

DRAFT

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U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
FORM
NC-99001 (DRAFT)

2005 REPORT OF ORGANIZATION

OMB No. 0607-0444: Approval Expires 11/30/2007

Mail your completed form to:
U.S. CENSUS BUREAU
1201 East 10th Street
Jeffersonville, IN 47132-0001

Need help or have questions
about filling out this form?

Visit our Web site at
www.census.gov/econhelp

- OR -

Write to the address above.
Include your 11-digit Census File
Number (CFN) printed in the
mailing address.

(Please correct any errors in this mailing address.)

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 U.S. Census Bureau. By the same law, **YOUR CENSUS 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.

7

The purpose of this form is to obtain an accurate and up-to-date list of your establishments, i.e., separate business locations that were in operation or new plant(s) under construction during part or all of 2005. This list should include establishments of your company and each of its subsidiaries. To make it easier for you to complete this report, we have prelisted information in 5A that you have previously provided to the U.S. Census Bureau. Please list all other establishments of your organization on 5B. Do not duplicate establishments already prelisted in 5A. Be sure to include items 1 through 3 when returning your completed report form. Before completing this form, please read the enclosed definitions and instructions.

1 COMPANY OWNERSHIP OR CONTROL

A. DOMESTIC OWNERSHIP OR CONTROL

1. Does another domestic company hold more than 50 percent of the voting stock of your company **or** have the power to control the management and policies of your company?

Yes - Enter the following information on the owning or controlling company

No - Go to line B

Name of owning or controlling company	Enter Employer Identification Number (EIN) of owning or controlling company (9 digits) →				
Home office address (Number and street)					
City, town, village, etc.			State	ZIP Code	

2. What percent of voting stock was held by owning **or** controlling company? (Mark "X" only ONE box.)

Less than 50% 50% More than 50%



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1 COMPANY OWNERSHIP OR CONTROL - Continued

B. FOREIGN OWNERSHIP OR CONTROL

Does a foreign entity (company, individual, government, etc.) own directly or indirectly 10 percent or more of the voting stock or other equity rights of your company?

Yes - Enter the following information on the owning entity and go to line C7

Name of foreign beneficial owner	
Home office address (Number and street)	
City	Country
What was the percent ownership (direct and indirect)? (Mark "X" only ONE box.)	<input type="checkbox"/> 10-24% <input type="checkbox"/> 50% <input type="checkbox"/> 100% <input type="checkbox"/> 25-49% <input type="checkbox"/> 51-99%

No - Go to line C

C. FOREIGN AFFILIATES

Does this company alone, or with its domestic affiliates, own 10 percent or more of the voting stock of an incorporated foreign business enterprise, or an equivalent interest in an unincorporated business enterprise, including ownership of real estate?

Yes
 No

2 RESEARCH AND DEVELOPMENT

A. Does your company conduct or sponsor research and development?

Yes - Go to line B
 No - Go to 3

B. What was the value of research and development expenditures during 2005?

Less than \$3 million
 \$3 million or more

3 EMPLOYEES FROM A PROFESSIONAL EMPLOYER ORGANIZATION

Did your company lease 50 percent or more of your permanent full- and part-time workforce from a Professional Employer Organization during 2005? (Permanent workforce excludes temporary staffing from a staffing service and contractors.)

Yes
 No

4 CERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions.

Name of person to contact regarding this report				Title				
Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-
Internet e-mail address					Date completed	Month	Day	Year

FORM **NC-99002**
(DRAFT)

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

Refer to this
CENSUS FILE NUMBER
in any correspondence
pertaining to this report.

2005 REPORT OF ORGANIZATION

5 A. PRE-IDENTIFIED LOCATIONS OF OPERATIONS

We have listed establishments of your company based on Census records. Please update this list as follows:

• **Column (a)** - Correct any errors or omissions in the information. The establishments are listed in the following sequence: Employer Identification Number (EIN), major activity, and geographic location.

• **Column (b)** - Report the number of employees and payroll for full- and part-time employees working at this establishment whose payroll was reported on your Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and/or any full- and part-time employees whose payroll was filed under a Professional Employer Organization's EIN. Include part-year operations. Do not combine data for establishments. If book figures are not available for employment and payroll for each establishment, please provide your best estimates.

