



# 2002 ECONOMIC CENSUS SERVICES FOR CHILDREN AND YOUTH

OMB No. 0607-0887: Approval Expires 09/30/2004

**DUE DATE**  
**FEBRUARY 12, 2003**

**Mail** your completed form to:  
**U.S. CENSUS BUREAU**  
**1201 East 10th Street**  
**Jeffersonville, IN 47134-0001**

HC-62401

**Please read** the accompanying information sheet(s) before answering the questions.

**Need help or have questions about filling out this form?**

**Visit** our Web site at [www.census.gov/econhelp](http://www.census.gov/econhelp)

**Call** 1-800-233-6136, between 8:00 a.m. and 8:00 p.m., Eastern time, Monday through Friday.

- OR -

**Write** to the address above. Include your 11-digit Census File Number (CFN) printed in the mailing address.

**INFORMATION COPY  
DO NOT USE TO REPORT**

(Please correct any errors in this mailing address.)

**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.

- Use blue or black ink.
- Do not use pencil.
- Place an "X" inside the box.
- Please center numbers in their respective boxes. Examples:
- Do not put slashes through 0 or 7.

<input checked="" type="checkbox"/>	0	1	2	3	4	5	6	7	8	9
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The reporting unit for this form is an establishment. An **establishment** is generally a single physical location where business is conducted or where services or industrial operations are performed. For further clarification, see information sheet(s).

**1 MONTHS IN OPERATION** Mark "X" if None

Number of months in operation during 2002 (If none, mark "X" and go to 29.) . . . . . 0002

2002	
Number of months	

**2 EMPLOYER IDENTIFICATION NUMBER**

Is the Employer Identification Number (EIN) shown in the mailing address the same as the one used for this establishment on its latest 2002 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021  Yes      0022  No - Enter current EIN (9 digits) → 0025  -

**3 PHYSICAL LOCATION**

**A. 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      0032  No - Enter physical location →

0035 Number and street		
0036 City, town, village, etc.	0037 State	0038 ZIP Code

**B. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?**

0041  Yes      0042  No      0043  No legal boundaries      0044  Do not know

**C. Type of municipality where this establishment is physically located**

0046  City, village, or borough      0047  Town or township      0048  Other or do not know



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HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

If a figure is \$1,025,628.79:

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

Mark "X" if None

2002

\$ Mil.	Thou.	Dol.
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Report

Report

1	0	2	6
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**4 SALES, SHIPMENTS, RECEIPTS, OR REVENUE**

**A. Tax Status**

1. Is this establishment operated on a not-for-profit basis?

0106  Yes - Go to line A2      0107  No - Complete line B

2. Was all or part of the income of this establishment or organization exempt from Federal income taxes under section 501 of the Internal Revenue Code?

0103  Yes - Complete line C      0104  No - Complete line B

Mark "X" if None

2002

\$ Mil.	Thou.	Dol.
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B. Operating receipts of this (taxable) establishment . . . . . 0100

C. Revenue and expenses of this (tax-exempt) establishment

1. Revenue . . . . . 0101

2. Expenses (Include payroll. Exclude contributions, gifts, and grants paid.) . . . 0140

**5 E-COMMERCE SALES, SHIPMENTS, RECEIPTS, OR REVENUE**

A. Did this establishment have any e-commerce sales, receipts, and/or revenue in 2002? (E-commerce includes sales, receipts, and/or revenue from any transaction completed over an Internet, Extranet, Electronic Data Interchange (EDI) network, electronic mail, or other online system. Transactions are agreements between buyers and sellers to transfer ownership of, or rights to use, goods or services. Payment for these goods or services may or may not be made online. Please see the information sheet(s) for further clarification.)

0181  Yes - Go to line B

0182  No - Go to 6

2002

Estimates are acceptable

\$ Mil.	Thou.	Dol.
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B. E-commerce sales, receipts, and/or revenue of this establishment (Include e-commerce sales, receipts, and/or revenue in 4. Exclude sales taxes.) . . . . . 0185

**6 EMPLOYMENT AND PAYROLL**

**Include:**

- 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, and filed under the Employer Identification Number (EIN) shown in the mailing address or corrected in 2.

**Exclude:**

- Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN.
- Temporary staffing obtained from a staffing service.

For further clarification, see information sheet(s).

