



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

2009 REPORT OF ORGANIZATION

FORM
NC-99001 (DRAFT)

OMB No. : Approval Expires

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 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 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.

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 2009. 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 4 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?

0008 Yes - Enter the following information of the owning or controlling company **7** 0009 No - Go to line B

0080 Name of owning or controlling company	0081 Enter Employer Identification Number (EIN) of owning or controlling company (9 digits)		-	
0082 Home office address (Number and street)				
0083 City, town, village, etc.			0084 State	0085 ZIP Code

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

0027 Less than 50% 0028 50% 0029 More than 50%

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PENALTY FOR FAILURE TO REPORT
U S C E N S U S B U R E A U

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?

6101 Yes - Enter the following information of the owning entity and go to line C

6103 Name of foreign beneficial owner

6104 Home office address (Number and street)

6105 City

6106 Country

What was the percent ownership (direct and indirect)? (Mark "X" only ONE box.)

6111 10-24%

6113 50%

6115 100%

6112 25-49%

6114 51-99%

6102 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?

6126 Yes

6127 No

2 RESEARCH AND DEVELOPMENT

A. Does your company perform or fund research and development (R&D)?

6129 Yes - Go to line B

6130 No - Go to line C

B. What were your company's worldwide expenses for research and development (R&D) in 2009?

6132 Less than \$3 million

6133 \$3 million or more

C. Did your company introduce any new or significantly improved methods of manufacturing, producing, delivering or distributing goods or services during the years 2007 through 2009?

6135 Yes

6136 No

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 2009? (Permanent workforce excludes temporary staffing from a staffing service and contractors.)

0244 Yes

0245 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

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2009 REPORT OF ORGANIZATION

5 A. PRE-IDENTIFIED LOCATIONS OF OPERATION

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 each establishment whose payroll was reported on your Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return. 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 operational status of each establishment at the end of 2009.

Company Establishments and Subsidiaries (Add store or plant number, if any, and correct any errors or omissions.)				Employment and Payroll			Operational Status at the End of 2009 (Mark "X" only ONE box.)			
(a)				(b)			(c)			
Line No.	EIN	NAICS		2009			<input type="checkbox"/> In operation <input type="checkbox"/> Temporarily or seasonally inactive <input type="checkbox"/> Ceased operation - Give date at right <input type="checkbox"/> Sold or leased to another operator - Give date above AND enter name and address of new owner or operator below	Month	Day	Year
				Number of employees for pay period including March 12						
Major activity										
Name				First quarter payroll (January-March 2009)						
Secondary name		Store or plant No.	\$Bil.	Mil.	Thou.	Name of new owner or operator				
Physical location (Number and street)				2009			Mailing address (Number and street, P.O. box, etc.)			
Annual payroll										
City, town, village, etc.		State	ZIP Code	\$Bil.	Mil.	Thou.	City, town, village, etc.		State	ZIP Code
							<input type="checkbox"/> Other - Specify →			
Line No.	EIN	NAICS		2009			<input type="checkbox"/> In operation <input type="checkbox"/> Temporarily or seasonally inactive <input type="checkbox"/> Ceased operation - Give date at right <input type="checkbox"/> Sold or leased to another operator - Give date above AND enter name and address of new owner or operator below	Month	Day	Year
				Number of employees for pay period including March 12						
Major activity										
Name				First quarter payroll (January-March 2009)						
Secondary name		Store or plant No.	\$Bil.	Mil.	Thou.	Name of new owner or operator				
Physical location (Number and street)				2009			Mailing address (Number and street, P.O. box, etc.)			
Annual payroll										
City, town, village, etc.		State	ZIP Code	\$Bil.	Mil.	Thou.	City, town, village, etc.		State	ZIP Code
							<input type="checkbox"/> Other - Specify →			

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Form NC-99002 (DRAFT)