• **Column (c)** - Report status of each establishment at the end of 2005.

Company Establishments and Subsidiaries (Add store or plant number, if any, and correct any errors or omissions.)				2005 ⁷ Employment and Payroll			Operational Status at the End of 2005 ⁷ (Mark "X" only ONE box.)			
(a)				(b)			(c)			
Line No.	EIN	NAICS		2005 ⁷						
				Number of employees for pay period including March 12			<input type="checkbox"/> In operation	<input type="checkbox"/> Temporarily or seasonally inactive		
Major activity							<input type="checkbox"/> Ceased operation - Give date at right.	Month	Day	Year
Name				First quarter payroll (Jan.-Mar.)			<input type="checkbox"/> Sold or leased to another operator - Give date above AND enter name and address of new owner or operator below.			
Secondary name		Store or plant No.		\$Bil.	Mil.	Thou.	Name of new owner or operator			
Physical location (Number and street)				Annual payroll			Mailing address (Number and street, P.O. box, etc.)			
City, town, village, etc.		State	ZIP Code	\$Bil.	Mil.	Thou.	City, town, village, etc.		State	ZIP Code
							<input type="checkbox"/> Other - Specify →			
				2005 ⁷						
Major activity				Number of employees for pay period including March 12			<input type="checkbox"/> In operation	<input type="checkbox"/> Temporarily or seasonally inactive		
Name				First quarter payroll (Jan.-Mar.)			<input type="checkbox"/> Ceased operation - Give date at right.	Month	Day	Year
Secondary name		Store or plant No.		\$Bil.	Mil.	Thou.	<input type="checkbox"/> Sold or leased to another operator - Give date above AND enter name and address of new owner or operator below.			
Physical location (Number and street)				Annual payroll			Mailing address (Number and street, P.O. box, etc.)			
City, town, village, etc.		State	ZIP Code	\$Bil.	Mil.	Thou.	City, town, village, etc.		State	ZIP Code
							<input type="checkbox"/> Other - Specify →			

5 A. PRE-IDENTIFIED LOCATIONS OF OPERATIONS - Continued											
(a) Company Establishments and Subsidiaries				(b) 2005 Employment and Payroll			(c) Operational Status at the End of 2005 7				
Line No.	EIN	NAICS		2005 7			<input type="checkbox"/> In operation		<input type="checkbox"/> Temporarily or seasonally inactive		
				Number of employees for pay period including March 12			<input type="checkbox"/> Ceased operation - Give date at right.	Month	Day	Year	
Major activity											
Name				First quarter payroll (Jan.-Mar.)			<input type="checkbox"/> Sold or leased to another operator - Give date above AND enter name and address of new owner or operator below.				
Secondary name		Store or plant No.		\$Bil.	Mil.	Thou.	Name of new owner or operator				
Physical location (Number and street)				Annual payroll			Mailing address (Number and street, P.O. box, etc.)				
City, town, village, etc.		State	ZIP Code	\$Bil.	Mil.	Thou.	City, town, village, etc.		State	ZIP Code	
							<input type="checkbox"/> Other - Specify →				
				2005 7			<input type="checkbox"/> In operation		<input type="checkbox"/> Temporarily or seasonally inactive		
				Number of employees for pay period including March 12			<input type="checkbox"/> Ceased operation - Give date at right.	Month	Day	Year	
Major activity											
Name				First quarter payroll (Jan.-Mar.)			<input type="checkbox"/> Sold or leased to another operator - Give date above AND enter name and address of new owner or operator below.				
Secondary name		Store or plant No.		\$Bil.	Mil.	Thou.	Name of new owner or operator				
Physical location (Number and street)				Annual payroll			Mailing address (Number and street, P.O. box, etc.)				
City, town, village, etc.		State	ZIP Code	\$Bil.	Mil.	Thou.	City, town, village, etc.		State	ZIP Code	
							<input type="checkbox"/> Other - Specify →				
				2005 7			<input type="checkbox"/> In operation		<input type="checkbox"/> Temporarily or seasonally inactive		
				Number of employees for pay period including March 12			<input type="checkbox"/> Ceased operation - Give date at right.	Month	Day	Year	
Major activity											
Name				First quarter payroll (Jan.-Mar.)			<input type="checkbox"/> Sold or leased to another operator - Give date above AND enter name and address of new owner or operator below.				
Secondary name		Store or plant No.		\$Bil.	Mil.	Thou.	Name of new owner or operator				
Physical location (Number and street)				Annual payroll			Mailing address (Number and street, P.O. box, etc.)				
City, town, village, etc.		State	ZIP Code	\$Bil.	Mil.	Thou.	City, town, village, etc.		State	ZIP Code	
							<input type="checkbox"/> Other - Specify →				
				2005 7			<input type="checkbox"/> In operation		<input type="checkbox"/> Temporarily or seasonally inactive		
				Number of employees for pay period including March 12			<input type="checkbox"/> Ceased operation - Give date at right.	Month	Day	Year	
Major activity											
Name				First quarter payroll (Jan.-Mar.)			<input type="checkbox"/> Sold or leased to another operator - Give date above AND enter name and address of new owner or operator below.				
Secondary name		Store or plant No.		\$Bil.	Mil.	Thou.	Name of new owner or operator				
Physical location (Number and street)				Annual payroll			Mailing address (Number and street, P.O. box, etc.)				
City, town, village, etc.		State	ZIP Code	\$Bil.	Mil.	Thou.	City, town, village, etc.		State	ZIP Code	
							<input type="checkbox"/> Other - Specify →				

