

FORM **QFR-200(MT)**  
(4-27-2015)

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

**QUARTERLY FINANCIAL REPORT**

**MANUFACTURING, MINING, RETAIL, AND WHOLESALE TRADE**

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

**NEED HELP?**  
**Use** Secure Messaging Center at Internet Website:  
[econhelp.census.gov/qfr/contactus](http://econhelp.census.gov/qfr/contactus)

**Call** 1 (800) 272-4250 between 8 a.m. and 5 p.m. Eastern time Monday through Friday

**Note** - Audited figures are not required. Estimates are acceptable for line items where actual data are not available.

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**or Mail to:** U.S. CENSUS BUREAU  
1201 East 10th Street  
Jeffersonville, IN 47132-0001  
**or FAX to:** 1 (800) 447-4613

**NOTICE - YOUR RESPONSE IS REQUIRED BY LAW.** Title 13, United States Code, Section 91, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the U.S. Census Bureau. By Section 9 of the same law, **YOUR REPORT IS CONFIDENTIAL.** It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

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

**INTERNET REPORTING — You may complete this survey online at:** [econhelp.census.gov/qfr](http://econhelp.census.gov/qfr)

Username: \_\_\_\_\_ Password: \_\_\_\_\_ *Use your firm's unique username and original password.*

**1** Person to contact regarding this report - *Print or type* ↘

011 Name and title				012 e-mail address			
013 Telephone	Area code ( )	Number     -	Extension 	014 Fax	Area code ( )	Number     -	

**ITEMS 2 THROUGH 7 REFER TO THE CORPORATION NAMED IN THE ADDRESS BOX**

**2** a. Annual closing date of this corporation 021

Month	Day	

b. Federal Employer Identification Number (FEIN) 022

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**3** Corporation status - *Mark "X" only ONE box. Insert discontinued or merged date if corporation is no longer operating.*

a. Active <input type="checkbox"/>	b. Discontinued <input type="checkbox"/>	034	Month	Day	Year	c. Merged <input type="checkbox"/>	035	Month	Day	Year

**4** Is this corporation owned more than 50 percent by another corporation? (*Mark "X" only ONE box.*)

a. No       b. Yes  - *Provide the name, FEIN, and address assigned to this corporation below.*

043 Name	044 FEIN	045 Address
	-	

**5** Does this corporation own more than 50 percent of any other corporation - *Mark "X" only ONE box.*

a. Yes  **STOP!** *Read Consolidation Rules below.*      b. No  - *Proceed to page 2.*

**6** What is the total number of domestic and foreign corporations directly or indirectly (all tiers) owned more than 50 percent by this corporation? 061

Number

**7** a. After reviewing the *Consolidation Rules* below, how many corporations are consolidated in this report? 071

b. How many corporations are not consolidated in this report? 072


**CONSOLIDATION RULES:** This is a domestic-only consolidation. Nonconsolidated subsidiaries must be reported using either the equity or cost method of accounting. Fully consolidate the operations of every majority-owned domestic subsidiary (including majority-owned subsidiaries of these subsidiaries) that are taxable under the U.S. Internal Revenue Code. Consolidated subsidiaries should include 1120S corporations.

**EXCEPTION: Do not fully consolidate** domestic subsidiaries that are primarily engaged in foreign operations, banking, finance, or insurance (as defined in the North American Industry Classification System (NAICS) Sector 52, United States, 2007).

**Do not fully consolidate foreign subsidiaries or foreign operations.** Nonconsolidated subsidiaries must be reported using the equity method or cost method of accounting.

**Equity method of accounting** - Report net equity earnings (losses) of all nonconsolidated domestic and foreign operations on **8** line I of the Income Statement. Report the investment on **9** line I on the Balance Sheet. For purposes of this report, domestic operations refer to operations that are within the 50 United States and the District of Columbia. Commonwealths such as Puerto Rico and territories such as the Virgin Islands are not considered domestic.

**PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS**

**BEFORE COMPLETING THIS REPORT, READ THE CONSOLIDATION RULES ON THE PREVIOUS PAGE AND THE ACCOMPANYING INSTRUCTIONS.**

**REPORT ALL DOLLAR FIGURES IN THOUSANDS. AUDITED FIGURES ARE NOT REQUIRED. ESTIMATES ARE ACCEPTABLE FOR LINE ITEMS WHERE ACTUAL DATA ARE NOT AVAILABLE.**

	401	FROM: Month	Day	Year	402	TO: Month	Day	Year	AMOUNT (in thousands)
<b>8 Schedule A – Statement of Income and Retained Earnings for your 3-MONTH PERIOD (inclusive)</b> →									
<b>A</b> Sales, receipts, and operating revenues (net of returns and allowances, and excise and sales taxes) <sup>1</sup> . . . . .									101
<b>B</b> Depreciation, depletion, and amortization of property, plant, and equipment. . . . .									102
<b>C</b> All other operating costs and expenses – <i>Include cost of goods sold (net of purchase discounts), selling, general and administrative expenses, and amortization of intangible assets.</i> . . . . .									103
<b>D</b> <b>Income (loss) from operations — 8 line A less the sum of lines B and C.</b> . . . . .									104
<b>E</b> Interest expense — <i>Do not net interest income with interest expense. Report interest income in 8 line G.</i> . . . . .									105
<b>F</b> Dividend income — <i>Domestic and foreign.</i> . . . . .									106
<b>G</b> Other recurring nonoperating income (expense) — <i>Include interest income, minority interest, etc.</i> <sup>2</sup> . . . . .									107
<b>H</b> Nonrecurring items — <i>Include gain (loss) on sale of assets, restructuring costs, asset writedowns, disposal of business segments, etc.</i> <sup>2</sup> . . . . .									108
<b>I</b> Income (loss) of foreign branches and equity in earnings (losses) of domestic and foreign nonconsolidated subsidiaries and other investments accounted for by the equity method, <i>net of foreign taxes</i> . . . . .									109
<b>J</b> <b>Income (loss) before income taxes — Sum of 8 lines D, F, G, H, and I less line E.</b> . . . . .									111
<b>K</b> Provision for current and deferred domestic income taxes (accrue payable in 10 lines D and H)									
<b>1.</b> Federal <sup>3</sup> . . . . .									112
<b>2.</b> State and local <sup>3</sup> . . . . .									113
									115
<b>L</b> <b>Income (loss) before extraordinary items and cumulative effect of accounting changes — 8 line J less lines K-1 and K-2</b> . . . . .									116
<b>M</b> Extraordinary gains (losses), net of taxes <sup>2</sup> . . . . .									117
<b>N</b> Cumulative effect of accounting changes, net of taxes <sup>2</sup> . . . . .									118
<b>O</b> <b>Net income (loss) for quarter — Sum of 8 lines L, M, and N.</b> . . . . .									119
<b>P</b> Retained earnings at beginning of quarter — <i>If not the same as 10 lines I-2 of preceding quarter, explain below.</i> . . . . .									120
<b>Q</b> Cash dividends charged to retained earnings this quarter — <i>Include 1120S cash distributions.</i> . . . . .									121
<b>R</b> Other direct credits (charges) to retained earnings — <i>Include stock and other non-cash dividends, etc.</i> <sup>2</sup> . . . . .									122
<b>S</b> <b>Retained earnings at end of quarter — Sum of 8 lines O, P, and R less line Q (same as 10 lines I-2).</b> . . . . .									123
<b>9 Schedule B1 – Balance Sheet – Assets</b>									
<b>A</b> 1. Cash and demand deposits in the U.S. . . . .									201
2. Time deposits (certificates of deposit) in the U.S. . . . .									202
3. Cash and deposits outside the U.S. . . . .									203
<b>B</b> 1. U.S. Treasury and Federal agency securities — Subject to agreements to sell. . . . .									204
2. U.S. Treasury and Federal agency securities — Other, due in one year or less. . . . .									205
<b>C</b> 1. Commercial and finance company paper of U.S. issuers . . . . .									206
2. State and local government securities, due in one year or less. . . . .									207
3. Foreign securities, due in one year or less. . . . .									208
4. Other short-term financial investments — <i>Include financial derivatives and hedging activity.</i> . . . . .									209
