



1997 ECONOMIC CENSUS

SECURITIES, COMMODITY CONTRACTS AND OTHER INVESTMENT BROKERS, DEALERS, AND RELATED ACTIVITIES

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

DUE DATE ▶ **FEBRUARY 12, 1998**

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

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

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

FI-6200

Please read the accompanying instructions before answering the questions.

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.

If this questionnaire does not seem to apply to your business, complete it to the extent possible and explain in REMARKS section – this should fulfill your reporting requirements and will reduce followup correspondence.

Item 1. EMPLOYER IDENTIFICATION NUMBER
Is the Employer Identification Number (EIN) shown in the label the same as the one used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No – Report current EIN below

(9 digits) _____

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be **rounded to thousands** of dollars.

Example: If a figure is **\$1,125,628.79** report

• Preferred
Acceptable

Mil-lions (000)	Thou-sands (000)	Dol-lars (000)
1	126	
1	125	629

Item 4. DOLLAR VOLUME OF REVENUE

Bil. Mil. Thou. Dol.

010

Revenue in 1997

Item 5. PAYROLL

(Exclude compensation paid to brokers unless reported on IRS Form 941)

Mil. Thou. Dol.

030

Payroll in 1997, BEFORE DEDUCTIONS

a. Annual

031

b. First quarter (January–March)

Item 6. EMPLOYMENT

Number

032

Number of paid employees for pay period including March 12, 1997

(Include both full- and part-time employees; exclude independent contractors)

Item 7. LEGAL FORM OF ORGANIZATION

Mark (X) the **ONE** box which best describes this establishment during 1997.

- 003 1 Individual proprietorship
 2 Partnership
 5 Government – Specify _____
 0 Corporation
 0 Subchapter "S" corporation
 9 Other – Specify _____

Item 3. OPERATIONAL STATUS

Number of months

a. How many months during 1997 was this establishment actively operated?

002

b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box.

Note: Complete the remainder of this report for the period operated even if the establishment ceased operation during 1997.

- 001 1 In operation
 2 Temporarily or seasonally inactive
 3 Ceased operation – Give date at right
 4 Sold or leased to another operator – Give date at right AND enter name, etc., below

Figures only

Month Year

Name of new owner or operator

Number and street

City

State

ZIP Code

CONTINUE WITH ITEM 8 ON PAGE 2

Item 8. KIND OF BUSINESS OR ACTIVITY
What was this establishment's PRINCIPAL kind of business or activity in 1997?

Mark (X) only ONE box.

Investment banking, dealing, and brokerage 070

Investment banking and securities dealing 6211011
 Full service securities brokerage 6211021
 Discount securities brokerage 6211022
 Gas and oil lease and royalties brokerage 6211041
 Insurance agency/brokerage 6411106
 Securities floor trading 6211012
 Commodity dealing 6221011
 Commodity brokerage 6221022
 Commodity floor trading 6221012
 Commodity introducing brokerage 6221023
 Commodity futures commission merchant 6221013

Trading/dealing, except securities and commodities – Specify 6211031

Commodity wholesaling (buys/sells physical products) – Specify principal products 5000000

Other investment-related activities

Asset/portfolio manager (including investment advisory, with authority to make investment decisions for clients) 6282011

Investment advice, without portfolio management authority 6282021

Pension fund investment manager 6282012

Mutual fund manager 6282013

Mutual fund adviser 6282014

Mutual fund administrator 6282016

Mutual fund transfer agent 6289012

Certified financial planner 6200001

Noncertified financial planner 6200002

Commodity pool operator 6799021

Securities custodian 6289011

Securities transfer agent 6289013

Trust office of bank 6091001

Trust company, nondepository 6091002

Management investment company office, open-end 6722001

Management investment company office, closed-end 6726001

Money market mutual fund office 6722002

Securities exchange 6231001

Commodities exchange 6231002

Securities/commodities exchange clearinghouse 6289021

Other kind of business or activity – Describe 7777777

Item 9. SOURCES OF REVENUE – Continued						
Sources of revenue	Cen- sus use	ESTIMATES are acceptable. Report dollars OR percents.				Per- cent
		Bil.	Mil.	Thou.	Dol.	
3. Commissions from sale of investment company securities	850 0820	851				852
4. Net gains (losses) in trading accounts in securities and commodities						
a. Interest income from trading accounts in securities	0321					
b. All other gains (losses) from trading accounts in securities	0322					
c. Net gains (losses) in trading accounts in commodities	0323					
d. Sum of lines 4a through 4c	0320					
5. Gains (losses) from underwriting and selling groups of securities						
a. MBS, CMO, and REMIC transactions	0331					
b. All other securities transactions	0339					
c. Sum of lines 5a and 5b	0330					
6. Net capital gains (losses) on investment accounts (Note – Report interest income from investment accounts on line 9)	0350					
7. Dividend income	0400					
8. Margin interest	0227					
9. Other interest income	0229					
10. Other investment income (net)	0480					
11. Asset/portfolio management fees (including investment advisory fees where investment decisions are made for clients)	0520					
12. Fees from investment consulting and advice (no investment management for clients). Report other consulting and advice on line 15	0880					
13. Income from fiduciary (trust, custody, and escrow) activities	0510					
14. Insurance and annuity commissions	0830					
15. Other revenue – Specify						
076						
16. TOTAL (Should equal item 4 if reporting in dollars)	9990					100%

Item 9. SOURCES OF REVENUE

Report sources of revenue for this establishment either as dollar figures or as whole percents of total revenue. (See HOW TO REPORT DOLLAR FIGURES on page 1 and HOW TO REPORT PERCENTS, below) **Do NOT combine data for two or more lines.**

HOW TO REPORT PERCENTS	If figure is 38.76% of total sales:	Mil.	Thou.	Dol.	Per- cent
	• Report whole percents				39
	Not acceptable				38.76

Sources of revenue	Cen- sus use	ESTIMATES are acceptable. Report dollars OR percents.				Per- cent
		Bil.	Mil.	Thou.	Dol.	
1. Securities commissions	850 0800	851				852
2. Commodities commissions	0810					

If not shown, please enter your 11-digit Census File Number from the address label on page 1.

Census File Number

Item 10. SPECIAL INQUIRIES

EXPORTED SERVICES

NOTE - An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions). Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.) are included. Services provided to domestic subsidiaries of foreign firms are excluded.

Did the revenue reported in item 4 include any amounts received for exported services?

970 1 Yes - