertising to the general public, including direct mail advertising					
	NOTE - The su	m of lir	nes c(1) and c	(2) should	d equal i	line c	Advertising to the trade or calls directly to customers					
	The sulline c(2		nes c(2a) and	c(2b) sho	uld equa	al	Other – <i>Describe</i>					
	mic 0/2	.,	DUI	OCHACEC A	T COCT	\/A <u> </u>						
lte	em 9. TOTAL PURCHA MERCHANDISE		Г	RCHASES A								
	rchases of merchandiset of returns, allowances,		esale 160	İ								
an	d cash discounts; but incl nounts allowed for trade-i	uding	ao		I I		c. Mark (X) the ONE appropriate box if this establishment is a:					
N/	OTE If purchases are	~rootor	than salas n	laaaa nray	ido on	1						
/۷0	OTE – If purchases are g explanation in the	e REMA	ARKS section	ease prov	riue aii		(1) Voluntary group wholesaler (an establishment affiliated with independent retailers engaged in joint sales promotion under a group name)					
lte	em 10. SALES BY CLA	ASS OF	CUSTOMER	Wł	ole per		(2) Retail-cooperative wholesaler (an establishment					
Report the percentage of this establishment's total sales in 1997			141	OI Sales	.	owned and operated cooperatively by independent retailers buying collectively) 2						
(it	em 4a) to each class	of cus	tomer.				(3) Other grocery wholesaler					
a.	Export sales							_				
				142			d. What percent of your sales are drop-shipped and do not enter this establishment?					
b.	Restaurants, hotels, for contract feeding	od serv	ices, and					%				
C.	Retailers and repair sh repair	ops for	resale or	143			Item 12. TYPE OF OPERATION What was this establishment's PRINCIPAL					
d.	Other wholesale estable	lishmer	nts for resale	144			type of operation in 1997? Mark (X) only ONE box.					
				145			a. Own-brand importer and marketer					
e.	Industrial users for pro (manufacturing and mi	duction ining)	1				Merchant wholesaler (buying and selling on own account)					
	·			146			(1) Importer					
f.	Business users for con resale	sumpti	on, not for				(2) Exporter					
icsalc							(3) Merchant wholesale distributor or jobber					
g.	Farmers (for farm use)						d. Agent, broker, and commission merchant					
	Harrista		ati dali d	148			(1) Auction company					
h.	Household consumers users	and ind	aividual				(2) Broker (representing buyers and sellers)					
	Puildoro and control	* 0		149			(4) Import agent					
1.	Builders and contracto	ıs		150			(5) Export agent					
j.	Governmental bodies (and local)	Federa	I, State,				e. Other broker or agent – Specify type					
k.	TOTAL (Sum of lines should total 10	gh j		100%								

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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						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 reptal							Commodity lines	Cen-	ESTIMATES are acceptable. Report dollars OR percents.					
marketed under capital, finance, or full payout leases and rental receipts derived from merchandise under operating leases)								,	use	Bil.	Mil.	Thou.	Dol.	Per- cent
HOW TO If figure is 38.76% of total sales Bil. Mil. Thou. Dol. Percent						Per-				 	i i			
REPORT PERCENTS • Report whole per	39			39	bas (in	od and beverage sic materials clude flavoring			 	 				
Not acceptable –	ESTIMATES are acceptable.					ext hop	racts, fruit peel, o extract, industrial			 				
Commodity lines	Report dollars OR percents.			molasses, sausage casings, malt, yeast, etc.)		4840		 						
us		Bil.	Mil.	Thou.	Dol.	Per- cent	12. Soft drinks and bottled water				l	 		
1. Meat and meat products (fresh and unpackaged	100	101	 	 	! !	102			4850		<u> </u> 	 		
frozen)			 	<u>i</u> 1	i I		cod	ined sugar, flour, oking oils, cereals, foods, pickles,			 			
a. Beef (not killed at this location)	4611		 	<u> </u>			pre and	serves, sauces, d other grocery	4860		 	i i		
b. Veal (not killed at this location)	4612		 					ustrial and personal	4000		<u> </u>			
c. Lamb and mutton (not killed at this location)	4613		 	 			ser	vice paper and stics	3400		 	 		
d. Pork (not killed at this location)	4614		 	 			15. Bee	er and ale	5600		 			
e. Sausage and prepared meat made			 	 	 			nes and distilled pholic beverages	5700		i I	i I I		
at this location	4615		 	<u> </u>				staurant and hotel uipment and supplies	0960		 			
f. Sausage and prepared meat not made at this location	4616		 	1 1	 		18 Che	emicals and allied			 	i i		
