

U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

FORM

WH-5160

1997 ECONOMIC CENSUS CHEMICALS AND ALLIED PRODUCTS

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

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:

WH-5160

Please read the accompanying instructions before answering the questions.

Census use

1-800-233-6136

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

| VOUR 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 Bureaue. 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 Process that the process of the season of | this questionnaire to answer the questions and return the report to the CIS CONFIDENTIAL. It may be seen only by Census Bureau employees a 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? Og4 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) | Census Bureau. By the same law, YOUR (and may be used only for statistical purpose to thousands of dollars. Example: If a figure is \$1,125,628.79 • Preferred report M. DOLLAR VOLUME OF BUSINESS Sales and operating receipts for 1997 (Include the gross selling value of business conducted for others) Did this establishment earn commissions for the sale of | DENSUS I Doses. Furth Is Mil- ns lions 0) (000) 1 1 . Mil. | Thou- sands (000) 126 | Dol- lars (000) |
|--|--|---|---|-------------------------------------|-----------------------|
| Is the Employer Identification Number (EIN) shown in the Is the Employer Identification Number (EIN) shown in the Isset as the same as the one used for this establishment on its Isset as the same as the one used for this establishment on its Isset as the same as the one used for this establishment of this Isset as the same as th | 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? Og4 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 | to thousands of dollars. Example: If a figure is \$1,125,628.79 • Preferred report M 4. DOLLAR VOLUME OF BUSINESS Sales and operating receipts for 1997 (Include the gross selling value of business conducted for others) Did this establishment earn commissions for the sale of | ns lions () (000) 1 1 1 . Mil. | sands (000) 126 125 | lars (000) 629 |
| Integrated Table Treasury Form 941? Treasur | Iatest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941? 1094 1 Yes 2 No - Report current EIN below 1094 1 Gigits 1107 Item 2. PHYSICAL LOCATION 1108 a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route) | report Acceptable m 4. DOLLAR VOLUME OF BUSINESS Sales and operating receipts for 1997 (Include the gross selling value of business conducted for others) Did this establishment earn commissions for the sale of | 1 1 . Mil. | 125 | |
| Treasury Form 9417 | Treasury Form 941? 1094 1 Yes 2 No - Report current EIN below 109 digits 11em 2. PHYSICAL LOCATION 12 a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route) | Mac Acceptable m 4. DOLLAR VOLUME OF BUSINESS Sales and operating receipts for 1997 (Include the gross selling value of business conducted for others) Did this establishment earn commissions for the sale of | . Mil. | | |
| Rem 2. PHYSICAL LOCATION a. Is this establishment's physical location the same as the addresses shown in the label? (P.O. box and rural route addresses are not physical locations) a. Is this establishment's physical location below b. Is this establishment physically location below c. City, town, village, etc. State ZIP Code c. Gross selling value of business conducted for others) Did this establishment earn commissions for the sale of merchandise? c. Gross selling value of business conducted on a commission basis (Include in item 4a) c. Gross selling value of business conducted on a commission basis (Include in item 4a) c. Gross selling value of business conducted on a commission basis (Include in item 4a) c. Gross selling value of business conducted on a commission basis (Include in item 4a) c. Gross selling value of business conducted on a commission basis (Include in item 4a) c. Gross selling value of business conducted on a commission basis (Include in item 4a) c. Gross selling value of business conducted on a commission basis (Include in item 4a) c. Gross selling value of business conducted on a commission basis (Include in item 4a) c. Gross selling value of business conducted on a commission basis (Include in item 4a) c. Gross selling value of business conducted on a commission basis (Include in item 4a) c. Gross selling value of business conducted on a commission basis (Include in item 4a) c. Gross selling value of business conducted on a commission basis (Include in item 