



# 1997 ECONOMIC CENSUS SHORT FORM

OMB No. 0607-0834: Approval Expires 12/31/99

**DUE DATE** ▶ **FEBRUARY 12, 1998**

This form is being sent in lieu of the regular economic census form in order to minimize reporting burden.

**FI-6399**

Please answer the questions on this form and return it in the enclosed envelope to:

BUREAU OF THE CENSUS  
1201 East 10th Street  
Jeffersonville, IN 47134-0001

**Census use**

*(Please correct any errors in name, address, and 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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

**Item 1. PHYSICAL LOCATION**

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

093 1  Yes 2  No – Report physical location below

Number and street

City, town, village, etc.

State

ZIP Code

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

095 1  Yes  
2  No  
3  No legal boundaries  
4  Do not know

**c. In what type of municipality is this establishment physically located?**

096 1  City, village, or borough  
2  Town or township  
3  Other – Specify \_\_\_\_\_  
4  Do not know

**d. In what county (e.g., Dade County) is this establishment physically located?**

**Item 2. KIND OF BUSINESS OR ACTIVITY**

**What was this establishment's PRINCIPAL kind of business or activity in 1997?**

Mark (X) only ONE box.

**Pension, Health, and Welfare Funds and Plans**

070

- Pension fund . . . . .  637111 6
- Health and/or welfare fund . . . . .  637112 4
- Employee benefit plan . . . . .  637112 4
- 401-K retirement plan . . . . .  637111 6
- Apprenticeship training fund . . . . .  637112 4
- Profit sharing plan . . . . .  637111 6
- Union trust fund . . . . .  637111 6
- Taft-Hartley trust . . . . .  637112 4
- Retirement plan . . . . .  637111 6
- Workers' compensation self-insurance fund . . . . .  639903 4
- Vacation trust fund . . . . .  673301 8
- Other kind of fund or plan – Describe . . . . .

**Fund/Plan Administrators and Managers**

- Self-administered pension fund/plan (fund/plan manager and fund/plan both operate under the EIN found in the label above) . . . . .  637121 5
- Self-administered health and/or welfare fund/plan (fund/plan manager and fund/plan both operate under the EIN found in the label above) . . . . .  637122 3

ITEM 2 CONTINUED ON PAGE 2

**Item 2. KIND OF BUSINESS OR ACTIVITY – Continued**

**Fund/Plan Administrators and Managers – Continued**

070

- Third-party administrator of pension funds/plans . . . . .  637130 6
- Third-party administrator of health and/or welfare funds/plans . . . . .  637130 6
- Third-party investment/asset portfolio manager of pension funds/plans . . . . .  628202 4

**Other kind of business or activity – Describe** . . . . .

**REMARKS** – Please use this space for any explanations that may be essential in understanding your reported data.

**Item 3. CERTIFICATION** – This report is substantially accurate and has been prepared in accordance with instructions.

<b>Period covered by this report</b>	FROM: Mo.   Year	TO: Mo.   Year	Name of person to contact regarding this report – <i>Print or type</i>		
Telephone	Area code	Number	Extension	Title	
Signature of authorized person					Date