FORM **NC-99003**
(DRAFT)

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

Refer to this
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2005 REPORT OF ORGANIZATION

5 B. ADDITIONAL LOCATIONS OF OPERATIONS

Column (a) - List separately any establishments of your company and its subsidiaries that were not included on the PRE-IDENTIFIED LOCATIONS OF OPERATIONS but were in operation or **any new plant(s) under construction** during 2005. If separate activities are conducted at the same location, see definition of an establishment in the definitions and instructions provided.

Column (b) - Report number of employees and payroll for both paid and employees leased from a Professional Employer Organization (PEO) for each establishment, including part-year operations.

Column (c1) - Enter the code from the MAJOR ACTIVITY CODES list that best describes the activity of each establishment and specify the principal products or services.

Column (c2) - Complete for acquired establishments.

MAJOR ACTIVITY CODES FOR COLUMN (c1)

- 01 - Agricultural production
- 02 - Agricultural services
- 03 - Minerals extraction/ore processing
- 04 - Mining services/oil and gas field services
- 05 - Utilities
- 06 - Construction
- 07 - Manufacturing
- 08 - Merchant wholesaler
- 09 - Commission merchant/broker/agent/electronic marketer (business to business)
- 10 - Manufacturers' sales branch/manufacturers' sales office
- 11 - Retail
- 12 - Transportation/public warehousing
- 13 - Information services/publishing/telecommunications
- 14 - Finance/insurance
- 15 - Real estate/renting/leasing
- 16 - Professional/scientific/technical service
- 17 - Waste management/remediation service/administrative/support service
- 18 - Educational service
- 19 - Health care
- 20 - Social assistance
- 21 - Arts/entertainment/recreation
- 22 - Accommodation/food service
- 23 - Corporate/subsidiary/regional/managing office
- 24 - **Other** - Specify major activity along with principal products or services in column (c1) below.

IMPORTANT - DO NOT DUPLICATE ESTABLISHMENTS PRELISTED IN 6A.

