

# 2023 ANNUAL SURVEY OF U.S. DIRECT IN VESTMENT ABROAD MANDATORY — CONFIDENTIAL BE-11 Claim for Not Filing

#### Reporter ID Number\*

*Do not enter Social Security Number in Reporter ID box							) box	
Mail reports to:  Deliver reports to:	Bureau of Economic Analysis Direct Investment Division, BE-69(A) 4600 Silver Hill Road Washington, DC 20233  For reports to: Bureau of Economic Analysis Direct Investment Division, BE-69(A) 4600 Silver Hill Road Suitland, MD 20746			Name and address of U.S. busin filed — If the enterprise received a Forenter below the Reporter name, address (Reporter ID) from the preprinted inform Form BE-11A was not received, enter in	filing, ition Number			
			900	Name of U.S. Reporter:				
Fax reports to:	(301) 278-9502		900	c/o (care of):				
Assistance:	E-mail: Telephone: Copies of form:	be10/11@bea.gov (301) 278-9418 www.bea.gov/dia	900	Street/P.O. Box:				
			900	City 4	900	State 5	900	Zip 6
Please include you with all requests.	Please include your Reporter Identification Number with all requests.							
The <b>BE-11 Claim fo</b> by BEA about reporting		•	ırne	d to BEA by May 31, 2024, by all perso	ns, or th	eir agents, who	are cor	tacted
1) Exempt from filing	all 2023 BE-11 form	ns — complete Part I o	f the	form; OR				
2) Exempt from filing	one or more of the	2023 BE-11B and/or B	E-11	C forms that they received from BEA -	- compl	ete Part II of the	form.	
See Instruction Bo	ooklet, Part 1.C., fo	or exemption criteria.						

## **CONTACT INFORMATION**

Provide information of person to consult about this report:

0990	Name 0					
0991	Street 1			0994	Telephone Number 0	Extension
0992	Street 2 0			0997	Fax Number 0	
0993	City 0	State	Zip	0999	E-mail Address 0	

**NOTE:** BEA uses a Secure Messaging System to correspond with you via encrypted message to discuss questions relating to this form. We may use your e-mail address for survey-related announcements and to inform you about secure messages. **When communicating with BEA by e-mail, please do not include any confidential business or personal information. This includes your Social Security Number which should never be provided to BEA via any method of transmission.** 

#### **CERTIFICATION**

The undersigned official certifies that this report has been prepared in accordance with the applicable instructions, is complete, and is substantially accurate except that, in accordance with instructions Part IV.E of the Instruction Booklet, estimates may have been provided.

	Signature of Authorized Official	Date		Telephone Number	Extension
			0996	0	
	Name	Title		Fax Number	
0995			1001		

## **BASIS OF CLAIM FOR NOT FILING**

Mark (X) and complete either Part I or Part II

Part I.	Basis of	Claim for	Not Filing	BE-11	Forms

1002

- **A.** <sup>1</sup> **1** This U.S. person did **not** own or control, 10 percent or more of the voting securities of an incorporated foreign business enterprise, or an equivalent interest in an unincorporated foreign business enterprise (including a branch or real estate held for other than personal use) at the end of its 2023 fiscal year.
  - <sup>2</sup> 1 But did file the 2022 BE-11, Annual Survey of U.S. Direct Investment Abroad, with this Bureau.
- **B.** <sup>1</sup>2 This U.S. person **did** own or control, directly or indirectly, 10 percent or more of the voting securities of an incorporated foreign business enterprise, or an equivalent interest in an unincorporated foreign business enterprise (including a branch or real estate held for other than personal use) at the end of its 2023 fiscal year, but (*Mark* (*X*) one)
  - 1 None of its foreign affiliates are required to be reported on Form BE-11B, BE-11C, or BE-11D because all affiliates are exempt.
    You must complete page 3 of this Claim for those affiliates for which you received a preprinted form or those identified as required to file in the eFile system. See *Instruction Booklet*, Part I.C., for exemption criteria.

<sup>3</sup> 2	Is fully consolidated in the BE-11 report for another U.S. person – <i>Give name and</i>	Name			
	address of that person and their BEA Identification Number, if known.	Address – Number and street or P.O. Box			
		City	State	ZIP Code	
		BEA Identification Number			

C. <sup>1</sup> 3	Other – Specify and include reference to section of regulations or instructions on which claim is based.