Mark "X" if None

2002 Number

A. Number of employees for pay period including March 12 . . . . . 0320

B. Payroll before deductions (Exclude employer's cost for fringe benefits.)

Mark "X" if None

2002

\$ Mil.	Thou.	Dol.
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1. Annual payroll . . . . . 0300

2. First quarter payroll (January-March, 2002). . . . . 0310

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If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

**7** LEASED EMPLOYMENT AND PAYROLL

**A.** Did this establishment have any full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN?

**Exclude:**

- Temporary staffing obtained from a staffing service.
- Contractors, subcontractors, or independent contractors.
- Purchased or managed services, such as janitorial, guard, or landscape services.
- Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services.
- Employees already reported in **6**.

For further clarification, see information sheet(s).

0241  Yes - Go to line B

0242  No - Go to **13**

Mark "X" if None

2002		
Number		

**B.** Number of leased employees for pay period including March 12. . . . . 0370

**C.** Payroll for leased employees before deductions (Exclude employer's cost for fringe benefits.)

**1.** Annual payroll for leased employees . . . . . 0350

2002		
\$ Mil.	Thou.	Dol.

**2.** First quarter payroll for leased employees (January-March, 2002) . . . . . 0360

Mark "X" if None

2002		
\$ Mil.	Thou.	Dol.

**8-17** Not Applicable.

**18** KIND OF BUSINESS OR ACTIVITY

Principal kind of business or activity in 2002  
(Mark "X" only ONE box.)

**Childcare and selected educational services**

- 0700 624 410 00 19  Child day care services, including those with preschool
- 624 410 00 27  Preschool
- 624 410 00 35  Before and/or after school care program
- 624 120 00 B8  Childcare or preschool for the developmentally or physically disabled
- 624 410 00 43  Babysitting service
- 624 410 00 50  Head start programs
- 611 110 00 19  Elementary or secondary schools
- 611 691 00 24  Tutoring services or academic skills learning centers

CONTINUE WITH **18** ON PAGE 4

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**18** KIND OF BUSINESS OR ACTIVITY - Continued

**Child or youth counseling, mentoring, intervention, and therapy services**

- 0700 621 330 00 20  Counseling or therapy service provided by mental health practitioners, excluding services provided by physicians *(Include counseling by psychologists, psychiatric social workers, clinical psychologists, psychotherapists, etc.)*
- 621 410 00 23  Teen pregnancy counseling service or clinic
- 624 110 00 12  Other nonmedical social assistance counseling service
- 624 110 00 20  Mentoring program
- 624 120 00 85  Child early intervention center or service (providing services to children with disabilities or special needs)
- 621 340 10 18  Speech therapist(s) and/or audiologist(s)
- 621 340 20 57  Occupational therapist(s)
- 621 340 20 16  Physical therapist(s)
- 777 624 01 16  Other child or youth counseling or therapy service - *Specify* ↴

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**Child or youth placement and residential care services**

- 624 110 00 38  Adoption and/or foster care placement service
- 623 990 00 19  Children's home, group foster home, or orphanage
- 624 221 00 26  Child abuse shelter, including child crisis stabilization centers
- 624 221 00 34  Center for runaway youth
- 623 990 00 27  Juvenile correctional center or home
- 623 210 00 21  Mental retardation facility, including group homes and intermediate care facilities providing residential care for the mentally retarded
- 623 220 00 11  Residential alcohol or substance abuse rehabilitation facility, excluding nursing care facilities
- 623 220 00 29  Residential facility for the mentally ill, excluding facilities for the mentally retarded
- 777 624 01 24  Other child or youth residential care facility - *Specify* ↴

0701

**Youth centers, day camps, and selected membership, sports, and recreation programs**

- 713 940 90 36  Youth recreational center
- 624 110 00 46  Youth center (not primarily providing recreational services)
- 713 990 80 37  Day camps, excluding instructional camps
- 777 624 01 32  Instructional day camp, providing instruction in academics, the arts, sports, and other disciplines - *Specify type of instructional program* ↴

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CONTINUE WITH **18** ON PAGE 5

CONTINUE ON PAGE 5

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If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

18 KIND OF BUSINESS OR ACTIVITY - Continued

Youth centers, day camps, and selected membership, sports, and recreation programs - Continued