Company Establishments and Subsidiaries (Employer Identification Number (EIN), establishment name, your store or plant number, if any, address of physical location, including ZIP Code)				2005 Employment and Payroll			Major Activity in 2005 (Enter code from the MAJOR ACTIVITY CODES list and specify the principal products or services.)		
(a)				(b)			(c1)		
EIN				2005			Code <input type="text"/> Specify		
				Number of employees for pay period including March 12					
Name									
Secondary name				Store or plant No.			Former Owner or Operator (c2)		
				First quarter payroll (Jan.-Mar.)			Name of former owner or operator		
Physical location (Number and street)				\$Bil. Mil. Thou.			Mailing address (Number and street, P.O. box, etc.)		
City, town, village, etc.				State ZIP Code			Annual payroll		
							City, town, village, etc. State ZIP Code		
Date establishment opened or is expected to open.				Month Day Year \$Bil. Mil. Thou.			Date acquired.		
							Month Year		

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ATTACHMENT A
PAGE 6 of 10

5 B. ADDITIONAL LOCATIONS OF OPERATIONS - Continued												
(a) Company Establishments and Subsidiaries						(b) 2005 Employment and Payroll			(c1) Major Activity in 2005			
EIN						2005			Code <input type="text"/> Specify			
Name						Number of employees for pay period including March 12						
Secondary name				Store or plant No.		First quarter payroll (Jan.-Mar.)			Former Owner or Operator (c2)			
Physical location (Number and street)						\$Bil.	Mil.	Thou.	Name of former owner or operator			
City, town, village, etc.						State	ZIP Code		Mailing address (Number and street, P.O. box, etc.)			
Date establishment opened or is expected to open						Month	Day	Year	Annual payroll			
						\$Bil.	Mil.	Thou.	City, town, village, etc.		State	ZIP Code
Date establishment opened or is expected to open						Date acquired.			Month	Year		
EIN						2005			Code <input type="text"/> Specify			
Name						Number of employees for pay period including March 12						
Secondary name				Store or plant No.		First quarter payroll (Jan.-Mar.)			Former Owner or Operator (c2)			
Physical location (Number and street)						\$Bil.	Mil.	Thou.	Name of former owner or operator			
City, town, village, etc.						State	ZIP Code		Mailing address (Number and street, P.O. box, etc.)			
Date establishment opened or is expected to open						Month	Day	Year	Annual payroll			
						\$Bil.	Mil.	Thou.	City, town, village, etc.		State	ZIP Code
Date establishment opened or is expected to open						Date acquired.			Month	Year		
EIN						2005			Code <input type="text"/> Specify			
Name						Number of employees for pay period including March 12						
Secondary name				Store or plant No.		First quarter payroll (Jan.-Mar.)			Former Owner or Operator (c2)			
Physical location (Number and street)						\$Bil.	Mil.	Thou.	Name of former owner or operator			
City, town, village, etc.						State	ZIP Code		Mailing address (Number and street, P.O. box, etc.)			
Date establishment opened or is expected to open						Month	Day	Year	Annual payroll			
						\$Bil.	Mil.	Thou.	City, town, village, etc.		State	ZIP Code
Date establishment opened or is expected to open						Date acquired.			Month	Year		

99003022

FORM **NC-99004**
(DRAFT)

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

Refer to this
CENSUS FILE NUMBER
in any correspondence
pertaining to this report.

2005 REPORT OF ORGANIZATION

5 A. PRE-IDENTIFIED LOCATIONS OF OPERATIONS

IMPORTANT - Please read

5A should include an up-to-date list of establishments of your company that were in operation during 2005. We have prelisted establishments of your company based on Census records.

On **5B** list separately all establishments of your company and its subsidiaries that were in operation or any new plant(s) under construction during part or all of 2005 that were not prelisted on **5A**.

Company Establishments and Subsidiaries

Line No.	EIN	NAICS

Major activity

Name

Secondary name Store or plant No.

Physical location (Number and street)

City, town, village, etc. State ZIP Code

Line No.	EIN	NAICS

Major activity

Name

Secondary name Store or plant No.

Physical location (Number and street)

City, town, village, etc. State ZIP Code

The manufacturing establishments for which an Annual Survey of Manufactures report form needs to be completed are prelisted in the first page(s) of **5A**. Employment and payroll information is not requested on this page for these establishments. All information concerning these manufacturing establishments, including changes to the prelisted information, should be entered on the MA-10000(L) report forms and not on **5A**.

