DUE DATE: 30 DAYS AFTER RECEIPT

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FORM **MA-1000(MU)**
(4-30-84)

1984 ANNUAL SURVEY OF MANUFACTURES

O. M. B. NO. 0607-0449 EXP 01/86

NOTICE — Response to this inquiry is required by law (title 13, U.S. Code). By section 9 of the same law, your report to the Census Bureau is confidential. It may be seen only by sworn Census employees and may be used only for statistical purposes. The law also provides that copies retained in your files are immune from legal process.

Please complete this form and RETURN TO: Bureau of the Census, 1201 East Tenth Street, Jeffersonville, Indiana 47132

NOTE — For detailed instructions refer to manual MA-1000-R. Complete only the unshaded portion of each item, enter "0" when appropriate. Figures for dollars, plant-hours, kwh should be rounded to thousands.

In correspondence pertaining to this report refer to this Census File Number (11 digits): CFN 81200300036
Employer Identification Number: EI 13-0430890 9

AMERICAN CYANAMID COMPANY
MAC GREGOR LEAD PLANT
4500 WEST FIFTEENTH ST
CHICAGO IL 60623-0000

YOUR FILE COPY

(Please correct any error in name and address including ZIP code)

ITEM 1A Employer Identification Number(s)

Is the Employer Identification (EI) Number printed in the upper right of the address box the SAME as that used for this establishment on its latest 1984 Employer's Quarterly Federal Tax Return, Treasury Form 941?

1 ☑ YES
2 ☐ NO — Enter current EI Number (9 digits)

ITEM 1B Physical location

a. Is this establishment located in the State, county, and place shown as the address?
1 ☑ YES — SKIP to ITEM 2
2 ☐ NO — Correct or complete lines (1) through (3)

(1) Number and street: 4500 WEST FIFTEENTH ST
(2) City, village, etc.: CHICAGO
(3) County: COOK

ITEM 2 Number of employees

	Key	1984 Number	1983 Number
Number of production workers during pay period including the 12th of month — a. March	301	22	[illegible]
b. May	302	22	[illegible]
c. August	303	23	21
d. November	304	23	[illegible]
e. Sum of lines a through d	305	90	82
f. Average number (Divide line e by 4)	306	22.5	21
g. All other employees (pay period of March 12)	307	3	[illegible]
h. TOTAL f and g (Item 2)	308	25.5	24

ITEM 3A Annual payroll

	Key	1984 Thou.	1983 Thou.
a. Production workers' wages	309	525	444
b. All other salaries and wages	310	62	[illegible]
c. TOTAL (Item 3A)	311	587	503

ITEM 3B Employer's cost for fringe benefits (supplemental labor costs) (Exclude from item 3A)

	Key	1984 Thou.	1983 Thou.
a. Legally required including Social Security	312		57
b. Payments for voluntary programs	313	58	[illegible]
c. TOTAL (Item 3B)	314		139

ITEM 3C First quarter payroll

	Key	1984 Thou.	1983 Thou.
Total payroll for the first quarter (Jan.—March)	315	144	114

ITEM 4 Total plant hours worked by production workers

	Key	1984 Thou.	1983 Thou.
Total plant hours worked by production workers	320	46	42

ITEM 5 Cost of materials and services used

	1984 Thou.
a. Cost of materials, parts, components, containers, etc. used	2 053
b. Cost of products bought and sold as such	—
c. Cost of fuels consumed for heat or power	217
d. Cost of purchased electricity	136
e. Cost of contract work done for you by others	27
f. TOTAL (Item 5)	2 433

ITEM 6 Inventories of this establishment

Are inventories of this establishment subject to the LIFO method of valuation? ☐ YES ☐ NO

	Key	Beginning of year	End of year
a. Finished goods		262	217
b. Work-in-process	336	—	[illegible]
c. Materials, supplies, fuels, etc.	337	396	217
d. TOTAL INVENTORIES — Sum of lines a through c equals g	338	658	434
e. (1) Amount not subject to LIFO costing			430
(2) Amount subject to LIFO costing (gross)	369		
f. (1) Amount of the LIFO reserve	670		
(2) LIFO value of line e(2)	671		

ITEM 7 Depreciable assets, capital expenditures, and retirements

(a)	Key	1984 Total (b) Thou.	Key	Buildings and other structures (exc. land) (c) Thou.	Key	Machinery and equipment (d) Thou.	1983 Total (e)
a. Gross value of depreciable assets (usually original cost) at beginning of year	341	2 328	339	513	340	1 815	[illegible]
b. Capital expenditures for new buildings and machinery	344	297	342	37	343	260	[illegible]
c. Capital expenditures for used buildings and machinery	347		345		346		
d. Retirements and disposition of depreciable assets — Mark (X) if "0" 260 ☐ 0	353	(29)	351	(18)	352	11	106
e. Gross value of depreciable assets at end of year (should equal lines 7a + 7b + 7c − 7d)	356	2 596	354	532	355	2 064	[illegible]

ITEM 8 Depreciation charges for the year — Mark (X) if "0" 261 ☐ 0 | 359 | 142 | 357 | 20 | 358 | 122

ITEM 9 Rental payments — Mark (X) if "0" 262 ☐ 0 | 362 | | 360 | | 361 |

ITEM 10A Value of products shipped and other receipts during 1984 — If additional lines are needed, please use remarks section on reverse.