- 0700 813 410 30 12  Youth development membership organization, including scouting and other organizations developing life, leadership, or business skills
- 713 990 80 52  Youth sports club or program, including after-school programs
- 777 624 01 40  All other youth membership, sports, and recreation programs - *Specify* ↴

0701

Case management and other social assistance services for children and youth

- 624 120 00 A0  Social work case management services primarily to the disabled, mentally retarded, or mentally ill
- 624 110 00 53  Social work case management services for children without disability or mental illness
- 624 110 00 61  Multi-service organization providing a range of social assistance services to children and youth
- 624 110 00 79  Court-appointed advocate service, providing services to abused and neglected children in the juvenile court system
- 624 110 00 87  Teen outreach program
- 624 110 00 95  Youth drug and/or alcohol abuse prevention program
- 624 110 00 A2  Youth smoking prevention program
- 624 110 00 B0  Youth HIV/AIDS prevention program
- 624 210 00 29  Child care food program
- 624 310 00 28  Job placement, training, or counseling program, including sheltered workshops
- 777 620 00 45  Other social assistance services primarily for children or youth - *Specify* ↴

0701

Services for the elderly, mentally retarded, and disabled

- 624 120 00 10  Adult activity or day care center
- 624 120 00 28  Agency for the aging
- 777 620 00 52  Other social assistance services primarily for the elderly, mentally retarded, or disabled - *Specify* ↴

0701

CONTINUE WITH 18 ON PAGE 6



**18** KIND OF BUSINESS OR ACTIVITY - Continued

**Other individual and family services**

- 0700 624 190 00 15  Community action agency
- 624 190 00 23  Family service agency
- 624 190 00 31  Other multi-service organization providing a range of social assistance services to families and individuals, excluding services primarily to children, the elderly, the disabled, the mentally retarded, or the mentally ill
- 777 620 00 60  Other individual and family social assistance services - *Specify* ↴

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**Grantmaking, giving, advocacy, and all other activities**

- 777 620 00 78  Grantmaking or giving organization not directly providing social services - *Specify* ↴

0701

- 777 620 00 86  Advocacy group - *Specify cause or belief promoted* ↴

0701

- 777 620 00 94  Other social assistance service - *Specify* ↴

0701

- 773 000 00 36  Other kind of activity or facility - *Specify* ↴

0701

**19-21** Not Applicable.

**22** DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

*(Report receipts or revenue by source (reported in 4) in dollar figures. See HOW TO REPORT DOLLAR FIGURES on page 2. Do not combine data for two or more receipts or revenue lines. Both taxable and tax-exempt establishments should complete all applicable lines.)*

**Line 1** - Report payments from providing social assistance (e.g., child care, counseling, community food, temporary shelter, relief, vocational rehabilitation) and related services to individuals and families. Report receipts from health and residential care on the appropriate lines.

**Line 2a** - Report payments for care to the mentally retarded provided in a facility (or portion of a facility) certified to receive Medicaid reimbursement as an Intermediate Care Facility for the Mentally Retarded (ICF/MR).

**Line 2c** - Report payments for residential care to youth, the elderly, or the disabled, excluding care provided in an Intermediate Care Facility for the Mentally Retarded, hospice, or nursing home.

**Line 2e** - Continuing care retirement communities should report receipts from entrance fees here.

**Line 11** - Report investment income, including interest and dividends. Report proceeds from the sale of investments and other assets on line 12.

**Line 12** - Report the net gain (or loss) from the sale or trade of real property and financial assets such as stocks and bonds.

**Line 13** - Report revenues from sources not separately identified on other lines.

CONTINUE WITH 22 ON PAGE 7



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If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