<b>D</b> 1. Trade receivables from the U.S. Government <sup>4</sup> . . . . .									211
2. Other trade accounts and trade notes receivable (less allowance for doubtful accounts) <sup>4</sup> . . . . .									212
<b>E</b> Inventories <sup>4</sup> . . . . .									214
<b>F</b> All other current assets — <i>Include prepaid expenses and income taxes receivable</i> <sup>4</sup> . . . . .									215
<b>G</b> 1. Property, plant, and equipment — <i>Include construction in progress.</i> . . . . .					216				
2. Land and mineral rights. . . . .					217				
3. Accumulated depreciation, depletion, and amortization. . . . .					218				
4. <b>Net property, plant, and equipment — Sum of 9 lines G-1 and G-2 less line G-3</b> . . . . .									219
<b>H</b> U.S. Treasury and Federal agency securities, due in more than one year. . . . .									220
<b>I</b> All other noncurrent assets — <i>Include investment in nonconsolidated entities, long-term investments, intellectual property, etc.</i> . . . . .									221
<b>J</b> <b>TOTAL ASSETS — Sum of 9 lines A-1 through F, G-4, H, and I (must equal 10 line J)</b> →									223
<b>10 Schedule B2 – Balance Sheet – Liabilities and Stockholders' Equity</b>									
<b>A</b> Short-term debt (original maturity of one year or less) — <i>Include overdrafts.</i> . . . . .									
									301
<b>1.</b> Loans from banks. . . . .									302
<b>2.</b> Commercial paper . . . . .									303
<b>3.</b> Other short-term loans. . . . .									305
<b>B</b> Advances and prepayments by the U.S. Government <sup>4</sup> . . . . .									306
<b>C</b> Trade accounts and trade notes payable. . . . .									307
<b>D</b> Domestic income taxes accrued, prior and current years, net of payments — <i>Include overpayments</i> . . . . .									
									308
<b>1.</b> Federal. . . . .									310
<b>2.</b> State and local . . . . .									311
<b>E</b> Current portion of long-term debt — <i>Classify noncurrent portion in 10 line G.</i> . . . . .									
									312
<b>1.</b> Loans from banks. . . . .									314
<b>2.</b> Bonds and debentures . . . . .									316
<b>3.</b> Other long-term loans . . . . .									317
<b>F</b> All other current liabilities — <i>Include excise and sales taxes, accrued expenses, and current portion of capital leases</i> <sup>4</sup> . . . . .									318
<b>G</b> Long-term debt, due in more than one year — <i>Classify current portion in 10 line E.</i> . . . . .									
									320
<b>1.</b> Loans from banks . . . . .									321
<b>2.</b> Bonds and debentures . . . . .									322
<b>3.</b> Other long-term loans . . . . .									323
<b>H</b> All other noncurrent liabilities — <i>Incl. deferred taxes, minority stockholders' interest, and long-term portion of capital leases.</i> . . . . .									324
<b>I</b> 1. Capital stock and other capital — <i>Include additional paid in capital</i> . . . . .									325
2. Retained earnings (same as 8 line S). . . . .									327
3. Cumulative foreign currency translation adjustment . . . . .									328
4. Other stockholders' equity items — <i>Include unearned compensation and ESOP debt guarantees.</i> . . . . .									329
5. Treasury stock at cost . . . . .									330
<b>6. Stockholders equity — Sum of 10 lines I-1 through I-4 less lines I-5.</b> . . . . .									331
<b>J</b> <b>TOTAL LIABILITIES AND STOCKHOLDERS' EQUITY — Sum of 10 lines A-1 through H and I-6</b> →									332

1 Report sales and costs from the normal business activities of discontinued operations in the same manner as sales and costs from continuing operations.  
2 Attach a list and explain, on a separate sheet, the principal debits and credits reflected during the quarter.  
3 Attach a brief explanation on a separate sheet if tax provision is not shown (e.g., "net operating loss," "1120S," etc.).  
4 Progress payments and billings from U.S. Government and others should **not be deducted** from 9 lines D-1, D-2, E, and F; but **included** in 10 lines B and F.

**IMPORTANT: IN ALL CORRESPONDENCE WITH US, PLEASE REFER TO THE 10-DIGIT USERNAME LOCATED ON THE FRONT OF THIS FORM.**