

2012 REPORT OF ORGANIZATION

OMB No. 0607-0444: Approval Expires

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Need help or have questions?

- Read the accompanying information sheet(s) before answering the questions.
- Visit econhelp.census.gov
- Call 1-800-233-6136, between 8:00 a.m. and 6:00 p.m., Eastern time, Monday through Friday.

(Please correct any errors in this mailing address.)

NC-99001

Report Online -	It's fast and secure!
Go to:	econhelp.census.gov

- OR -

Mail your completed form to:

U.S. CENSUS BUREAU 1201 East 10th Street Jeffersonville, IN 47134-0001

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 2012. 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 A that you have previously provided to the U.S. Census Bureau. Please list all other establishments of your organization on B. Do not duplicate establishments already prelisted in A. Be sure to include items through when returning your completed report form. Before completing this form, please read the enclosed definitions and instructions.

- Use blue or black ballpoint pen.
- Do not use pencil or felt-tip pen.
- Do not put slashes through 0 or 7.
- Please center numbers in their respective boxes.
- Place an "X" inside the box.

Examples:

× 0123456789

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?

8000	Yes - Enter the following information of the owning or	0009	No - Go to line l
	controlling company 7		

Name of owning or controlling company	0081 Employer Identification
	Number (EIN) of owning or controlling
	company (9 digits)
R2 Home office address (Number and street)	

	company (a digit	.5/	
0082 Home office address (Number and street)			
0083 City, town, village, etc.		0084 State	0085 ZIP Code

CONTINUE WITH 1 ON PAGE 2

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orm	NC	-990	O1 (DRAFT)					
0	COI	MPAN	NY OWNERSHIP OR CONTROL - Continued					
		_	ESTIC OWNERSHIP OR CONTROL - Continued hat percent of voting stock was held by the owning or controlling company? (Mark "X" only ONE box.) Less than 50% 0028 50% 0029 More than 50%					
		Does voting	IGN OWNERSHIP OR CONTROL a foreign entity (company, individual, government, etc.) own directly or indirectly 10 percent or more of the g stock or other equity rights of your company? 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 C	ty 6106 Country					
		owne indir	t was the percent ership (direct and ect)? (Mark "X" ONE box.) 10%-24% 6113					
		Does incor	IGN AFFILIATES this company alone, or with its domestic affiliates, own 10 percent or more of the voting stock of an corated foreign business enterprise, or an equivalent interest in an unincorporated business enterprise, ding ownership of real estate? Yes No					
2			CH AND DEVELOPMENT ch research and development (R&D) did your company perform or fund in the United States in 2012?					
	6139		None					
	6132		Some, but less than \$3 million					
	6133		\$3 million or more					

orm NC-990 0	01 (DRAFT))						
		Dellas figures de la		Mark "X"		2012		
ноw то		Dollar figures should be rounded to thousands of dollars.		if None	\$ Bil.	Mil.	Thou.	
REPORT DOLLAR		If a figure is \$2,035,628.79 :	Report -	→ 🗆		2	03	6
FIGURES								
		If a value is "0" (or less than \$500.00):	Report —	×		AIVIFL	E	
3 COMPAN	Y ACTIVI	ITIES						
	-	ROM A PROFESSIONAL EMPLOYER OR						
Profes	ssional Er	eany lease 50 percent or more of its perr mployer Organization during 2012? (Per e and contractors.)	nanent full manent wo	- and part-tir rkforce exclu	ne workforce ides temporar	from a y staffing froi	n a	
0244	Yes							
0245	No							
B. OPERA	ATING RE	EVENUES AND NET SALES						
1. You	ur compa	any's operating revenues and net sales trict of Columbia) in 2012.	generated	from U.S. op	erations (i.e.,	located in the	50 states	3
	a the Dis clude:	trict of Columbia) in 2012.						
		f goods and services to foreign firms.						
		es of discontinued operations.						
		o foreign parent firm and its affiliates no	t owned by	your compa	any.			
	clude:	enerated by your company's foreign ope	orations					
	_	ic inter-company sales.	rations.					
Sp	ecial ins	structions for tax-exempt firms: Rep	ort revenu	es, realized g	ains and loss	es and contrib	outions fo	r
all classes of net assets regardless of restrictions. Mark "X" 2012								
				Mark "X" if None	\$ Bil.	Mil.	Thou.	
Ор	erating r	evenues and net sales		0100				
2. Did	d your co	ompany have foreign subsidiaries in 201	2?					
976	30 \ \ \ \ \ \ \ \	es - Go to line 3						
976	61 N	o - Go to 3C, ROYALTIES AND LICENS	E FEES FO	R THE USE (OF INTELLECT	UAL PROPER	TY	
3. Doo	es the ar eign sub	mount reported on line 1 include inter-cosidiaries?	ompany sa	les by your o	company's doi	mestic operat	ions to	
9755	5 \ \ \ \ \ \ \ \ \	es - Go to ③ C, ROYALTIES AND LICENS	SE FEES FC	OR THE USE	OF INTELLECT	TUAL PROPER	ìTY	
9756	6 N	o - Go to line 4						
				Mark "X"	3	2012		
				if None	\$ Bil.	Mil.	Thou.	
4. Rep	port inter erations	r-company sales by your company's dor to foreign subsidiaries	nestic 	9758				
		CONTINUE WITH	H 🗿 ON PAC	GE 4				

3 COMPANY ACTIVITIES - Continued

- C. ROYALTIES AND LICENSE FEES FOR THE USE OF INTELLECTUAL PROPERTY
 - 1. Did your company's U.S. operations earn revenue in 2012 from royalties or license fees for rights to use intellectual property?