g. Meat from animals killed at this location	4617		 	 			pro agr	iducts (excluding icultural, plastics, ses, and petroleum)	5330		 	 		
				 			19. Mis	scellaneous			 			
h. Other meat products	4618		<u> </u> 	1			cor	nmodities – <i>Specify</i> ⁰⁷⁶			 			
i. Total (Sum of lines 1a through 1h)	4600		 	 			a.	077	9811		 			
2. Frozen foods (packaged)				1	 		b.	078	9812			i i		
a. Dinners (frozen)	4111		 				c.		9813		 	 		
b. Fish and seafoods								ntal and operating se receipts	9940					
(frozen packaged)	4112		 	 				ceipts for farm			 			
d. Fruits and fruit juices	4113		<u> </u> 	1	l I		ser	duct preparation vices (cleaning, elling, grading, and			 			
(frozen)	4114			 				eking)	9920		 	i i		
e. Meat (frozen packaged)	4115		 	 				vice receipts and or charges			 			
f. Frozen baked goods	4116		 	 			(ind par	cluding installed ts)	9700		 			
g. Other frozen foods (except frozen dairy			 	1 	 		23. TO	TAL (Should equal item 4a if			 	 		
products)	4117		<u> </u> 	1				reporting in dollars)	9990		 			100%
h. Total (Sum of lines 2a through 2g)	4100		 	1 			Item 1	4. LEGAL FORM OF	ORGA	NIZATI	ON			
3. Dairy products			 	1			Which legal for	of the following be orm of organization	st des durin	cribes g 199	this es	stablish k (X) onl	ment's y ONE	box.
(excluding dried or canned)	4200		 	1 <u>1</u>			003 1	Individual owner (so	ole pro	prietor	ship)			
4. Poultry and poultry products	4300						2 [Partnership						
5. Confectionery	4400		 				3 [Cooperative associa	ation (t	axable)			
6. Fish and seafoods (excluding canned and frozen packaged)	4500		 	 	 		4 [4 Cooperative association (tax-exempt)						
7. Fresh fruits and vegetables	4700		 <u> </u>	 			5 [5 Government – Specify						
8. Coffee, tea, and spices	4800						0 [Corporation (Do no cooperative associa		if any i	form of			
9. Bread and baked goods	4820		 	 			ا و	Other - <i>Specify</i>						
10. Canned foods	4830		 	 			91	other – opecity						

Item 15. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION												
a	a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero? 1 Yes - Complete this item 2 No - Skip to item 16											
b. Is this company owned or controlled by another company? Enter name, address, and EIN of the owning or controlling company												
	097 1			A .								
C	. Does tills company own	Enter name, add	dress, and EIN of t	the owned or con	EIN (9 digits trolled company	;)						
	or control any other company or companies?											
	2	:)										
d	How many establishments label (or as corrected in ite of the each establishment. The head room is needed, continue in the establishment. Estimates are acceptable in the establishment.	em 1) AT THE Is physical located quarters location the same formaters.	END of 1997? tion address and on should be first, in REMARKS or	other information followed by all of	n indicated below for other locations. If more		Number 079					
	Name					1997	Mil. Thou. Dol.					
	Number and street					Sales	081					
	City			State	ZIP Code	Annual payroll	082					
	,			State	ZIF Code	Paid	employees for pay d including March 12					
1	Kind-of-business description					083	a molading Maron 12					
	Type of operation (choose fro	m item 12)				Cen-	088					
	,, ,					sus use	089					
	Name					1997	Mil. Thou. Dol.					
	Number and street	Sales	081									
	City	Annual payroll	082									
2	,		Paid employees for pay period including March 12									
_	Kind-of-business description 083											
	Type of operation (choose fro	m item 12)				Cen-	088					
		sus use	089									
	Name					1997	Mil. Thou. Dol.					
	Number and street	Sales										
	City			State	ZIP Code	Annual payroll	082					
3	Kind-of-business description	Paid period	employees for pay d including March 12									
		083										
	Type of operation (choose fro	Cen-	088									
						sus use	089					
R	EMARKS - Please use this sp	ace for any expl	anations that may	ν be essential in ι	understanding your reporte	ed data.						
lt	Item 16. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.											
	eriod covered y this report FROM:	Year T	O: Mo.	Year Name of	person to contact regarding	ng this report –	Print or type					
H	elephone Area code	Number	Extension	Title								
s	Signature of authorized person Date											