



2005 REPORT OF ORGANIZATION

FORM
NC-99001 (10-26-2005)

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.

**INFORMATION COPY
DO NOT USE TO REPORT**

(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.

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 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?

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%

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 C 

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"/> 25-49%	<input type="checkbox"/> 51-99%

INFORMATION COPY
DO NOT USE TO REPORT

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