The establishments which are not in our Annual Survey of Manufactures sample, including any manufacturing plants not receiving an MA-10000(L), are prelisted on the following pages of **5A**. Employment, payroll, and status information is requested for these establishments. Any changes to the prelisted information for these establishments should be entered on the **5A** sheets.

Review the establishments listed on **5A**. List separately on **5B** all establishments of your company and its subsidiaries that are not prelisted on **5A** but were in operation or under construction.



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5 A. PRE-IDENTIFIED LOCATIONS OF OPERATIONS - Continued			
Company Establishments and Subsidiaries			
Line No.	EIN	NAICS	
Major activity			
Name			
Secondary name		Store or plant No.	
Physical location (Number and street)			
City, town, village, etc.		State	ZIP Code
Line No.	EIN	NAICS	
Major activity			
Name			
Secondary name		Store or plant No.	
Physical location (Number and street)			
City, town, village, etc.		State	ZIP Code
Line No.	EIN	NAICS	
Major activity			
Name			
Secondary name		Store or plant No.	
Physical location (Number and street)			
City, town, village, etc.		State	ZIP Code

The manufacturing establishments for which an Annual Survey of Manufactures report form needs to be completed are prelisted in the first page(s) of 5A. Employment and payroll information is not requested on this page for these establishments. All information concerning these manufacturing establishments, including changes to the prelisted information, should be entered on the MA-10000(L) report forms and not on 5A.

The establishments which are not in our Annual Survey of Manufactures sample, including any manufacturing plants not receiving an MA-10000(L), are prelisted on the following pages of 5A. Employment, payroll, and status information is requested for these establishments. Any changes to the prelisted information for these establishments should be entered on the 5A sheets.

Review the establishments listed on 5A. List separately on 5B all establishments of your company and its subsidiaries that are not prelisted on 5A but were in operation or under construction.



99004020

FORM **NC-99005**
(DRAFT)

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

Refer to this
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in any correspondence
pertaining to this report.

2005 REPORT OF ORGANIZATION

5 A. PRE-IDENTIFIED LOCATIONS OF OPERATIONS

IMPORTANT - Please read

5A should include an up-to-date list of establishments of your company that were in operation during 2005. ⁷
We have prelisted establishments of your company based on Census records.

On **5B** list separately all establishments of your company and its subsidiaries that were in operation or any new plant(s) under construction during part or all of 2005 that were not prelisted on **5A**. ⁷

Company Establishments and Subsidiaries

Line No.	EIN	NAICS

Major activity

Name

Secondary name Store or plant No.

Physical location (Number and street)

City, town, village, etc. State ZIP Code

Line No.	EIN	NAICS

Major activity

Name

Secondary name Store or plant No.

Physical location (Number and street)

City, town, village, etc. State ZIP Code

An MA-10000(L) report form is enclosed with the NC-99001 for each of the establishments prelisted in **5A**. Please review the list of establishments. Any changes in address or to the prelisted information should be entered on the individual MA-10000(L) report forms. Please do not make corrections on the **5A** sheets.

List separately on **5B** all establishments of your company and its subsidiaries that are not prelisted on **5A** but were in operation or under construction.



99005019

5 A. PRE-IDENTIFIED LOCATIONS OF OPERATIONS - Continued

Company Establishments and Subsidiaries			
Line No.	EIN	NAICS	
Major activity			
Name			
Secondary name		Store or plant No.	
Physical location (Number and street)			
City, town, village, etc.		State	ZIP Code
Line No.	EIN	NAICS	
Major activity			
Name			
Secondary name		Store or plant No.	
Physical location (Number and street)			
City, town, village, etc.		State	ZIP Code
Line No.	EIN	NAICS	
Major activity			
Name			
Secondary name		Store or plant No.	
Physical location (Number and street)			
City, town, village, etc.		State	ZIP Code

An MA-10000(L) report form is enclosed with the NC-99001 for each of the establishments prelisted in 5A. Please review the list of establishments. Any changes in address or to the prelisted information should be entered on the individual MA-10000(L) report forms. Please do not make corrections on the 5A sheets.

List separately on 5B all establishments of your company and its subsidiaries that are not prelisted on 5A but were in operation or under construction.



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