# Part II. Basis of Claim for Not Filing for Foreign Affiliate(s)

- **A.** Did this U.S. reporter have one or more foreign affiliates identified by BEA as **required** to file a 2023 BE-11B or BE-11C form but no longer meet one or both of the following two filing requirements at the end of its 2023 fiscal year: 1) the U.S. reporter no longer owns or controls (i.e., foreign affiliate was liquidated or sold), directly or indirectly, 10 percent or more of the voting securities of the incorporated foreign business enterprise (or an equivalent interest in an unincorporated foreign business enterprise), and/or 2) the sales, assets, and net income (loss) for this affiliate(s) are all \$60 million or less?
  - 1 Yes Please complete page 3 of this Claim form for each of these foreign affiliates.

    Do not list foreign affiliates that BEA did not identify to file.
  - <sup>1</sup>**2** No

1003

**B.** Did this U.S. reporter own one or more foreign affiliates identified by BEA as **required** to file a 2023 BE-11B, BE-11C or BE-11D form but for which **ALL** of the following apply: 1) the foreign affiliate is a private fund, **AND** 2) the private fund foreign affiliate does not own, directly or indirectly through another business enterprise, an "operating company" – i.e., a business enterprise that is not a private fund or a holding company— in which the consolidated U.S. reporter owns at least 10 percent of the voting interest, **AND** 3) If the U.S. reporter owns the private fund indirectly (through one or more other business enterprises), there are no "operating companies" between the consolidated U.S. reporter and the indirectly-owned foreign private fund? For more information regarding private funds visit **www.bea.gov/privatefunds**.

11 Yes — Please complete page 3 of this Claim form for each of these foreign affiliates and check the corresponding box.

The U.S. reporter's investment in the foreign private fund may be required to be reported on Treasury International Capital (TIC) surveys, review reporting requirements for TIC surveys at <a href="https://www.treasury.gov/tic">www.treasury.gov/tic</a>. Do not list foreign affiliates that BEA did not identify to file.

**MANDATORY** — This survey is being conducted under the International Investment and Trade in Services Survey Act (P.L. 94-472, 90 Stat. 2059, 22 U.S.C. 3101–3108, as amended – hereinafter "the Act"), and the filing of reports is mandatory under Section 5(b)(2) of the Act (22 U.S.C. 3104).

**CONFIDENTIALITY** — The Act provides that your report to this Bureau is CONFIDENTIAL and may be used only for analytical or statistical purposes. Without your prior written permission, the information filed in your report CANNOT be presented in a manner that allows it to be individually identified. Your report CANNOT be used for purposes of taxation, investigation, or regulation. Copies retained in your files are immune from legal process. Per the Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through security monitoring of the BEA information systems.

**PENALTIES** — Whoever fails to report shall be subject to a civil penalty and to injunctive relief commanding such person to comply, or both. Whoever willfully fails to report shall be fined and, if an individual, may be imprisoned for not more than one year, or both. Any officer, director, employee, or agent of any corporation who knowingly participates in such violations, upon conviction, may be punished by a like fine, imprisonment, or both (22 U.S.C. 3105). These civil penalties are subject to inflationary adjustments. Those adjustments are found in 15 C.F.R. 6.3.

Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.

	system and complete the remaining items.			
5001	<sup>0</sup> Name of foreign affiliate:	a. Percent ownership at close of fiscal year 2023 — Enter to the nearest tenth of one percent		%
	<sup>1</sup> Affiliate ID:	\$  b. Total assets — Balance at		
<sup>2</sup> 1		close of fiscal year		000
	to be 'Yes.') Complete ad.	<b>d.</b> Net income (loss)		000
<sup>2</sup> <b>2</b>		,	•	d.
<sup>2</sup> 3	This affiliate was liquidated, seized, or the U.S. reporter's direct and indirect as of $\frac{3}{2}$ . As stated on page 2, Part II A. (Answer to Part II. A h	•	II below 10 percent	
<sup>2</sup> <b>4</b>	This affiliate was sold on <sup>3</sup> / As stated on page 2, Part II A. (Ar If it was sold to another U.S. entity, provide name and contact information	· · · · · · · · · · · · · · · · · · ·	nplete ad.	
	<sup>8</sup> Name:			
	<sup>9</sup> Address:			
E003				
2	_ 0	<b>a.</b> Percent ownership at close of fiscal year 2023 — Enter to the nearest tenth of one percent		_ %
		\$ 5		Dols.
	<sup>1</sup> Affiliate ID:	<b>b.</b> Total assets — Balance at close of fiscal year		000
<sup>2</sup> <b>1</b>	Sales, assets, and net income for this affiliate are all \$60 million or less. As stated on page 2, Part II A. (Answer to Part II. A has	c. Annual sales or gross operating revenues, excluding sales taxes		000
	to be 'Yes'.) Complete ad.	<b>d.</b> Net income (loss)		000
<sup>2</sup> 2				d.
<sup>2</sup> 3	This affiliate was liquidated, seized, or the U.S. reporter's direct and indirect as of $\frac{3}{2}$ . As stated on page 2, Part II A. (Answer to Part II. A h		Il below 10 percent	
<sup>2</sup> <b>4</b>	This affiliate was sold on <sup>3</sup> / As stated on page 2, Part II A. (An If it was sold to another U.S. entity, provide name and contact information		nplete ad.	
	<sup>8</sup> Name:			
	<sup>9</sup> Address:			