Include:

- Revenues from royalties and license fees for intellectual property owned by your domestic company's domestic operations (i.e., located in the 50 states and the District of Columbia).
- Royalties and license fees paid to your company's domestic operations by foreign subsidiaries.

Exclua	le:
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- Sales involving the transfer of ownership rights.
- Sales of and products sold with end-use licenses.
- Franchise fees.

9701	Yes - Go to line 2
9702	No - Go to 3D, MANUFACTURING ACTIVITIES

Revenues from royalties and license fees for rights to use intellectual property in 2012	7		
intellectual property in 2012			

Mark "X" if None

Mark "X" if None

. 9704

9706

9751

\$ Bil.

\$ Bil.

3.	Revenues from your company's U.S. operations, as
	reported in line 2, for the following types of royalties and license fees in 2012:

a.	rechnological or industrial processes (include patents,
	trade secrets, and proprietary technology. Exclude
	computer software.)

b.	Entertainment, artistic, educational, and literary original
	works (Include royalties and license fees for rights to
	perform, broadcast, reproduce, and sell copyrighted
	materials and other intellectual property such as films,
	television and radio programs, written works, and
	musical and other artistic works. Exclude computer
	software)

	O. C. Dr. Living and D. Living
C.	Software — Rights to reproduce, distribute, or use
	software protected by copyright and owned or
	controlled by the licensor (Exclude sales of software sold
	with end-use licenses, as well as custom software and
	programming services.)

d.	Othe	er -	Specify 7	

9752

	(Sum	of	lines	За	through	3d	should	equal
1:								

2012

Mil.

2012

Mil.

Thou.

Thou.

d. Estimate the percent of the cost of sales from expenses for contract manufacturing services.

Yes

No

Less than 25%

25%-49%

50%-74%

75%-99%

100%

9724

9725

9726

9727

9728

9729

9730



Form NC-99001 (DRAFT) REMARKS (Please use this space for any explanations that may be essential in understanding your reported data.) CERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions. Is the time period covered by this report a Month Month Year Year calendar year? Yes ☐ No - Enter time period covered → FROM

Name	of person to c	ontact regarding this report		Title				
	Area code	Number	Extension		Area cod	e	Nu	mber
	-	- -	.	Fax		-	-	
	Laddross					Month	Day	Year
L-IIIai	i address					WOITH	Day	Tear
	Tele- phone	Area code	Tele-phone	Area code Number Extension Telephone E-mail address Date	Area code Number Extension Telephone Fax	Area code Number Extension Area cod Telephone Fax E-mail address Date	Area code Number Extension Area code Telephone Fax - E-mail address Month Date	Area code Number Extension Area code Number Fax E-mail address

Thank you for completing your 2012 REPORT OF ORGANIZATION form. PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.

2012 REPORT OF ORGANIZATION



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 2012.

Company Establishments and Subsidiaries (Add store or plant number, if any, and correct any errors or omissions.) (a)						Employment and Payroll					Operational Status at the End of 2012 (Mark "X" only ONE box.)						
Line No.	FIN			NAICS	2012					In				rarily c)r		
LITIC INO.	LIIV			IVAICO							operation		Ш		ally ina		
					Number of employees for pay period including March 12									ı			
Major act	ivity			'						Ceased	Mont	th	Day		Year		
											operation - Give date →						
Name										1	Sold or lea	esed to	and	other on	erator -	- Give	date
							quarte ary-Ma			Ľ	above AN	D entei	r nai	me and			
Secondar	y name			Store/Plant No.	\$Bil.	ı	VIII.		Thou.	Nam	e of new ov	vner or	r ope	erator			
Physical I	ocation (Num	ber and	street)							Maili	ing address	(Numb	oer a	and stree	et, P.O.	box,	etc.)
							2012	2									
				ı	Annual payroll												
City, tow	n, village, etc.		State	ZIP Code						City,	town, villag	e, etc.		State	ZIP Co	de	
					\$Bil.	ı	VIII.		Thou.								
											Other -	→					
Line No.	EIN			NAICS	2012									-	- 1		
Lille NO.	LIIN			INAICS	2012					In Temporarily or seasonally inactive							
							of emplo ncludin		s for pay						•		
Major act	ivitv				рс	illou i	nordani	g ivid	11011 12		Ceased	Mont	th	Day		Year	
	,										operation - Give date						
Name										1 _	Sold or lea	eed to	and	other on	orator	Givo	data
							quarte ary-Ma			Ľ	above AN	D entei	r nai	me and			
Secondar	y name			Store/Plant No.	\$Bil.	ı	VIII.		Thou.	Nam	e of new ov	vner or	r ope	erator			
Physical location (Number and street)						<u> </u>				Maili	ing address	(Numb	oer a	and stree	et, P.O.	box,	etc.)
							2012	2									
						А	nnual p	ayro	II	011				0	710.0		
City, town, village, etc. State ZIP Code			ZIP Code	\$Bil.	-	VIII.		Thou.	City,	town, villag	e, etc.		State	ZIP Co	de		
					φυπ.		*****		. Alou.								
										Other - Specify-	-						

