U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

FORM
NC-99007 (10-27-2015)

2015 REPORT OF ORGANIZATION

OMB No. 0607-0444: Approval Expires 5/31/2018

NC-99007

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.

1 OWNERSHIP OR CONTROL

A. Does another domestic company own 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* 2

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

B. What percent of voting stock was held by owning **or** controlling company? *(Mark "X" only ONE box.)*

0027 ☐ Less than 50% 0028 ☐ 50% 0029 ☐ More than 50%

2 NUMBER OF LOCATIONS OF OPERATION

How many locations report employment and payroll under the EIN shown to the left of the mailing address?

6068 ☐ One location - *Go to* 3 6069 ☐ More than one location - *Go to* 4

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PENALTY FOR FAILURE TO REPORT

3 PHYSICAL LOCATION

Is this establishment's physical location the same as shown in the mailing address?
(P.O. Box and rural route addresses are not physical locations.)

0031 ☐ Yes - *Go to* 5

0030 ☐ No - *Enter physical location and go to* 5

0035 Number and street

0036 City, town, village, etc. | 0037 State | 0038 ZIP Code

4 LOCATIONS OF OPERATION

How many locations were in operation at the end of 2015 under the EIN shown to the left of the mailing address? . . . . . 2015 Number

(If your EIN had more than 2 physical locations at the end of 2015, copy this page and provide the requested data for all of your locations.)

- Provide the physical location address and other information requested for each location.
- Provide the headquarters location first, followed by all other locations.
- For employees that worked at more than one location, report the employment and payroll data for the employees at the ONE location where they spent most of their working time.

1

Name

Secondary name | Store or plant No.

Physical location (Number and street)

City, town, village, etc. | State

ZIP Code

Number of employees for pay period including March 12 . . . . . 2015 Estimates are acceptable Number

First quarter payroll (January-March 2015) | $ Bil. | Mil. | Thou.

Annual payroll . . .

Describe kind of business at this location

2

Name

Secondary name | Store or plant No.

Physical location (Number and street)

City, town, village, etc. | State

ZIP Code

Number of employees for pay period including March 12 . . . . . 2015 Estimates are acceptable Number

First quarter payroll (January-March 2015) | $ Bil. | Mil. | Thou.

Annual payroll . . .

Describe kind of business at this location

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5 CERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions.

Name of person to contact regarding this report | Telephone | Area code | Number | Extension