4a) c. Gross selling value of business conducted on a commission basis (Include in item 4a) c. Gross selling value of business conducted on a commission basis (Include in item 4a) c. Gross selling value of business conducted on a commission basis (Include in item 4a) c. Gross selling value of business conducted on a commission basis (Include in item 4a) c. Gross selling value of business conducted on a commission basis (Include in item 4a) c. Gross selling value of business conducted | (9 digits) a. S for them 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) | Sales and operating receipts for 1997 (Include the gross selling value of business conducted for others) 121 Did this establishment earn commissions for the sale of | | Thou. | Dol. |
| Rem 2. PHYSICAL LOCATION a. Is this establishment's physical location the same as the addresses shown in the label? (P.O. box and rural route addresses are not physical locations) a. Is this establishment's physical location below b. Is this establishment physically location below c. City, town, village, etc. State ZIP Code c. Gross selling value of business conducted for others) Did this establishment earn commissions for the sale of merchandise? c. Gross selling value of business conducted on a commission basis (Include in item 4a) c. Gross selling value of business conducted on a commission basis (Include in item 4a) c. Gross selling value of business conducted on a commission basis (Include in item 4a) c. Gross selling value of business conducted on a commission basis (Include in item 4a) c. Gross selling value of business conducted on a commission basis (Include in item 4a) c. Gross selling value of business conducted on a commission basis (Include in item 4a) c. Gross selling value of business conducted on a commission basis (Include in item 4a) c. Gross selling value of business conducted on a commission basis (Include in item 4a) c. Gross selling value of business conducted on a commission basis (Include in item 4a) c. Gross selling value of business conducted on a commission basis (Include in item 4a) c. Gross selling value of business conducted on a commission basis (Include in item 4a) c. Gross selling value of business conducted on a commission basis (Include in item 4a) c. Gross selling value of business conducted on a commission basis (Include in item 4a) c. Gross selling value of business conducted on a commission basis (Include in item 4a) c. Gross selling value of business conducted on a commission basis (Include in item 4a) c. Gross selling value of business conducted on a commission basis (Include in item 4a) c. Gross selling value of business conducted on a commission basis (Include in item 4a) c. Gross selling value of business conducted | (9 digits) a. S for them 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) | BUSINESS 010 Sales and operating receipts for 1997 (Include the gross selling value of business conducted for others) Did this establishment earn commissions for the sale of | | | |
| Item 2. PHYSICAL LOCATION | 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 | for 1997 (Include the gross selling value of business conducted for others) Did this establishment earn commissions for the sale of | | | |
| a. Is this establishment; sphysical location the same as addresses are not physical locations) Burnber and street City, town, village, etc. City, town, village, etc. City, town, village, etc. State ZIP Code Commissions for the sale of merchandise? City, town, village, etc. State ZIP Code Commissions received (On transactions reported in item 4a) d. Commissions received (On transactions reported in item 4a) d. Commissions received (On transactions reported in item 4a) Do not know Commissions received (On transactions reported in item 4a) Do not know Commissions received (On transactions reported in item 4a) Do not know Commissions received (On transactions reported in item 4a) Do not know Commissions received (On transactions reported in item 4a) Do not know Commissions received (On transactions reported in item 4a) Do not know Commissions received (On transactions reported in item 4a) Do not know Commissions received (On transactions reported in item 4a) Do not know Commissions received (On transactions reported in item 4a) Do not know Commissions received (On transactions reported in item 4a) Do not know Commissions received (On transactions reported in item 4a) Do not know of the site only establishment of this firm skip to item 5 Percent establishment of the loll of the stablishment of the United States by your company (Do NOT include in item 4a) Do not know Do not know Item 5. PAYROLL Mill. Thou. Dol. Payroll in 1997, BEFORE DEDUCTIONS Annual Do not know Doll in operation Number of paid employees for pay period including March 12, 1997 (Include both full- and part-time employees) Do not know of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box. Did this establishment earn commissions for the sale of merchandis? Did this establishment earn commissions for the sale of merchandis? Did this establishment earn commissions for the sale of merchandis? Did this establishment earn commissions for the sale of merchandis? | 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 | value of business conducted for others) Did this establishment earn commissions for the sale of | 1 Vee | | 1 |
| the address shown in the label? (P.O. box and rural route addresses are not physical locations) Number and street | the address shown in the label? (P.O. box and rural route | Did this establishment earn commissions for the sale of | 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | |
| Number and street City, town, village, etc. State ZIP Code | _ · · · _ | merchandise? | 2 🗌 No - | - Skip to | |
| c. In what type of municipality is this establishment physically located in the Manay of the city, village, etc.? c. In what type of municipality is this establishment physically located? c. In what type of municipality is this establishment physically located? d. In what type of municipality is this establishment physically located? d. In what county (e.g., Dade County) is this establishment physically located? Item 3. OPERATIONAL STATUS a. How many months during 1997 was this establishment actively operated? 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 In operation Give date at right Month Vear Give date at right AND onter name, Month Give date | | Bil | . Mil. | Thou. | Dol. |
| City, town, village, etc. Commissions received (On transactions reported in item 4c) Commissions received (Intransactions reported in item 4c) | Number and street | conducted on a commission | i | | |
| boundaries of the city, town, village, etc.? 095 Yes 3 No legal boundaries | City, town, village, etc. State ZIP Code d. C | Commissions received (On | l I | | |
| e. Percent of products sold by this establishment manufactured or mined in the United States by your company or subsidiaries c. In what type of municipality is this establishment physically located? Os6 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 a. How many months during 1997 was this establishment actively operated? b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box. Out 1 In operation 2 Temporarily or seasonally inactive status at the end of 1997? Mark (X) only ONE box. Out 1 In operation Give date at right 4 Sold or leased to another operator - Give date at at right AND enter name, Orea of the following best describes the stablishment in your company Described in the United States by onlined in the United States by your company or subsidiaries Value of transfers to other establishments within your company (Do NOT include in item 49. Item 5. PAYROLL Payroll in 1997, BEFORE DEDUCTIONS a. Annual Described in the United States by your company or subsidiaries Nill. Thou. Dol. Oslo. Described in the United States by your company or subsidiaries Nill. Thou. Dol. Displayer of months Oslo. Number of paid employees for pay period including March 12, 1997 (Include both full- and part-time employees) List the above employees by the employee's primary function: (1) Selling (2) Sales support (including office and clerical, warehousing, customer service, maintenance employees, and drivers) (3) Supporting functions of other establishments in your company 133 Order - Specify Annual 124 Will. Thou. Dol. 125 126 Number of paid employees for pay period including March 12, 1997 (Include both full- and part-time employees) 131 Selling (3) Supporting functions of other establishments in your company | | NOTE – If this is the only establishment of | this firm | skip to it | em 5 |
| establishment manufactured or mined in the United States by your company or subsidiaries c. In what type of municipality is this establishment physically located? ose 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? ltem 3. OPERATIONAL STATUS a. How many months during 1997 was this establishment actively operated? b. Which of the following best describes this establishment's status at the end of 1997? Mark (K) only ONE box. out 1 In operation 2 Temporarily or seasonally inactive status at the end of 1997? Mark (K) only ONE box. out 1 In operation Give date at right 4 Sold or leased to another operator - Give date at right AND enter name, one of the content of t | | Percent of products sold by this | | Percent | |
