

2013 REPORT OF ORGANIZATION

INC-9900 I (DRAFT)	<u> </u>	OMB No. 0607-0444: Approval Expires								
	NC-99001									
Need help or have questions about filling out this form?										
Visit census.gov/econhelp										
- OR - Write to the address below, Include										
your 11-digit Census File Number (CFN) printed in the mailing address.										
Mail your completed form to:										
U.S. CENSUS BUREAU 1201 East 10th Street										
Jeffersonville, IN 47132-0001	(Please correct any errors in name	-								
questionnaire to answer the quest CONFIDENTIAL. It may be seen	DBY LAW. Title 13, United States Code, requires bus ions and return the report to the U.S. Census Bureau only by persons sworn to uphold the confidentiality of er, copies retained in respondents' files are immune	I. By the same law, YOUR CENSUS REPORT IS of Census Bureau information and may be used								
operation or new plant(s) under construct subsidiaries. To make it easier for you to U.S. Census Bureau. Please list all other Be sure to include items 1 through 4 videfinitions and instructions.	accurate and up-to-date list of your establishments, it ion during part or all of 2013. This list should include complete this report, we have prelisted information establishments of your organization on B. Do not when returning your completed report form. Before or	de establishments of your company and each of its in 5A that you have previously provided to the duplicate establishments already prelisted in 5A. ompleting this form, please read the enclosed								
 Use blue or black ballpoint pen. Do not use pencil or felt-tip pen. 	their respective boxes.	Examples:								
• Do not put slashes through 0 or	• Dlace on "V" incide the box	× 0123456789								
1 COMPANY OWNERSHIP OR C	ONTROL									
A. DOMESTIC OWNERSHIP O	R CONTROL company hold more than 50 percent of the vol	ting stock of your company or have the								
power to control the ma	anagement and policies of your company?	ing stock of your company of have the								
ooos Yes - Enter the fo	llowing information of the owning or 0009	□ No - Go to line B								
0080 Name of owning or contr	Employer identification									
	Number (EIN) of owning or controlling company (9 digits) —	→								
0082 Home office address (Nu	nber and street)									
0083 City, town, village, etc.	0084 S	tate 0085 ZIP Code								
,, , , , , ,										
_ `	stock was held by the owning or controlling co	ompany? (Mark "X" only ONE box.)								
0027 Less than 50%	0028									
CONTINUE WITH 1 ON PAGE 2										

rm NC-99001 (draft)										
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 of the owning entity No - 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										
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										
RESEARCH AND DEVELOPMENT										
A. Did your company perform or fund research and development (R&D) in 2013?										
Yes - Go to line B										
6130 No - Go to 3 on the next page										
B. What were your company's worldwide expenses for research and development (R&D) in 2013?										
6132 Less than \$3 million										
6133 S million or more										



HOW TO

REPORT

DOLLAR FIGURES

0245

COMPANY ACTIVITIES

staffing service and contractors.)

B. OPERATING REVENUES AND NET SALES

Yes

No

Dollar figures should be rounded to

If a value is "0" (or less than \$500.00): Report

thousands of dollars.

If a figure is \$2,035,628.79:

A. EMPLOYEES FROM A PROFESSIONAL EMPLOYER ORGANIZATION

2013

Mil.

2

Thou.

3

6

Mark "X"

if None

▼ X

Report -

Did your company lease 50 percent or more of its permanent full- and part-time workforce from a Professional Employer Organization during 2013? (Permanent workforce excludes temporary staffing from a

\$ Bil.

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 2013 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.

Exclude:

- 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 line 1 on the next page

i	f None	\$ Bil.	Mil.	Thou.
Revenues from royalties and license fees in 2013 for rights to use intellectual property				

Mark "X"

Mark "X"

3.	Revenues from your company's U.S. operations, as
	reported in line 2, for the following types of royalties
	and license fees in 2013:

		if None	\$ Bil
a.	Technological or industrial processes (Include patents, trade secrets, and proprietary technology. Exclude		
	computer software.)		
b.	Entertainment, artistic, educational, and literary original		

ы.	Littertallillerit, 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.)

