#### **Attachment J**

Department of Commerce
United States Census Bureau
OMB Information Collection Request
2020-2022 Report of Organization
OMB Control Number 0607-0444

Form NC-99001(S)

Approval Expires: XX/XX/XXXX

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#### 2020 Report of Organization

Mailing Address Additional In	nformation	
MAILING ADDRESS		
ATTN		
Name 1		
Name 2		
Street		
City	State	
For Census Bureau Use Only		
CFN		



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#### 2020 Report of Organization

Item 1A: Ownership or Control
CFN:
ITEM 1A: OWNERSHIP OR CONTROL
Is your company owned or controlled by another domestic company?
○ Yes
○ No



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#### 2020 Report of Organization

Item 1B: Ownership or Control - Voting Stock Validation
CFN:
ITEM 1B: 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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#### 2020 Report of Organization

Item 1C: Ownership or Control - Management and Policy	
CFN:	
ITEM 1C: 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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#### 2020 Report of Organization

Item 1D: Ownership or Control - Percent of Voting Stock Held
CFN:
ITEM 1D: OWNERSHIP OR CONTROL - PERCENT OF VOTING STOCK HELD
What percent of voting stock was held by the owning or controlling company?
Cless than 50%



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#### 2020 Report of Organization

Item 1E: Ownership or Control - Con	npany Information Additional Information	
,		
CFN:		
ITEM 1E: OWNERSHIP OR CONTRO	DL - COMPANY INFORMATION	
What is the name, address, and 9-dig	it Employer Identification Number (EIN) of the owning or cont	rolling company?
Name of owning or controlling com	pany	
Home office address (Number and street)		
Juccey		
City, town, village, etc.	State	ZIP Code
	Select State or Territory	99999-9999
EIN		
99-999999		



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#### 2020 Report of Organization

Item 1F: Foreign Ownership or Control	
CFN:	
ITEM 1F: 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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#### 2020 Report of Organization

Item 1G: Foreign Ownership or Control - Compa	ny Information
, CFN:	
ITEM 1G: FOREIGN OWNERSHIP OR CONTRO What is the name, address, and country of the fo	
Name of foreign beneficial owner	reign energy (company, marviadar, government).
Home office address (Number and street)	
City	
Caustini	
Country	



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#### 2020 Report of Organization

Item 1H: Foreign Ownership or Control - Percent of Voting Stock Owned Additional Information
,
CFN:
ITEM 1H: 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)?
What percent of voting stock was owned directly or indirectly by a foreign entity (company, individual, government)?  10% to 24%
What percent of voting stock was owned directly or indirectly by a foreign entity (company, individual, government)?  10% to 24%  25% to 49%
What percent of voting stock was owned directly or indirectly by a foreign entity (company, individual, government)?  10% to 24%  25% to 49%  50%



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#### 2020 Report of Organization

Item 1I: Foreign Affiliates
CFN:
ITEM 11: 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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#### 2020 Report of Organization

Item 2A: Research and Development Additional Information	
CFN:	
ITEM 2A: RESEARCH AND DEVELOPMENT	
Did your company perform or fund research and development (R&D) in 2020?	
○ Yes	
○ No	



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#### 2020 Report of Organization

Item 2B: Research and Development Expenses
CFN:
ITEM 2B: RESEARCH AND DEVELOPMENT EXPENSES
What were your company's worldwide expenses for research and development (R&D) in 2020?
Less than \$3 million
\$3 million or more



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#### 2020 Report of Organization

Item 3A: Professional Employer Organization
CFN:
ITEM 3A: 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 2020? (Permanent workforce excludes temporary staffing from a staffing service and contractors)
○ Yes
○ No



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#### 2020 Report of Organization

Item 3B: Business Cooperative
,
CFN:
ITEM 3B: 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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#### 2020 Report of Organization

Item 4A: Certification	
•	
CFN:	
ITEM 4A: CERTIFICATION	
This report is substantially accurate and v	vas prepared in accordance with the instructions.
Is the time period covered by this report a	a calendar year?
○ Yes	·
No - Enter time period covered bel	ow
Enter From Date:	Enter To Date:
MM YYYY  Select Mont Select Year	MM YYYY  Select Mont  Select Year  Select Ye
Name of person to contact regarding this report	
Title	
Phone Number	
Fax Number	
E-mail address	
Date Completed:	
Date Completed: MMDDYYYY	
MMDDYYYY	



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# 2020 Report of Organization

FN:  TEM 4B: REMARKS (Optional - Enter remarks only if necessary)  ease use this space only for any explanations that may be essential in understanding your reported data. (Maximum length is 1,000 characters.)				
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	TEM 4B: REMARKS (Optional - Enter remarks only if necessary)			
	Please use this space only for any explanations that may be essential in understanding your reported d	ata. (Maximum	length	is 1,000 characters.)
You have 1000 characters remaining				//
		You have	1000	characters remaining



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#### 2020 Report of Organization

Item 5B: Additional Locations of Operation	on Additional Information	
ITEM 5B: ADDITIONAL LOCATIONS OF	OPERATION	
A. LOCATION INFORMATION		
What is this establishment's physical lo (P.O. Box and rural route addresses are		
CFN		
EIN		
99-999999		
Name		
Secondary Name	Store or plant No.	
Physical Location (Number and Stree	t)	
City, town, village, etc.	State	ZIP Code
Se	elect State or Territory	99999-9999
Date establishment opened or is expected to open		
MMDDYYYY		
B. EMPLOYMENT AND PAYROLL		
<ul><li>Internal Revenue Service Form 94</li><li>Include part-year operations</li><li>Do not combine data for establish</li></ul>	11, Employer's Quarterly Federal Tax Return	ng at this establishment whose payroll was reported on elease provide your best <b>estimates</b> .
What was the number of employees for	r pay period including March 12?	2020
What was the annual payroll?		\$ ,000.00
What was the first was transmit (law)	March 2020)3	\$ ,000.00



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#### 2020 Report of Organization

ctivity Code		Principal products or services	
ORMER OWNER OR OPERA	TOR INFORMATION		
his establishment was acquir	ed. who was the former o	wner or operator, and when was this	s establishment acquired?
Name of former owner or ope		In a political, and initial mass that	
idine of former owner or ope	uto:		
Mailing Address (Number and O. Box, etc.)	Street,		
			ZIP Code
Shir karina silla a aka	Ctata		ZIP Code
City, town, village, etc.	State Select State or Terri	orv	9999-9999
City, town, village, etc.	State Select State or Terri	tory	99999-9999

