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2018 Report of Organization (COS)

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Mailing Address Additional Information

MAILING ADDRESS

ATTN

Name 1

Name 2

Street

City

State

ZIP Code

99999-9999

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CFN

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Item 1: Ownership or Control

,

CFN:

ITEM 1: OWNERSHIP OR CONTROL

Is your company owned or controlled by another domestic company?

- ○ Yes
- ○ No

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NC-99001(L) - Report of Organization

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Item 1: Ownership or Control - Voting Stock Validation

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CFN:

ITEM 1: OWNERSHIP OR CONTROL - VOTING STOCK VALIDATION

Does another domestic company own more than 50 percent of the voting stock of your company?

- ○ Yes
- ○ No

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Item 1: Ownership or Control - Management and Policy

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CFN:

ITEM 1: OWNERSHIP OR CONTROL - MANAGEMENT AND POLICY

Does another domestic company have the power to control the management and policies of your company?

- ○ Yes
- ○ No

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Item 1: Ownership or Control - Percent of Voting Stock Held

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CFN:

ITEM 1: OWNERSHIP OR CONTROL - PERCENT OF VOTING STOCK HELD

What percent of voting stock was held by the owning or controlling company?

- ○ Less than 50%
- ○ 50%

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Item 1: Ownership or Control - Company Information Additional Information

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CFN:

ITEM 1: OWNERSHIP OR CONTROL - COMPANY INFORMATION

What is the name, address, and 9-digit Employer Identification Number (EIN) of the owning or controlling company?

Name of owning or controlling company

Home office address (Number and street)

City, town, village, etc.

State

Select State or Territory

ZIP Code

99999-9999

EIN

99-9999999

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Item 1: Foreign Ownership or Control

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CFN:

ITEM 1: 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
- ○ No

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Item 1: Foreign Ownership or Control - Company Information

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CFN:

ITEM 1: FOREIGN OWNERSHIP OR CONTROL - COMPANY INFORMATION

What is the name, address, and country of the foreign entity (company, individual, government)?

Name of foreign beneficial owner

Home office address (Number and street)

City

Country

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Item 1: Foreign Ownership or Control - Percent of Voting Stock Owned Additional Information

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CFN:

ITEM 1: FOREIGN OWNERSHIP OR CONTROL - PERCENT OF VOTING STOCK OWNED

What percent of voting stock was owned directly or indirectly by a foreign entity (company, individual, government)?

- ○ 10% to 24%
- ○ 25% to 49%
- ○ 50%
- ○ 51% to 99%
- ○ 100%

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Item 1: Foreign Affiliates

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CFN:

ITEM 1: 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

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Item 2: Research and Development Additional Information

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CFN:

ITEM 2: RESEARCH AND DEVELOPMENT

Did your company perform or fund research and development (R&D) in 2018?

- ○ Yes
- ○ No

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Item 2: Research and Development Expenses

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CFN:

ITEM 2: RESEARCH AND DEVELOPMENT EXPENSES

What were your company's worldwide expenses for research and development (R&D) in 2018?

- ○ Less than $3 million
- ○ $3 million or more

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Item 3: Professional Employer Organization

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CFN:

ITEM 3: 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 2018?
(Permanent workforce excludes temporary staffing from a staffing service and contractors)

- ○ Yes
- ○ No

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Item 3: Business Cooperative

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CFN:

ITEM 3: BUSINESS COOPERATIVE

A cooperative is a business or organization owned by, controlled by, and operated for the benefit of members using its services. Members (also known as user-owners) can be individuals or organizations, and benefit from the use of services, products, and/or earnings generated by the co-op. This includes purchasing co-ops, member/patron organizations, member-controlled non-profits, consumer co-ops, marketing co-ops, worker co-ops, etc.

Is this company a cooperative?

- ○ Yes
- ○ No

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Item 4: Certification

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CFN:

ITEM 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 below

Enter From Date: MM Select Mont | YYYY Select Year

Enter To Date: MM Select Mont | YYYY Select Year

Name of person to contact regarding this report

Title

Phone Number

Fax Number

E-mail address

Date Completed: MMDDYYYY
MMDDYYYY

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Item 4: Remarks

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CFN:

ITEM 4: REMARKS (Optional - Enter remarks only if necessary)

Please use this space only for any explanations that may be essential in understanding your reported data. (Maximum length is 1,000 characters.)

You have 1000 characters remaining

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Item 5A: Pre-Identified Locations of Operation Additional Information

ITEM 5A: PRE-IDENTIFIED LOCATIONS OF OPERATION

A. LOCATION INFORMATION

We have listed establishments of your company based on Census records. Correct any errors or omissions below.
(P.O. Box and rural route addresses are not physical locations)

EIN	Store or plant No.
99-9999999	

NAICS	Major Activity

Name

Secondary Name

Physical Location (Number and Street)

City, town, village, etc.	State	ZIP Code
	Select State or Territory	99999-9999

CFN	Line No.

B. EMPLOYMENT AND PAYROLL

- Include the number of employees and payroll for full- and part-time employees working at this establishment whose payroll was reported on 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**.

	2018
What was the number of employees for pay period including March 12?	

	2018
What was the annual payroll?	$,000.00

	2018
What was the first quarter payroll (January-March 2018)?	$,000.00

C. OPERATIONAL STATUS

Which of the following best describes this establishment's operational status at the end of 2018?

- ○ In operation

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- ○ Temporarily or seasonally inactive
- ○ Ceased Operation
- ○ Sold or leased to another operator
- ○ Other
  - Describe

CEASED OPERATION OR SOLD OR LEASED INFORMATION

If this establishment ceased operation or was sold or leased to another operator, what was the date?

MMDDYYYY

If this establishment was sold or leased to another operator, what is the name and address of this establishment's new owner or operator?

Name of new owner/operator

Mailing Address (Number and Street, P.O. Box, etc.)

City, town, village, etc. | State: Select State or Territory | ZIP Code: 99999-9999

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Item 5B: Additional Locations of Operation Additional Information

ITEM 5B: ADDITIONAL LOCATIONS OF OPERATION

A. LOCATION INFORMATION

What is this establishment's physical location?
(P.O. Box and rural route addresses are not physical locations)

CFN

EIN
99-9999999

Name

Secondary Name

Store or plant No.

Physical Location (Number and Street)

City, town, village, etc.

State
Select State or Territory

ZIP Code
99999-9999

Date establishment opened or is expected to open
MMDDYYYY

B. EMPLOYMENT AND PAYROLL

- Include the number of employees and payroll for full- and part-time employees working at this establishment whose payroll was reported on 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**.

	2018
What was the number of employees for pay period including March 12?	
What was the annual payroll?	$,000.00
What was the first quarter payroll (January-March 2018)?	$,000.00

C. MAJOR ACTIVITY CODE

Select the ACTIVITY CODE that best describes the activity of this establishment and what were the principal products or services?

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Activity Code	Principal products or services

D. FORMER OWNER OR OPERATOR INFORMATION

If this establishment was acquired, who was the former owner or operator, and when was this establishment acquired?

Name of former owner or operator

Mailing Address (Number and Street, P.O. Box, etc.)

City, town, village, etc.	State	ZIP Code
	Select State or Territory	99999-9999

Month Acquired	Year Acquired

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