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.	Other revenues	from royalties	and license	fees for
	rights to use inte	llectual property	- Specify Ţ	

9752	9751		
TOTAL revenues from royalties and license fees in 2013 for rights to use intellectual property (Sum of lines 3a through 3d should equal line 2.)	. 9708		

2013

2013

Mil.

Thou.

In 2013, did your company do any of the following activities related to manufacturing?

1. Operate manufacturing facilities (such as a factory, plant, or mill) where products are completed or partially produced?

No - Go to line 3

2. Provide contract manufacturing services to other companies incorporating their patents, trade secrets, or proprietary technology?

9710

9712 No - Go to line 3

Estimate the percent of operating revenues and net sales, as reported in **3**B, OPERATING REVENUES AND NET SALES, from contract manufacturing services.

9713 Less than 25%

9714 25% - 49%

9715 50% - 74%

9716 75% - 99%

9717 100%

3. Purchase contract manufacturing services from other companies or foreign subsidiaries of your company incorporating your company's patents, trade secrets, or proprietary technology?

9718 Yes

9719 No - Go to 4 on the next page

a. Use 3rd party contract manufacturing services inside the United States (i.e., located in the 50 states and the District of Columbia)?

9720 Yes

9721 No

b. Use 3rd party contract manufacturing services outside the United States (i.e., located outside the 50 states and the District of Columbia)?

9722 Yes

9723 No

c. Use your company's foreign subsidiaries' or affiliates' contract manufacturing services at locations outside the United States (i.e., located outside the 50 states and the District of Columbia)?

9724 Yes

9725 No

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

9726 Less than 25%

9727 25% - 49%

9728 50% - 74%

9729 75% - 99%

9730 100%

Form NC-99001 (DRAFT) REMARKS (Please use this space for any explanations that may be essential in understanding your reported data.)

4 CERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions.											
	time period co dar year?	vered by this rep	ort a		Month	1	Year		Month	Year	
☐ Yes ☐ No - Enter time period covered → FROM ☐ TO ☐ ☐ ☐											
Name	of person to o	ontact regarding	this report			Title					
	Area code	Num	ber	Extens	sion Area cod		Area code	de Number			
Tele- phone	-		-			Fax] -	-		
E-mai	I address							Month	Day	Year	
						Date completed —					
	Thank you for completing your 2013 REPORT OF ORGANIZATION form. PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.										

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

2013 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 2013.

Company Establishments and Subsidiaries Operational Status at the End of 2013													
	(Add store or correct any	plant nu	mber, it	any, and	Employment and Payroll					(Mark "X" only ONE box.)			
		(a)					(b)				(c	c)	
Line No.	EIN			NAICS	2013				10	In operation			orarily or nally inactive
					Num	ber of e	emplo	yees for pay		operation		Seasor	iany mactive
Major ac	tivitv				pe	rioa inc	iuaing	g March 12	1,,	Ceased	Month	Day	Year
•	•								operation - Give date →				
Name									1	Sold or lea	ased to an	other op	erator - Give date
								payroll ch 2013)			D enter na	me and	address of new
Seconda	ry name			Store/Plant No.	\$Bil.	Mil		Thou.	Nam	e of new ov	vner or op	erator	
Physical	location (Num	ber and	street)						Maili	ing address	(Number a	and stre	et, P.O. box, etc.)
,							2013						
0			0	710.0	Annual payroll			011			0	710.0	
City, tow	n, village, etc.		State	ZIP Code	\$Bil. Mil. Thou.		City,	town, villag	je, etc.	State	ZIP Code		
										Other - Specify —	-		
Line No.	EIN			NAICS			2013			In			orarily or
								yees for pay		operation		seasor	nally inactive
Major ac	tivitv				period including March 12			1,,	Ceased	Month	Day	Year	
	,									operation - Give date →			
Name									+	Sold or leased to another operator - Give			
					First quarter payroll (January-March 2013)				above AND enter name and address of new owner or operator below				
Seconda	ry name			Store/Plant No.	\$Bil.	Mil		Thou.	Nam	e of new ov	vner or op	erator	
Physical	location (Num	ber and	street)						Maili	ing address	(Number a	and stre	et, P.O. box, etc.)
,	, , ,		,				2013			<i>y</i>			
					Ann	ual pa	ayroll	011		,	0	710 0 1	
City, tow	n, village, etc.		State	ZIP Code	\$Bil.	Mil		Thou.	City,	town, villag	je, etc.	State	ZIP Code
					7								
										Other - Specify			