5 A. F	PRE-IDENT	TIFIED L	OCATIO	ONS OF OPERAT	ION -	Cont	inue	b							
(a) Co	ompany Est	ablishme	ents and	Subsidiaries	(b)	Empl	oymei	nt a	nd Payroll		(c) Operational Statu	is at the	End of 2012		
ine No. El	IN			NAICS				loy	ees for pay		In operation		orarily or nally inactive		
Major activ	ritv				pe	riod i	ncludi	ng l	March 12		Ceased Month	Day	Year		
	,										operation - Give date				
Name											Sold or leased to an	other o	perator - Give date		
					First quarter payroll (January-March 2012)						above AND enter na owner or operator b	me and			
Secondary	name			Store/Plant No.	\$Bil.	N	/lil.		Thou.	Name	e of new owner or op	erator			
hysical loc	cation (Num	nber and	street)					L		Maili	ng address (Number	and stre	et, P.O. box, etc.)		
							201	12							
ity, town,	village, etc.		State	ZIP Code		Ar	nnual	pay	roll	City,	town, village, etc.	State	ZIP Code		
	0 /				\$Bil.	N	/lil.		Thou.						
								T			Other -				
											Specify →				
ne No. El	IN			NAICS	Nur	nher o	20°		ees for pay		In operation	Temp seaso	orarily or nally inactive		
									March 12		Ceased Month	Month Day Year			
Major activity											operation - Give				
ame											date				
anie									payroll h 2012)		Sold or leased to an above AND enter na owner or operator b	me and			
econdary	name			Store/Plant No.	\$Bil.	N	/lil.		Thou.	Name	e of new owner or op	erator			
hysical loc	cation (Num	nber and	street)							Maili	ng address (Number	and stre	et, P.O. box, etc.)		
							201	12							
itv. town.	village, etc.		State	ZIP Code		Ar	nnual	pay	roll	City, town, village, etc. State ZIP Code					
,, - ,	3,7,1				\$Bil.	N	/lil.		Thou.	,,,	, , , , , , , , , , , , , , , , , , , ,				
											Other -				
								L			Specify				
ne No. El	IN			NAICS			201				In operation		orarily or nally inactive		
					Num	nber o	f emp	loy na l	ees for pay March 12						
lajor activ	rity				Po			.g '			Ceased Month operation	Day	Year		
								ı			- Give date —▶				
ame											Sold or leased to an	other o	perator - Give date		
									ayroll h 2012)		above AND enter na owner or operator b	me and			
econdary	name			Store/Plant No.	\$Bil.	N	/lil.		Thou.	Name	e of new owner or op	erator			
Physical location (Number and street)										Maili	ng address (Number	and stre	et, P.O. box, etc.)		
							201	12							
ity town	village, etc.		State	ZIP Code	Annual payroll				roll	City, town, village, etc. State ZIP Code					
icy, tovvii,	vinago, etc.		Giate	Lii Oodo	\$Bil.	N	⁄IiI.		Thou.	Oity,	town, villago, 6to.	Glate	_11 0000		
											Other -				
											Specify				

2012 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
- 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.

IMPORTA	ANI - DO	וטע וטאי	PLICATE ESTAB	LISH	IIVIEN	15 PF	KELISTED II	V GA.				
(Enter Em	iployer Idei name, your	store or pla	Subsidiaries umber (EIN), int number, if any, ding ZIP Code.)	Eı	mployr	ment a	nd Payroll	Major Activity in 2012 (Enter code from the MAJOR ACTIVITY CODES list and specify the principal products or services.)				
		(a)				(b)				(c1)		
EIN						2012		Code	Specify			
00-000000							yees for pay g March 12					
Name												
									(c2) Former	Owne	r or (Operator
Secondary nam	е		Store/Plant No.		F:			Name of former owner or operator				
						•	payroll ch 2012)					
Physical location	n (Number	and street)		\$Bil.	M	il.	Thou.	Mailing ac	ldress (Numb	ber and	stre	et, P.O. Box, etc.)
City, town, village	ge, etc.	State	ZIP Code					City, town	, village, etc.	St	ate	ZIP Code
						2012						
Date	Octo Data II Data			φD:I		nual pa	•		-	D.4	a l	
establishment	Month	Day	Year	\$Bil.	M	II.	Thou.			Mon	tn	Year
opened or is expected to												