| c. In what type of municipality is this establishment physically located? Company Company or subsidiaries Company Com | 095 1 □ Yes 3 □ No legal boundaries | establishment manufactured or | 124 | | |
| c. In what type of municipality is this establishment physically located? Ose 1 City, village, or borough 2 Town or township 3 Other - Specify 4 Do not know Do not know Ose Do not know Do not know Ose City, village, or borough Do not know Ose Do not know Ose Do not know Ose Ose | 2 No 4 Do not know | | | | % |
| physically located? O96 1 | | · · · | Mil. | Thou. | |
| Item 5. PAYROLL Mil. Thou. Dol. | physically located? | establishments within your company (DO NOT include in | 125 | | |
| Constitution Cons | ose i City, village, or borough | · | N /I:1 | Than | Del |
| Constant County County Status at the end of 1997? Mark County One this establishment | | | | + mou. | DOI. |
| d. In what county (e.g., Dade County) is this establishment physically located? Item 3. OPERATIONAL STATUS Number of months Number of paid employees for pay period including March 12, 1997 (Include both full- and part-time employees) | 3 Giller Opechy | | 030 | 1 1 | |
| 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? b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box. 001 | 4 □ Do not know | Annual | 021 | | |
| Item 3. OPERATIONAL STATUS a. How many months during 1997 was this establishment actively operated? b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box. Oo1 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, Oo2 Number of months Oo2 Number of months Oo2 Include both full- and part-time employees by the employee's primary function: (1) Selling (2) Sales support (including office and clerical, warehousing, customer service, maintenance employees, and drivers) (3) Supporting functions of other establishments in your company | d. In what county (e.g., Dade County) is this establishment physically located? | First quarter (January–March) | 031 | | |
| Item 3. OPERATIONAL STATUS a. How many months during 1997 was this establishment actively operated? b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box. OO1 | Iten | m 6. EMPLOYMENT | | Number | |
| a. How many months during 1997 was this establishment actively operated? b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box. Oot 1 | a. N | Number of paid employees for pay | 032 | | |
| a. How many months during 1997 was this establishment actively operated? b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box. Oot 1 | I Item 3. OPERATIONAL STATUS | period including March 12, 1997 (Include both full- and part-time | | | |
| b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box. OIL In operation Figures only 2 Temporarily or seasonally inactive Month Year 3 Ceased operation - Give date at right Sold or leased to another operator - Give date at right AND enter name, Give date at right AND enter name, Give date at right Give | a. How many months during 1997 was | employees) | | Number | |
| status at the end of 1997? Mark (X) only ONE box. Oo1 | D. L | | | TTUTTIOCI | |
| 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, 132 Sales support (including office and clerical, warehousing, customer service, maintenance employees, and drivers) (2) Sales support (including office and clerical, warehousing, customer service, maintenance employees, and drivers) 133 Supporting functions of other establishments in your company | b. Which of the following best describes this establishment's | | | | |
| Clerical, warehousing, customer service, maintenance employees, and drivers | | | 132 | | |
| 3 Ceased operation – <i>Give date at right</i> 4 Sold or leased to another operator – Give date at right AND enter name, Give date at right AND enter name, | 1 In operation | clerical, warehousing, customer | | | |
| 4 Sold or leased to another operator – Give date at right AND enter name, (3) Supporting functions of other establishments in your company | | | | | |
| Give date at right AND enter name, | _ ' | ` | 133 | | |
| etc., below accounting, research, etc.) | | establishments in your company (i.e., central administrative, | | | |
| Name of new owner or operator | Name of new owner or operator | accounting, recoursil, etc., | 134 | | |
| | (4 | (4) Manufacturing | | | |
| (4) Manufacturing | | | 135 | | |
| | City State ZIP Code | | | | |