5 A. PRE-IDENTIFIED LOCATIONS OF OPERATION - Continued

(a) Company Establishments and Subsidiaries			(b) Employment and Payroll			(c) Operational Status at the End of 2009								
Line No.	EIN	NAICS	2009			<input type="checkbox"/> In operation <input type="checkbox"/> Temporarily or seasonally inactive <input type="checkbox"/> Ceased operation - Give date at right <input type="checkbox"/> Sold or leased to another operator - Give date above AND enter name and address of new owner or operator below	<table border="1"> <tr> <th>Month</th> <th>Day</th> <th>Year</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		Month	Day	Year			
Month	Day	Year												
Major activity			Number of employees for pay period including March 12											
Name			First quarter payroll (January-March 2009)											
Secondary name		Store or plant No.	\$Bil.	Mil.	Thou.	Name of new owner or operator								
Physical location (Number and street)			2009			Mailing address (Number and street, P.O. box, etc.)								
			Annual payroll											
City, town, village, etc.		State	ZIP Code	\$Bil.	Mil.	Thou.	City, town, village, etc.							
						<input type="checkbox"/> Other - Specify →								
Line No.	EIN	NAICS	2009			<input type="checkbox"/> In operation <input type="checkbox"/> Temporarily or seasonally inactive <input type="checkbox"/> Ceased operation - Give date at right <input type="checkbox"/> Sold or leased to another operator - Give date above AND enter name and address of new owner or operator below	<table border="1"> <tr> <th>Month</th> <th>Day</th> <th>Year</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		Month	Day	Year			
Month	Day	Year												
Major activity			Number of employees for pay period including March 12											
Name			First quarter payroll (January-March 2009)											
Secondary name		Store or plant No.	\$Bil.	Mil.	Thou.	Name of new owner or operator								
Physical location (Number and street)			2009			Mailing address (Number and street, P.O. box, etc.)								
			Annual payroll											
City, town, village, etc.		State	ZIP Code	\$Bil.	Mil.	Thou.	City, town, village, etc.							
						<input type="checkbox"/> Other - Specify →								
Line No.	EIN	NAICS	2009			<input type="checkbox"/> In operation <input type="checkbox"/> Temporarily or seasonally inactive <input type="checkbox"/> Ceased operation - Give date at right <input type="checkbox"/> Sold or leased to another operator - Give date above AND enter name and address of new owner or operator below	<table border="1"> <tr> <th>Month</th> <th>Day</th> <th>Year</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		Month	Day	Year			
Month	Day	Year												
Major activity			Number of employees for pay period including March 12											
Name			First quarter payroll (January-March 2009)											
Secondary name		Store or plant No.	\$Bil.	Mil.	Thou.	Name of new owner or operator								
Physical location (Number and street)			2009			Mailing address (Number and street, P.O. box, etc.)								
			Annual payroll											
City, town, village, etc.		State	ZIP Code	\$Bil.	Mil.	Thou.	City, town, village, etc.							
						<input type="checkbox"/> Other - Specify →								

99002024



FORM **NC-99003**
(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.

2009 REPORT OF ORGANIZATION

5 B. ADDITIONAL LOCATIONS OF OPERATION

Column (a) - List separately any establishments of your company and its subsidiaries that were not included on the PRE-IDENTIFIED LOCATIONS OF OPERATION. If your company operates at locations for which you have received separate report forms, do not list them, instead complete those forms. For acquired establishments that you list, complete column (c2).

Column (b) - Report the number of employees and payroll for full- and part-time employees working at each establishment whose payroll was reported on your Internal Revenue Service Forms 941, Employer's Quarterly Federal Tax Return. 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 (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 (Enter Employer Identification Number (EIN), establishment name, your store or plant number, if any, address of physical location, including ZIP Code.)				Employment and Payroll			Major Activity in 2009 (Enter code from the MAJOR ACTIVITY CODES list and specify the principal products or services.)		
(a)				(b)			(c1)		
EIN				2009			Code <input type="text"/> Specify <input type="text"/>		
				Number of employees for pay period including March 12					
Name									
Secondary name				Store or plant No.			Former Owner or Operator (c2)		
				First quarter payroll (January-March 2009)			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	2009			City, town, village, etc.		
				Annual payroll					
Date establishment opened or is expected to open		Month	Day	Year	\$Bil.	Mil.	Thou.	Date acquired	

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Form NC-99003 (DRAFT)

5 B. ADDITIONAL LOCATIONS OF OPERATION - Continued												
(a) Company Establishments and Subsidiaries					(b) Employment and Payroll			(c1) Major Activity in 2009				
EIN					2009			Code <input type="checkbox"/> Specify <input type="checkbox"/>				
					Number of employees for pay period including March 12							
Name								Former Owner or Operator (c2)				
Secondary name					Store or plant No.							
Physical location (Number and street)					SBil. Mil. Thou.			Mailing address (Number and street, P.O. Box, etc.)				
City, town, village, etc.		State	ZIP Code		2009			City, town, village, etc. State ZIP Code				
					Annual payroll							
Date establishment opened or is expected to open		Month	Day	Year	SBil. Mil. Thou.			Date acquired Month Year				
EIN					2009			Code <input type="checkbox"/> Specify <input type="checkbox"/>				
					Number of employees for pay period including March 12							
Name								Former Owner or Operator (c2)				
Secondary name					Store or plant No.							
Physical location (Number and street)					SBil. Mil. Thou.			Mailing address (Number and street, P.O. Box, etc.)				
City, town, village, etc.		State	ZIP Code		2009			City, town, village, etc. State ZIP Code				
					Annual payroll							
Date establishment opened or is expected to open		Month	Day	Year	SBil. Mil. Thou.			Date acquired Month Year				
EIN					2009			Code <input type="checkbox"/> Specify <input type="checkbox"/>				
					Number of employees for pay period including March 12							
Name								Former Owner or Operator (c2)				
Secondary name					Store or plant No.							
Physical location (Number and street)					SBil. Mil. Thou.			Mailing address (Number and street, P.O. Box, etc.)				
City, town, village, etc.		State	ZIP Code		2009			City, town, village, etc. State ZIP Code				
					Annual payroll							
Date establishment opened or is expected to open		Month	Day	Year	SBil. Mil. Thou.			Date acquired Month Year				

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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.