If you are claiming exemption based upon the criteria on page 2, Part I B.2(1) or Part II, complete the items below for those affiliates for which you received preprinted forms. Copy the foreign affiliate name and Affiliate ID from the preprinted form or those identified as required to file in the eFile

received preprinted forms. Copy the foreign affiliate name and Affiliate ID from the preprinted form or those identified as required to file in the eFile system and complete the remaining items. Name of foreign affiliate: Percent ownership at close of fiscal year 2023 — Enter to the % nearest tenth of one percent . . . . \$ Bil. Mil. Thous. Dols. **b.** Total assets — Balance at <sup>1</sup> Affiliate ID: 000 c. Annual sales or gross operating Sales, assets, and net income for this affiliate are all \$60 million 000 revenues, excluding sales taxes. or less. As stated on page 2, Part II A. (Answer to Part II. A has to be 'Yes'.) Complete a.-d. d. Net income (loss)..... 000 This private fund affiliate meets the exemption criteria stated on page 2, Part II. B. (Answer to Part II. B has to be 'Yes'.) DO NOT complete a.-d. This affiliate was liquidated, seized, or the U.S. reporter's direct and indirect ownership interest in the affiliate otherwise fell below 10 percent as of <sup>3</sup> / / . As stated on page 2, Part II A. (Answer to Part II. A has to be 'Yes') **DO NOT complete a.-d.** This affiliate was sold on 3 \_\_/\_\_\_ . As stated on page 2, Part II A. (Answer to Part II. A has to be 'Yes'.) **DO NOT complete a.-d.** If it was sold to another U.S. entity, provide name and contact information for the new owner. <sup>8</sup> Name: 9 Address: 5004 <sup>0</sup> Name of foreign affiliate: a. Percent ownership at close of fiscal year 2023 — Enter to the % nearest tenth of one percent . . . . \$ Bil. Mil. Thous. Dols. **b.** Total assets — Balance at 1 Affiliate ID: 000 close of fiscal year . . . . c. Annual sales or gross operating Sales, assets, and net income for this affiliate are all \$60 million 000 revenues, excluding sales taxes. . . or less. As stated on page 2, Part II A. (Answer to Part II. A has to be 'Yes'.) Complete a .- d. d. Net income (loss)..... 000 This private fund affiliate meets the exemption criteria stated on page 2, Part II. B. (Answer to Part II. B has to be 'Yes'.) DO NOT complete a.-d. This affiliate was liquidated, seized, or the U.S. reporter's direct and indirect ownership interest in the affiliate otherwise fell below 10 percent as of <sup>3</sup> \_/\_/\_\_ . As stated on page 2, Part II A. (Answer to Part II. A has to be 'Yes'.) **DO NOT complete a.-d.** This affiliate was sold on <sup>3</sup> \_\_/\_\_/ . As stated on page 2, Part II A. (Answer to Part II. A has to be 'Yes'.) DO NOT complete a.-d. If it was sold to another U.S. entity, provide name and contact information for the new owner. <sup>8</sup> Name: 9 Address:

If you are claiming exemption based upon the criteria on page 2, Part I B.2(1) or Part II, complete the items below for those affiliates for which you