| Item 7. OPERATING EX | KPENSES | | Mil. | Thou. | Dol. | Item 11. KIND OF BUSINESS AND SELLING CHARACTERIS | STICS |
|--|---------------------|------------------------|-----------|--|--|---|-----------------------|
| Operating expenses for payroll, but exclude cost | | | 040 | [[] | | a. Kind of business What was this establishment's PRINCIPAL | |
| and interest expense) | | | | <u>. </u> | 1 | kind of business in 1997? Mark (X) only ONE box. | |
| Item 8. INVENTORIESa. Did you have invent | ories at the | e end of 1 | 996 or | 19977 | | (1) Chemicals and allied products | |
| · _ | | | | | (a) Plastics materials and basic shapes and | | |
| 180 1 | • | emainder o | f the ite | m | | forms | 516200 |
| 2 🗀 NO – SKIP I | to item 9 | | | | (b) Industrial gases (excluding liquified petroleum) | 516910 | |
| b. Were inventories of | | | | | | (c) Other chemicals and allied products | 516990 |
| the last-in, first-out | (LIFO) met | nod of va | luation | ' | | (2) Other kind of husiness Chesif. | 777777 |
| 185 1 ☐ Yes – <i>Use</i> | the sum of | the LIFO a | mount p | olus the | LIFO | (2) Other kind of business – <i>Specify</i> | |
| rese | erve for lines | c and c(2) | | | | | |
| 2 ∐ No – Comp | olete only lii | пе с | | | | | |
| | End o | f 1997 | Е | nd of 19 | 996 | | |
| | Mil. Th | ou. Dol. | Mil. | Thou. | Dol. | b. Selling characteristics | |
| | 046 | | 047 | 1 | | (1) In what format did this establishment PRIMARILY sell in 1997? Mark (X) only ONE | |
| c. Total inventories | l į | | | İ | | box. 068 | |
| (1) Amount not | 181 | | 186 | i | | From physical displays of priced merchandise 1 | |
| subject to LIFO | | | | 1 | | | |
| costing | 182 | | 187 | 1 | | | |
| (2) Amount subject to LIFO costing | | | | i I | | Otilei - Describe 4 | |
| (gross) | | | | | | | |
| | 183 | | 188 | 1 | | | |
| (a) Amount of the LIFO reserve | i | | | ! | | | |
| | 184 | | 189 | 1 | | | |
| (b) LIFO value of the line c(2) | | | | [| | (2) How did this establishment PRIMARILY | |
| (net) | | | | - | | attract new customers in 1997? Mark (X) only ONE box. | |
| NOTE – The su | ım of lines d | c(1) and c(2 | ?) should | d equal | line c | 069 | |
| The su line c(2 | ım of lines d | (2a) and c | (2b) sho | uld equ | al | Location and store attractiveness | |
| inie 6(2 | -/ | | | | | Advertising to the general public, including direct mail advertising | |
| Item 9. TOTAL PURCHA MERCHANDISE | | PURC Bil. | | Thou. | | Advertising to the trade or calls directly to | |
| Purchases of merchandis | se for resal | | 10111. | 1110u. | | | |
| (Net of returns, allowances, and cash discounts; but inc | luding | | 1 | 1 | | | _ |
| amounts allowed for trade- | ins) | | - | | | | |
| NOTE - If purchases are explanation in the | greater than | sales, plea Section | ase prov | ∕ide an | | | |
| Item 10. SALES BY CL | ASS OF CUI | STOMED | \// | nole per | cent | c. What percent of your sales are | ont |
| Report the percentage | of this | | | of sales | | c. What percent of your sales are drop-shipped and do not enter this establishment? | zill |
| establishment's total s (item 4a) to each class | | | 141 | | | ano cotabnolinicit: | |
| | | | | | | | % |
| a. Export sales | | | | | | Item 12. TYPE OF OPERATION | |
| | | | 142 | | | What was this establishment's PRINCIPAL type of operation in 1997? Mark (X) only | |
| b. Restaurants, hotels, fo contract feeding | od services | and | | | | ONE box. | |
| c. Retailers and repair sh | ons for rec | ale or | 143 | | | | ☐ 14 |
| repair | iops for resi | ale OI | | | | b. Merchant wholesaler (buying and selling on | 14 |
| d Other to be | liah | | 144 | | | own account) | |
| d. Other wholesale estab | usnments fo | or resale | 145 | | | | 12 |
| e. Industrial users for pro | nduction | | | | | • | 13 □ 11 |
| (manufacturing and m | | | | | | (5) Moronait Wilologaio distributor of Jobber | _ , , , |
| | | | 146 | | | c. Manufacturers' sales branches and offices | 20 |
| f. Business users for con resale | sumption, i | not for | | | | A Acord horizon and | |
| | | | 147 | | | d. Agent, broker, and commission merchant (1) Auction company | T 41 |
| g. Farmers (for farm use) | | | | | | (-, | 41 42 |
| | | | 148 | | | (3) Commission merchant | 43 |
| | | | | | | (4) Import agent | 44 |
| h. Household consumers | and individ | lual | | | | (E) E and a sure in | |
| h. Household consumers users | and individ | lual | 149 | | | | 45 □ ₄₆ |
| | | ual | 149 | | | | 45 46 |
| users | | lual | 149 | | | (6) Manufacturers' agent | |
| i. Builders and contractors. Governmental bodies | ors | | | | | (6) Manufacturers' agent | 46 |
| i. Builders and contracto | ors | | | | | (6) Manufacturers' agent | 46 |
| i. Builders and contracto j. Governmental bodies and local) | ors (Federal, St | | | 1000 | | (6) Manufacturers' agent | 46 |
| i. Builders and contractoj. Governmental bodies | (Federal, St | | | 100% | | (6) Manufacturers' agent | 46 |

