



NC-99001

Need help or have questions about filling out this form?

Visit <https://econhelp.census.gov/cosasm>

- 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 and address, including 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 2015. 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.

- 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:

0 1 2 3 4 5 6 7 8 9

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 ↴

0009 No - Go to line B

0080 Name of owning or controlling company

0081 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%

CONTINUE WITH **1** ON PAGE 2

99001018

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 ↴

6102 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 10% - 24%

6113 50%

6115 100%

6112 25% - 49%

6114 51% - 99%

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. Did your company perform or fund research and development (R&D) in 2015?

6129 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 2015?

6132 Less than \$3 million

6133 \$3 million or more



HOW TO REPORT DOLLAR FIGURES

Dollar figures should be **rounded to thousands** of dollars.

Mark "X" if None

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

Report

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

Report

2015		
\$ Bil.	Mil.	Thou.
	2	036
EXAMPLE		

3 COMPANY ACTIVITIES

A. EMPLOYEES FROM A PROFESSIONAL EMPLOYER ORGANIZATION

Did your company lease 50 percent or more of its permanent full- and part-time workforce from a Professional Employer Organization during 2015? (Permanent workforce excludes temporary staffing from a staffing service and contractors.)

0244 Yes

0245 No

B. OPERATING REVENUES AND NET SALES

1. Your company's operating revenues and net sales generated from U.S. operations (i.e., located in the 50 states and the District of Columbia) in 2015.

Include:

- Sales of goods and services to foreign firms.
- Revenues of discontinued operations.
- Sales to a foreign parent firm and its affiliates not owned by your company.
- Sales by your company's domestic operations to foreign subsidiaries.

Exclude:

- Sales generated by your company's foreign operations.
- Domestic inter-company sales.

Special instructions for tax-exempt firms: Report revenues, realized gains and losses, and contributions for all classes of net assets regardless of restrictions.

Mark "X" if None

Operating revenues and net sales 0100

2015		
\$ Bil.	Mil.	Thou.

2. Did your company have foreign subsidiaries in 2015?

9760 Yes - Go to line 3

9761 No - Go to line 1 on the **next page**

3. Does the amount reported on line 1 include inter-company sales by your company's domestic operations to foreign subsidiaries?

9755 Yes - Go to line 1 on the **next page**

9756 No - Go to line 4

Mark "X" if None

4. Report inter-company sales by your company's domestic operations to foreign subsidiaries 9758

2015		
\$ Bil.	Mil.	Thou.

99001034

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 2015 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**

2. Revenues from **royalties and license fees** in 2015 for rights to use intellectual property 9703

Mark "X" if None

2015		
\$ Bil.	Mil.	Thou.

3. Revenues from your company's U.S. operations, as reported in line 2, **for the following types of royalties and license fees** in 2015:

Mark "X" if None

2015		
\$ Bil.	Mil.	Thou.

a. Technological or industrial processes (Include patents, trade secrets, and proprietary technology. Exclude computer software.) 9704

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.) 9705

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.) 9706

d. Other revenues from royalties and license fees for rights to use intellectual property - Specify ↴

9752 9751

e. TOTAL revenues from royalties and license fees in 2015 for rights to use intellectual property (Sum of lines 3a through 3d should equal line 2.) 9708

99001042



3 COMPANY ACTIVITIES - Continued**D. MANUFACTURING ACTIVITIES - Please respond even if you are not a manufacturer.**

In 2015, 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?

9709 Yes - Go to line 2

9710 No - Go to line 3

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

9711 Yes

9712 No - Go to line 3

Estimate the percent of operating revenues and net sales, as reported in **3B**, 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%



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.

Is the time period covered by this report a calendar year?

Yes No - Enter time period covered →

FROM	Month	Year	TO	Month	Year
	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

Name of person to contact regarding this report

Title

Area code	Number	Extension
<input type="text"/>	<input type="text"/>	<input type="text"/>

Area code	Number
<input type="text"/>	<input type="text"/>

E-mail address

Date completed →

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Thank you for completing your 2015 REPORT OF ORGANIZATION form.

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.

99001067



2015 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 2015.