	system and complete the remaining items.					
5005 <b>5</b>		a.	Percent ownership at close of fiscal year 2023 — Enter to the nearest tenth of one percent	4	_ · _	_ %
	<sup>1</sup> Affiliate ID:	b.	Total assets — Balance at	<b>\$ Bil. Mil.</b>	Thous.	
			close of fiscal year	6		000
<sup>2</sup> 1	Sales, assets, and net income for this affiliate are all \$60 million or less. As stated on page 2, Part II A. (Answer to Part II. A has	C.	Annual sales or gross operating revenues, excluding sales taxes	7		000
	to be 'Yes') Complete a – d		Net income (loss)	,		000
<sup>2</sup> 2	This private fund affiliate meets the exemption criteria stated on page 2, Po	art I	I. B. (Answer to Part II. B has to be 'Yes'.)	DO NOT comp	olete a	d.
<sup>2</sup> 3	This affiliate was liquidated, seized, or the U.S. reporter's direct and indirect as of $^3$ / As stated on page 2, Part II A. (Answer to Part II. A h		·	fell below 10 pe	ercent	
<sup>2</sup> <b>4</b>	This affiliate was sold on <sup>3</sup> / As stated on page 2, Part II A. (An If it was sold to another U.S. entity, provide name and contact information			omplete a d.		
	<sup>8</sup> Name:					
	<sup>9</sup> Address:					
5006						
6	Name of foreign affiliate:	a.	Percent ownership at close of fiscal year 2023 — Enter to the	4		%
			nearest tenth of one percent			_
				\$ Bil. Mil.	Thous.	Dols
	<sup>1</sup> Affiliate ID:	b.	Total assets — Balance at close of fiscal year	5		000
<sup>2</sup> <b>1</b>	Sales, assets, and net income for this affiliate are all \$60 million		Annual sales or gross operating revenues, excluding sales taxes	6		000
	or less. As stated on page 2, Part II A. (Answer to Part II. A has to be 'Yes'.) <b>Complete ad.</b>	4	Net income (loss)	7		000
<sup>2</sup> <b>2</b>	This private fund affiliate meets the exemption criteria stated on page 2, Po				olete a —	
<sup>2</sup> 3			,	·		u.
	as of <sup>3</sup> / As stated on page 2, Part II A. (Answer to Part II. A h			icii belew 10 pe	STOOTIE	
<sup>2</sup> 4	This affiliate was sold on <sup>3</sup> / As stated on page 2, Part II A. (Ar If it was sold to another U.S. entity, provide name and contact information			omplete ad.		
	<sup>8</sup> Name:					
	<sup>9</sup> Address:					

If you are claiming exemption based upon the criteria on page 2, Part I B.2(1) or Part II, complete the items below for those affiliates for which you received preprinted forms. Copy the foreign affiliate name and Affiliate ID from the preprinted form or those identified as required to file in the eFile

system and complete the remaining items. Name of foreign affiliate: Percent ownership at close of fiscal year 2023 — Enter to the % nearest tenth of one percent . . . . \$ Bil. Mil. Thous. Dols. **b.** Total assets — Balance at <sup>1</sup> Affiliate ID: 000 c. Annual sales or gross operating Sales, assets, and net income for this affiliate are all \$60 million 000 revenues, excluding sales taxes. or less. As stated on page 2, Part II A. (Answer to Part II. A has to be 'Yes'.) Complete a.-d. d. Net income (loss)..... 000 This private fund affiliate meets the exemption criteria stated on page 2, Part II. B. (Answer to Part II. B has to be 'Yes'.) DO NOT complete a.-d. This affiliate was liquidated, seized, or the U.S. reporter's direct and indirect ownership interest in the affiliate otherwise fell below 10 percent as of <sup>3</sup> / / . As stated on page 2, Part II A. (Answer to Part II. A has to be 'Yes') **DO NOT complete a.-d.** This affiliate was sold on 3 \_\_/\_\_\_ . As stated on page 2, Part II A. (Answer to Part II. A has to be 'Yes'.) **DO NOT complete a.-d.** If it was sold to another U.S. entity, provide name and contact information for the new owner. <sup>8</sup> Name: 9 Address: 5008 **a.** Percent ownership at close of fiscal year 2023 — Enter to the Name of foreign affiliate: % nearest tenth of one percent . . . . \$ Bil. Mil. Thous. Dols. **b.** Total assets — Balance at 1 Affiliate ID: 000 close of fiscal year . . . . c. Annual sales or gross operating Sales, assets, and net income for this affiliate are all \$60 million 000 revenues, excluding sales taxes. . . or less. As stated on page 2, Part II A. (Answer to Part II. A has to be 'Yes'.) Complete a.-d. d. Net income (loss)..... 000 This private fund affiliate meets the exemption criteria stated on page 2, Part II. B. (Answer to Part II. B has to be 'Yes.') DO NOT complete a.-d. This affiliate was liquidated, seized, or the U.S. reporter's direct and indirect ownership interest in the affiliate otherwise fell below 10 percent as of <sup>3</sup> \_\_/\_\_\_. As stated on page 2, Part II A. (Answer to Part II. A has to be 'Yes'.) **DO NOT complete a.-d.** This affiliate was sold on <sup>3</sup> \_\_/\_\_/ . As stated on page 2, Part II A. (Answer to Part II. A has to be 'Yes'.) DO NOT complete a.-d. If it was sold to another U.S. entity, provide name and contact information for the new owner. <sup>8</sup> Name: 9 Address:

If you are claiming exemption based upon the criteria on page 2, Part I B.2(1) or Part II, complete the items below for those affiliates for which you received preprinted forms. Copy the foreign affiliate name and Affiliate ID from the preprinted form or those identified as required to file in the eFile