2009 REPORT OF ORGANIZATION

5 A. PRE-IDENTIFIED LOCATIONS OF OPERATION

IMPORTANT - Please read

5A should include an up-to-date list of establishments of your company that were in operation during 2009. 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 2009 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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Form NC-99004 (DRAFT)

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
CENSUS FILE NUMBER
in any correspondence
pertaining to this report.

2009 REPORT OF ORGANIZATION

5 A. PRE-IDENTIFIED LOCATIONS OF OPERATION

IMPORTANT - Please read

5A should include an up-to-date list of establishments of your company that were in operation during 2009. 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 2009 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

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



ATTACHMENT A PAGE 10 of 12

Form NC-99005 (DRAFT)

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.

99005027



FORM **NC-99530**
(DRAFT)

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

**If not shown, please enter
your 11-digit Census File
Number (CFN) from the
mailing address.**

2009 OWNERSHIP OR CONTROL

A. Is your company owned or controlled by another domestic company

OR

does your company operate at more than one physical location?

- Yes - Complete lines B and C and return this form with your completed 2009 Annual Survey of Manufactures form.
- No - Discard this form (NC-99530) and return your completed 2009 Annual Survey of Manufactures form.

B. Ownership or control

1. Does another domestic company own 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 of the owning or controlling company
- No - Go to line C

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 the owning **or** controlling company? (Mark "X" only ONE box.)

- Less than 50%
- 50%
- More than 50%

2009
Number

C. Number of establishments operated at the end of 2009 under the EIN whose last 5 digits are shown in the mailing address or as corrected in **1** on the first page of the 2009 Annual Survey of Manufactures form

If more than one establishment:

- Provide the physical location address and other information requested on the back of this form for each location.
- Provide the headquarters location first, followed by all other locations.
- The sum of sales, shipments, receipts, or revenue for all locations should equal the amount reported in **5** of the 2009 Annual Survey of Manufactures form.
- The sum of employment and payroll for all locations should equal the amounts reported in **7** of the 2009 Annual Survey of Manufactures form.
- For employees that worked at more than one location, report the employment and payroll data for the employees at the ONE location where they spent most of their working time.

CONTINUE WITH LINE C ON PAGE 2

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C. Number of establishments operated at the end of 2009 under the EIN whose last 5 digits are shown in the mailing address or as corrected in 1 on the first page of the 2009 Annual Survey of Manufactures form - Continued

BEFORE YOU BEGIN: If your EIN had more than 3 physical locations at the end of 2009, copy this page and provide the requested data for all of your locations.

1	Name		Sales, shipments, receipts, or revenue	2009		
				Estimates are acceptable		
	Secondary name	Store or plant No.		\$ Bil.	Mil.	Thou.
	Physical location (Number and street)			2009		
				Estimates are acceptable		
	City, town, village, etc.			Number		
				Number of employees for pay period including March 12		
	State	ZIP Code		\$ Bil.	Mil.	Thou.
				First quarter payroll (January-March 2009)		
				Annual payroll		
Describe kind of business at this location						
2	Name		Sales, shipments, receipts, or revenue	2009		
				Estimates are acceptable		
	Secondary name	Store or plant No.		\$ Bil.	Mil.	Thou.
	Physical location (Number and street)			2009		
				Estimates are acceptable		
	City, town, village, etc.			Number		
				Number of employees for pay period including March 12		
	State	ZIP Code		\$ Bil.	Mil.	Thou.
				First quarter payroll (January-March 2009)		
				Annual payroll		
Describe kind of business at this location						
3	Name		Sales, shipments, receipts, or revenue	2009		
				Estimates are acceptable		
	Secondary name	Store or plant No.		\$ Bil.	Mil.	Thou.
	Physical location (Number and street)			2009		
				Estimates are acceptable		
	City, town, village, etc.			Number		
				Number of employees for pay period including March 12		
	State	ZIP Code		\$ Bil.	Mil.	Thou.
				First quarter payroll (January-March 2009)		
				Annual payroll		
Describe kind of business at this location						

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