Company Establishments and Subsidiaries <i>(Add store or plant number, if any, and correct any errors or omissions.)</i>			Employment and Payroll			Operational Status at the End of 2015 <i>(Mark "X" only ONE box.)</i>			
(a)			(b)			(c)			
Line No.	EIN	NAICS	2015			<input type="checkbox"/> In operation	<input type="checkbox"/> Temporarily or seasonally inactive		
Major activity			Number of employees for pay period including March 12			<input type="checkbox"/> Ceased operation - Give date →	Month	Day	Year
Name			First quarter payroll (January-March 2015)			<input type="checkbox"/> 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			
Physical location (Number and street)			2015			Mailing address (Number and street, P.O. box, etc.)			
City, town, village, etc.		State	Annual payroll			City, town, village, etc.		State	ZIP Code
			\$Bil.	Mil.	Thou.				
						<input type="checkbox"/> Other - Specify →			
Line No.	EIN	NAICS	2015			<input type="checkbox"/> In operation	<input type="checkbox"/> Temporarily or seasonally inactive		
Major activity			Number of employees for pay period including March 12			<input type="checkbox"/> Ceased operation - Give date →	Month	Day	Year
Name			First quarter payroll (January-March 2015)			<input type="checkbox"/> 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			
Physical location (Number and street)			2015			Mailing address (Number and street, P.O. box, etc.)			
City, town, village, etc.		State	Annual payroll			City, town, village, etc.		State	ZIP Code
			\$Bil.	Mil.	Thou.				
						<input type="checkbox"/> Other - Specify →			

99002016



5 A. PRE-IDENTIFIED LOCATIONS OF OPERATION - Continued												
(a) Company Establishments and Subsidiaries				(b) Employment and Payroll				(c) Operational Status at the End of 2015				
Line No.	EIN		NAICS	2015			<input type="checkbox"/> In operation		<input type="checkbox"/> Temporarily or seasonally inactive			
				Number of employees for pay period including March 12			<input type="checkbox"/> Ceased operation - Give date →		Month	Day	Year	
Major activity												
Name				First quarter payroll (January-March 2015)			<input type="checkbox"/> 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					
Physical location (Number and street)							Mailing address (Number and street, P.O. box, etc.)					
City, town, village, etc.			State	ZIP Code		2015						
				Annual payroll			City, town, village, etc.			State	ZIP Code	
				\$Bil.	Mil.	Thou.						
							<input type="checkbox"/> Other - Specify →					
Line No.	EIN		NAICS	2015			<input type="checkbox"/> In operation		<input type="checkbox"/> Temporarily or seasonally inactive			
				Number of employees for pay period including March 12			<input type="checkbox"/> Ceased operation - Give date →		Month	Day	Year	
Major activity												
Name				First quarter payroll (January-March 2015)			<input type="checkbox"/> 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					
Physical location (Number and street)							Mailing address (Number and street, P.O. box, etc.)					
City, town, village, etc.			State	ZIP Code		2015						
				Annual payroll			City, town, village, etc.			State	ZIP Code	
				\$Bil.	Mil.	Thou.						
							<input type="checkbox"/> Other - Specify →					
Line No.	EIN		NAICS	2015			<input type="checkbox"/> In operation		<input type="checkbox"/> Temporarily or seasonally inactive			
				Number of employees for pay period including March 12			<input type="checkbox"/> Ceased operation - Give date →		Month	Day	Year	
Major activity												
Name				First quarter payroll (January-March 2015)			<input type="checkbox"/> 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					
Physical location (Number and street)							Mailing address (Number and street, P.O. box, etc.)					
City, town, village, etc.			State	ZIP Code		2015						
				Annual payroll			City, town, village, etc.			State	ZIP Code	
				\$Bil.	Mil.	Thou.						
							<input type="checkbox"/> Other - Specify →					

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2015 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 5A.

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 2015 (Enter code from the MAJOR ACTIVITY CODES list and specify the principal products or services.)		
(a)				(b)			(c1)		
EIN				2015			Code	Specify	
[] [] - [] [] [] [] [] [] [] []				Number of employees for pay period including March 12			[] []		
Name				[] [] [] [] [] [] [] []			(c2) Former Owner or Operator		
Secondary name			Store/Plant No.	First quarter payroll (January-March 2015)			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				City, town, village, etc.	State	ZIP Code
				2015					
				Annual payroll					
Date establishment opened or is expected to open	Month	Day	Year	\$Bil.	Mil.	Thou.	Date acquired		
	[] []	[] []	[] [] [] []	[] [] [] [] [] [] [] []				[] []	[] [] [] []

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