Products and services of this establishment (If printed descriptions are incorrect, please revise. Describe all additional products.) (a)	Product class code (b)	1984 Thou. (c)	1983 (d)
OTHER WHITE OPAQUE PIGMENTS (INCLUDES ZINC OXIDE PIGMENTS, ANTIMONY OXIDE, LITHOPONE, ZINC SULFIDE)	18 28162	3 559	[illegible]
	29		
	34		
	43		
	59		
	67		
Enter the sum of additional products if any are reported in the remarks section on reverse	75	3 559	
Receipts for work or services that you performed for others on their materials — Describe	93000 B	—	
Miscellaneous receipts (repair work, installation, sales of scrap, etc.)	99980 B	—	
Resales — Sales of products bought and resold without further manufacture, processing, or assembly (Report cost in item 5b)	99989 B	—	
TOTAL (Total value of products shipped and other receipts of this establishment)	72000 B	3 559	[illegible]

CENSUS USE

PENALTY FOR FAILURE TO REPORT

CONTINUE ON REVERSE

N9317

ITEM 10B **Shipments to other domestic plants of your company**
(This is a breakout of the total value of shipments reported in item 10A.)

Report the value of products shipped to other domestic plants of your company for further assembly, fabrication, or manufacture.

ITEM 10C **Value of products exported** (This is a breakout of the data reported in item 10A.)

Report the value of products shipped for EXPORT. Include value of products shipped to exporters or other wholesalers for export. Also include the value of products sold to the United States Government to be shipped to foreign governments. Do not include products shipped for further manufacture, assembly, or fabrication in the United States.

ITEM 11 **Quantity of electricity**

For detailed instructions refer to the enclosed instruction manual. Figures should be rounded to thousands.

a. Purchased electricity (quantity corresponding to cost as reported in item 5d)	1,902
b. Generated electricity (gross less generating station use)	
c. Electricity sold or transferred to other establishments	

ITEM 12 **Method of valuation for inventories reported for 1984 in item 6**

Using the inventory total reported for this establishment in item 6e(1) for 1984, please indicate the breakdown of that total according to the inventory valuation methods shown.

- Cost method — Report amounts on lines 1a—e
- Market basis always used — Report amounts on line 2b
- Lower of cost or market — Report amounts valued at cost on lines 1a—e according to the applicable methods and the amount at market on line 2a. For the value reported on line 2a, indicate in the remarks section the cost method that was higher than market. For example: "FIFO."

		Key	Amount
1. Cost	a. First-in, First-out (FIFO)	381	
	b. Average cost	383	
	c. Specific cost identification	384	
	d. Standard cost	385	658
	e. Other, specify	386	
2. Market	a. Market used for valuation because market lower than cost	387	
	b. Market always used for valuation	388	
TOTAL *(Equals the total reported in item 6e(1) for 1984)* →		389	658

ITEM 13A **Operational status** — *Mark (X) the ONE box which best describes this establishment at the end of 1984.*

001
1 ☒ In operation
2 ☐ Temporarily or seasonally inactive
3 ☐ Ceased operation — *Give date at right*
4 ☐ Sold or leased TO another operator — *Give date at right AND enter name, etc. below*
5 ☐ Acquired or leased FROM another operator — *Give date at right AND enter name, etc. below*

GIVE DATE → Month | Day | Year

NAME OF NEW/FORMER OWNER OR OPERATOR			EI Number
NUMBER AND STREET	CITY	STATE	ZIP CODE

ITEM 13B *Not applicable to this report.*

REMARKS — Please use this space for any explanations that may be essential in understanding your reported data.

ITEM 14 **CERTIFICATION** — This report is substantially accurate and has been prepared in accordance with instructions.

Name of person to contact regarding this report	Telephone	Area code	Number	Extension
Name of company	Address (Number and street, city, State, ZIP code)			

Period covered	From: Mo Day Year	To: Mo Day Year	Signature of authorized person	Title	Date
866 1					

FORM MA-100(M)(1-14-3/1/84)

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