Form NC-99002 (DRAFT)

A. PRE-IDENTIFIED LOCATIONS OF OPERATIONS (a) Company Establishments and Subsidiaries												
Line No. EIN NAICS		(10)	(b) Employment and Payroll 2013		Co Operational Status at the End of 2013 Temporarily or							
Line 140.	LIIV		10,400				operation			nally inactive		
				Number of employees for pay period including March 12			Ceased	Month	Day	Year		
Major ac	tivity							operation	WOILLI	Day	Tour	
								- Give date —▶				
Name							-	Sold or los	and to an	other o	porator Give date	
				(First quarter payroll (January-March 2013) Sold or leased to another operator above AND enter name and address owner or operator below							
Secondary name Store/Plant No.			\$Bil.	Mil.	Thou.	Nam	Name of new owner or operator					
5									/		. 501	
Physical location (Number and street)				Mailing address (Number and street, P.O. box, e				eet, P.O. box, etc.)				
City, town, village, etc. State		ZIP Code	Annual payroll		City,	City, town, village, etc. State ZIP Code		ZIP Code				
				\$Bil. Mil. Thou.		Thou.	-					
						Other - Specify						
Line No.	FIN		NAICS		2013			In Temporarily or		orarily or		
Line ive			10,400	Num		oyees for pay		operation			nally inactive	
					riod includin			Ceased	Month	Day	Year	
Major ac	tivity							operation				
								- Give date —▶				
Name					Sold or leased to another opera				nerator - Give date			
				First quarter payroll (January-March 2013)		above AND enter name and address of new owner or operator below						
Seconda	ry name		Store/Plant No.	\$Bil.	Mil.	Thou.	Name of new owner or operator					
Physical	location (Number	and street)					Mailing address (Number and street, P.O. box, etc.)					
yo.ou.	iodation (iranizor	ua 01.001/			2013			ng dadiooc	(114111501	4.14 01.0	roty : 101 Boxy otoly	
				Annual payroll								
City, tow	n, village, etc.	State	ZIP Code	\$Bil.	Mil.	Thou.	City,	town, villag	e, etc.	State	ZIP Code	
				φυπ.	IVIII.	Tilou.						
		l						Other - Specify	-		'	
Line No.	EIN		NAICS		2013	3		In _		Temp	orarily or	
				Num	ber of emplo	oyees for pay		operation		seaso	nally inactive	
Major ac	tivity			pei	riod includin	g March 12 '		Ceased	Month	Day	Year	
iviajor ac	livity							operation - Give date →				
Name									and to	othar	poretor Civil det	
1101110			First quarter payroll (January-March 2013)		Sold or leased to another operator - Give date above AND enter name and address of new owner or operator below							
Secondary name Store/Plant No.			\$Bil. Mil. Thou. Name of new owner or operator									
DI : :		1					B.4		/NI 1	1 .	1.001	
Physical	location (Number	and street)		2013			Maili	ng address	(Number	and stre	eet, P.O. box, etc.)	
							-					
City, tow	n, village, etc.	State	ZIP Code		1		State	ZIP Code				
				\$Bil.	Mil.	Thou.					1	
								Othor				
								Other - Specify —	→			

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2013 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 Major Activity in 2013 (Enter Employer Identification Number (EIN), **Employment and Payroll** (Enter code from the MAJOR ACTIVITY CODES list establishment name, your store or plant number, if any, address of physical location, including ZIP Code.) and specify the principal products or services.) (b) (c1) EIN 2013 Code Specify Number of employees for pay period including March 12 Name (c2) Former Owner or Operator Store/Plant No. Secondary name Name of former owner or operator First quarter payroll (January-March 2013) Physical location (Number and street) \$Bil. Mil. Thou. Mailing address (Number and street, P.O. Box, etc.) City, town, village, etc. State ZIP Code City, town, village, etc. State ZIP Code 2013 Annual payroll Month Day Year \$Bil. Mil. Thou. Month Year establishment opened or is expected to Date acquired open

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

2013 REPORT OF ORGANIZATION



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 2013. 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 2013 that were not prelisted on ⑤A.