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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 | | | | | | | | | |
|--|---------|---|-------------|----------|-------------------|-------------------|--|-----------------|-----|---|--------|---------|--|--|--------|--------------|
| Ite | n 1 | 3. COMMODITY LINE | S | | | | | | Ite | m 13. COMMODITY LINI | ES – C | ontinue | d | | | |
| Rej | or | t sales by commodity | grou | ıp eith | er as a | dollar f | igure o | or as | | | | | | ES are a | | |
| aw | ho | le percent of total sa ed under capital, finance | les (Ir | nclude t | he valu | e of me | rchandi | se | | Commodity lines | Cen- | Re | port do | ollars OF | percer | nts. |
| rec | eipt | s derived from mercha | ndise | under d | peratin | g leases |) | | | , | use | Bil. | Mil. | Thou. | Dol. | Per- cent |
| HOV REP | | T | | Bil. | Mil. | Thou. | Dol. | Per- cent | | Welding supplies (excluding gases) | 2440 | | | | | |
| PER | CEI | • Report whole per Not acceptable – | rcents - | | | | — | 39 38.76 | 12. | Forest products, except lumber | 2120 | | | | | |
| | | , | | | | ES are a | | | 13. | Industrial containers and | | | | l | | |
| | С | Commodity lines | Cen- sus | ne | port do | liais Or | Percei | | | supplies | 2450 | | <u> </u> | <u> </u> | | |
| | _ | | 100 | Bil. | Mil. | Thou. | Dol. | Per- cent | 14. | General-purpose industrial machinery, equipment, and parts | 2320 | | | [[| | |
| 1. | | astics materials and sic shapes | 100 | 101 | | | | 102 | 15. | Custodial (janitors') | 2520 | | <u> </u> | | | |
| | a. | Plastic pipes, rods, tubes, and shapes | 5311 | | | | | | 16. | equipment and supplies Laundry and | 2520 | | | | | |
| | b. | High pressure laminates | 5312 | | | | | | | dry-cleaning equipment and supplies | 2530 | | | | | |
| | c. | Plastics raw materials | 5313 | | | | | | 17. | Medical, hospital, and surgical supplies | 1000 | | | | ĺ | |
| | d. | Other plastics materials and basic shapes | 5314 | | | | | | 18. | Coffee, tea, and spices | 4800 | | | [[| | |
| | e. | Total (Sum of lines 1a through 1d) | 5300 | | | | | | 19. | Canned foods | 4830 | | | [| | |
| 2. | | dustrial gases elding, etc.) | 5320 | | ! ! | ! ! | | | 20. | Refined sugar, flour, cereals, cooking oils, pet foods, pickles, preserves, | | | | | | |
| 3. | | emicals and allied | 3320 | | <u> </u> | <u> </u> | <u> </u> | | | sauces, and other grocery specialties | 4860 | | | | | |
| | ag | oducts (excluding ricultural, plastics, ses, and petroleum) | | | | | | | 21. | Frozen foods (packaged) | 4100 | | | | | |
| | • | Gases, compressed | | | | | | | 22. | Electronic parts and equipment, except | | | | [[| | |
| | a. | and liquefied, except liquefied petroleum | 5331 | | | | | | ┝ | communication | 1600 | | | <u> </u> | | |
| | b. | Alkalies and chlorine | 5332 | | i I | | | | | Hardware Plumbing and heating | 1700 | | | 1 | | |
| | c. | Organic fibers | 5334 | | | | | | | equipment and supplies (hydronics) | 1800 | | | | | |
| | d. | Detergents and soaps | 5335 | | | | | | 25. | Flat iron and steel products | 1120 | | | | | |
| | e. | Sanitation chemicals, polishes, and waxes | 5336 | | | | | | 26. | Iron and steel wire and wire products | 1140 | | | i I | İ | |
| | f. | Wood chemicals, naval stores, and gum | 5338 | | | | | | 27. | Iron and steel pipe and tubing | 1150 | | | | | |
| | g. | Insecticides, non-agricultural | 5341 | | | | | | 28. | Minerals and ores (excluding coal, precious stones, and crude oil) | 1320 | | | | | |
| | h. | Adhesives, sealants, | 5571 | | <u> </u> | 1 | | | | | | | | | | |
| | | and glues | 5342 | | | | | | - | Copper and brass Aluminum shapes and | 1200 | | | [[| | |
| | i. i | Explosives Other chemicals and | 5343 | | <u> </u> | <u> </u> | | | | forms | 1220 | | | | | |
| | ı. | allied products Total (Sum of lines | 5344 | | 1 <u> </u> | 1 <u> </u> | | | 31. | New and rebuilt automotive parts and | | | | | | |
| | | 3a through 3j) | 5330 | | | | | | | supplies (Report parts installed in repair work on line 34) | 0200 | | | [[| | |
| 4. | sei | dustrial and personal rvice paper and astics | 3400 | <u> </u> | | | | L | 32. | Miscellaneous commodities - Specify | | | | 1 | | |
| 5. | Dr | ugs, pharmaceuticals, smetics, and toiletries | 3500 | | | ! | | | | 076 a. | 9811 | | | | | |
| 6. | ref | troleum products – ined (exclude uefied petroleum) | 5400 | | | | | | | b. 077 | 9812 | | | | | |
| 7. | | quefied petroleum ses (excluding natural s) | 5420 | | | | | | 33. | Rental and operating lease receipts | 9813 | | | | | |
| 8. | | rm supplies | 5800 | | i I I | | | | 34. | Service receipts and | | | | [[| | |
| 9. | | int, paint supplies, and Illpaper | 6000 | | | | | | | labor charges (including installed parts) | 9700 | | | I | | |
| 10. | tap | orasives, strapping, be, inks, and echanical rubber ods | 2460 | | | | | | 35. | TOTAL (Should equal item 4a if reporting in dollars) | 9990 | | | | | 100% |

