



# 2002 ECONOMIC CENSUS

## FOOD, SHELTER, RELIEF, AND JOB TRAINING SERVICES

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-62404

**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**

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

Mark "X" if None		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



62404017

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.
1	0 2 6	

Report

Report

**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.

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.

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

Mark "X" if None

2002		
\$ Mil.	Thou.	Dol.

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

1. Annual payroll . . . . . 0300

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

62404025

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

Table with 2 columns: 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

Table with 3 columns: 2002, \$ Mil., Thou., Dol.

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

Mark "X" if None

Table with 3 columns: 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.)

Food, shelter, and relief services

- 0700 624 210 00 11 Community food services, including food banks, nonprofit meal delivery services, soup kitchens, community gardens, etc.
624 221 00 18 Temporary shelter or housing for the homeless, victims of abuse, families in medical crisis, and runaway youth
624 229 00 10 Energy assistance or weatherizing program
624 229 00 28 Transitional housing
624 229 00 36 Other housing service to low-income individuals and families, excluding long-term housing (Include services such as volunteer housing repair, housing counseling, etc.) - Specify
0701
623 312 00 10 Home for the elderly, excluding nursing care facilities and continuing care retirement communities
623 210 00 39 Adult foster care or other facility for the developmentally disabled
623 110 00 22 Inpatient hospice facility

CONTINUE WITH 18 ON PAGE 4

CONTINUE ON PAGE 4

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18 KIND OF BUSINESS OR ACTIVITY - Continued

Food, shelter, and relief services - Continued

0700 623 990 00 19  Children's home, group foster home, or orphanage

777 624 04 13  Other housing, residential, or nursing facility or service - Specify ↴

0701

624 230 00 17  Disaster, emergency relief, or refugee service (providing food, shelter, clothing, medical relief, refugee resettlement, and counseling to victims of domestic or international disasters or conflicts)

Job training

624 310 00 10  Job training, counseling, and related services, including vocational rehabilitation and sheltered workshops

611 513 00 20  Apprenticeship training program, not providing vocational rehabilitation

611 519 10 14  Vocational or technical school, excluding computer repair or truck driving schools

Other social assistance services

624 410 00 19  Child day care services, including those with preschool

624 120 00 28  Agency for the aging

624 190 00 15  Community action agency

624 190 00 23  Family service agency

777 620 00 94  Other social assistance service - Specify ↴

0701

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

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).

CONTINUE WITH 22 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.

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

- 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.

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 8, 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			

CONTINUE WITH 22 ON PAGE 6

CONTINUE ON PAGE 6

62404058

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			
11. Investment income, including interest and dividends . . . . .	39720				
12. Gains (losses) from assets sold (Report losses by including a dash prior to the dollar amount.) . . . . .	39730				
13. All other revenue - Specify if more than 10 percent of total receipts or revenue $\nearrow$  	39906				
14. <b>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.



62404066

**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.**

62404074