Company Establishments and Subsidiaries							
Line No. EIN NAICS							
Major ac	tivity						
Name							
Seconda	ry name		Store/Plant No.				
Physical	location (N	umber and	street)				
City, tow	n, village, e	etc.	State	ZIP Code			
Line No.	EIN			NAICS			
Major activity							
Name							
Seconda	ry name		Store/Plant No.				
Physical location (Number and street)							
City, tow	n, village, e	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 ⑥A.

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 \P A. Employment, payroll, and status information is requested for these establishments. Any changes to the prelisted information for these establishments should be entered on the \P A sheets.

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



Form NC-99004 (DRAFT)

5 A	. PRE-IDE	NTIFIED L	OCAT	ONS OF OPERA	TIONS - Continued
С	ompany Es	tablishmen	ts and S	Subsidiaries	
Line No.	EIN			NAICS	The manufact
					Manufactures
Major ac	tivitv				the first page(requested on
major ao					concerning th
					to the preliste report forms a
Name					The establish
					Manufactures
Seconda	ry name			Store/Plant No.	receiving an N 5A. Employn
					these establis these establis
Physical	location (N	umber and	street)		
	,		•		 Review the establishment
0	***		0	710.0	prelisted on
City, tow	n, village, e	etc.	State	ZIP Code	
Line No.	FIN			NAICS	
LINE NO.	LIIV			IVAICO	-
Major ac	tivity				
Name					
Seconda	rv name			Store/Plant No.	
0000	. ,			Grand, i america	
Physical	location (N	umber and	street)		
City, tow	n, village, e	etc.	State	ZIP Code	
					_
Line No.	EIN			NAICS	
Major ac	tivity				
-	-				
Nome					
Name					
Seconda	ry name			Store/Plant No.	
Physical	location (N	umber and	street)		
			,		
City	- حالن م	nto.	Ctata	7ID Code	
City, tow	n, village, e	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 ⑥A sheets.

Review the establishments listed on ⑤A. List separately on ⑥B all establishments of your company and its subsidiaries that are not prelisted on ⑥A 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

2013 REPORT OF ORGANIZATION



A. PRE-IDENTIFIED LOCATIONS OF OPERATION



IMPORTANT - Please read

●A should include an up-to-date list of establishments of your company that were in operation during 2013. We have prelisted establishments of your company based on Census records.

On **5**B 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 2013 that were not prelisted on **5**A.

Company Establishments and Subsidiaries								
Line No.	EIN			NAICS				
Major ac	tivity							
Name	Name							
Seconda	ry name	Store/Plant No.						
Physical	location (N	umber and	street)					
City, tow	n, village, e	etc.	State	ZIP Code				
Line No.	EIN			NAICS				
Major activity								
Name								
Seconda	ry name	Store/Plant No.						
Physical location (Number and street)								
City, tow	n, village, e	etc.	State	ZIP Code				

An MA-10000(L) report form is enclosed with the NC-99001 for each of the establishments prelisted in SA. 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 A sheets.

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



Form NC-99005 (DRAFT)

1 OTHER TO GOOD (BRIATE)							
С	ompany Es	tablishment	s and S	ubsidiaries			
Line No.				NAICS			
Major activity							
,							
Name	Name						
Seconda	ry name			Store/Plant No.			
Physical	location (N	umber and	street)				
City, town, village, etc. State ZIP Code							
City, tow	n, village, e	State	ZIP Code				
Line No.	EIN	NAICS					
Major ac	tivity						
	-						
Name							
Seconda	ry name			Store/Plant No.			
Physical location (Number and street)							
City town	م معمالت م	ZIP Code					
City, tow	n, village, e	ZIP Code					
Line No.	FIN			NAICS			
Line ite.	LIIV			10.00			
Major activity							
	,						
Name							
Seconda	ry name			Store/Plant No.			
Seconda	ry name			Store/Plant No.			
				Store/Plant No.			
		umber and	street)	Store/Plant No.			
		umber and	street)	Store/Plant No.			
Physical	location (N						
Physical			street)	Store/Plant No.			
Physical	location (N						

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 **6**B all establishments of your company and its subsidiaries that are not prelisted on **6**A but were in operation or under construction.