**22** DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued

Description of sales, shipments, receipts, or revenue	Census use	2002		
		Estimates are acceptable		
		\$ Mil.	Thou.	Dol.
0723	0720	0721		
<b>1.</b> Payments for child care, counseling, community food, temporary shelter, vocational rehabilitation, and related social assistance services provided to individuals and families				
<b>a.</b> Government payers . . . . .	30391			
<b>b.</b> Private payers . . . . .	30392			
<b>c. Sum lines 1a and 1b</b> . . . . .	30390			
<b>2.</b> Inpatient and residential services				
<b>a.</b> Intermediate care for the mentally retarded . . . . .	30320			
<b>b.</b> Inpatient hospice care . . . . .	30280			
<b>c.</b> Residential care - <b>no</b> health care services provided . . . . .	30380			
<b>d.</b> Nursing home service . . . . .	30310			
<b>e.</b> Continuing care retirement community entrance fee payments . . . . .	30370			
<b>3.</b> Home health care services, excluding services performed by physicians . . . . .	30260			
<b>4.</b> Home hospice care . . . . .	30270			
<b>5.</b> Membership dues . . . . .	30400			
<b>6.</b> Sales of food and beverages . . . . .	39200			
<b>7.</b> Sales of other merchandise . . . . .	39012			
<b>8.</b> All other operating receipts - <i>Specify if more than 10 percent of total receipts or revenue</i> ↴				
	39506			
<b>9. OPERATING RECEIPTS - For taxable establishments, sum of preceding lines should equal ②, line B</b> . . . . .	39690			
<b>10.</b> Contributions, gifts, and grants				
<b>a.</b> Government . . . . .	39700			
<b>b.</b> Private, including individuals, community efforts, and commissioned fundraisers . . . . .	39710			
<b>11.</b> Investment income, including interest and dividends . . . . .	39720			

CONTINUE WITH 22 ON PAGE 8

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**22** DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued

Description of sales, shipments, receipts, or revenue	Cen- sus use	2002		
		Estimates are acceptable		
		\$ Mil.	Thou.	Dol.
0723	0720	0721		
<b>12.</b> Gains (losses) from assets sold ( <i>Report losses by including a dash prior to the dollar amount.</i> ) . . . . .	39730			
<b>13.</b> All other revenue - <i>Specify if more than 10 percent of total receipts or revenue</i> ↴  	39906			
<b>14. TOTAL REVENUE - For tax-exempt establishments, sum of lines should equal 4, line C1</b> . . . . .	39990			

**23-25** Not Applicable.

**26** SPECIAL INQUIRIES

**A. TRANSFERRED CONTRIBUTIONS OF TAX-EXEMPT ESTABLISHMENTS**  
*(To be completed only by those indicating "Yes" in 4, line A2)*

**1.** During 2002, were any funds raised by this establishment and subsequently transferred to charities or other organizations for charitable purposes?

3511  Yes

3512  No - Go to line B

2002		
\$ Mil.	Thou.	Dol.

**2.** Amount of these transferred funds. . . . . 3515

**B. GRANTS AND OTHER PAYMENTS TO INDIVIDUALS OR ORGANIZATIONS**  
*(To be completed only by those indicating "YES" in 4, line A2)*

**1.** During 2002, did this establishment award any grants; make payments to, or in behalf of, specific individuals; or provide benefits for its members or dependents (except employment-related benefits)?

3551  Yes

3552  No - Go to 29

2002		
\$ Mil.	Thou.	Dol.

**2.** Amount of these grants and other payments . . . . . 3555

**27-28** Not Applicable.



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**If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.**

**29 OPERATIONAL STATUS**

Activity that best describes this establishment's status at the end of 2002  
(Mark "X" only ONE box.)

0011 <input type="checkbox"/> In operation	0014 <input type="checkbox"/> Ceased operation - Give date at right →	0018	Month	Day	Year
0013 <input type="checkbox"/> Temporarily or seasonally inactive	0015 <input type="checkbox"/> Sold or leased to another operator - Give date at right AND enter new name and mailing address below ↴				

0060 Name of new owner or operator	0061 Employer Identification Number		
	Enter EIN of new owner (9 digits) →	-	
0062 Mailing address (number and street, P.O. Box, etc.)			
0063 City, town, village, etc.	0064 State	0065 ZIP Code	
		-	

Remarks (Please use this space for any explanations that may be essential in understanding your reported data.)

**30 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?

0078 <input type="checkbox"/> Yes	0079 <input type="checkbox"/> No - Enter time period covered →	FROM	Month	Year	TO	Month	Year
		0070			0071		

0072 Name of person to contact regarding this report	0073 Title

Telephone	Area code	Number	Extension	Fax	Area code	Number
0074		-		0075		-

0076 Internet e-mail address	Date completed	Month	Day	Year
	0069			

**Thank you for completing your 2002 Economic Census form.**  
**PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.**

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