| Item 14. LEGAL FORM | | | _ | Ite | m 15. OWNERSHIP, OPERATION – | CONTR Contin | OL, AND ued | LOCATIO | NS OF | | |
|---|--|--|-------------|------------|---|-----------------|----------------|---------------|----------|------------------|-------|
| Which of the following legal form of organizat | d. | How many establish the Employer Identif | icatio | n Numbe | r showr | . (| Num | ber | | | |
| 003 1 Individual owr 2 Partnership | in the label (or as corrected in item 1) AT THE END of 1997? If more than one, provide the physical location address and | | | | | | | | | | |
| 3 Cooperative a | | other information indic headquarters location s | ated b | elow for e | each esta | blishm | ent. The | | | | |
| 4 Cooperative a | ssociation (tax-exemp | t) | | | locations. If more room format in REMARKS or | n is ne | eded, con | tinue in 1 | he san | ne | |
| | Specify | | | | Estimates are accept | table i | f book fig | ures are | not ava | ailable. | |
| 0 ☐ Corporation (L cooperative as | Do not mark if any for ssociation) | m of | | | Name | | | 1997 | Mil. | Thou. | Dol. |
| . 🗆 0.1 | | | | | Number and street | | | Sales | 081 | i I i | |
| 9 ∐ Other – Specif | <i>y</i> | | | | | o 1 | 710.0 | Annual | 082 | 1 | |
| Item 15. OWNERSHIP, a. Is the FIRST DIGIT of in the address label | | | | | City | State | ZIP Code | | emplo | yees for | pav |
| | | "CFN") a zero? | | 1 | Kind-of-business descr | iption | | period 083 | linclud | ling Mar | ch 12 |
| 1 ☐ Yes – Comp 2 ☐ No – Skip to | | | | | | | | | 000 | | |
| b. Is this company | Enter name, address | , and EIN of the | | | Type of operation (choo | se fror | n item 12) | Cen- | 088 | | |
| owned or controlled by | owning or controlling | | | | | | | sus use | 089 | | |
| another company? | | | | | Name | | | 1997 | Mil. | Thou. | Dol. |
| 097 1 ☐ Yes —→ 2 ☐ No | | | | | Number and street | | | Sales | 081 | i i | |
| 2 🗀 INO | | | | | 0:: | o 1 | 710.0 | Annual | 082 | 1 | |
| c. Does this company | EIN (9 digits) Enter name, address | , and EIN of the | owned | | City | State | ZIP Code | | emplo | yees for | pav |
| own or control any other company or companies? | or controlled compa | ny | | 2 | Kind-of-business descr | iption | | period 083 | l includ | ling Mar | ch 12 |
| companies. | | | | | | | | | 000 | | |
| 098 1 ☐ Yes —➤ 2 ☐ No | | | | | Type of operation (choo | se fror | n item 12) | Cen- | 088 | | |
| 2 🗀 140 | [[[]]] [] [] [] [] [] [] [] | | | | | | | sus use | 089 | | |
| REMARKS – Please use | EIN (9 digits) this space for any exp | olanations that n | nay be esse | entia | l in understanding your | report | ed data. | | | | |
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| Period covered 5000 | Mo Voor | Mo | ate and has | | en prepared in accorda me of person to contact | | | | Print or | tvne | |
| by this report | VI: | 10: | | | | . regar | ang una I | 5p0/t - / | init Of | ιγρ ο | |
| Telephone Area co | de Number | Extens | sion | Titl | e | | | | | | |
| Signature of authorized p | person | | | | | | | Date | | | |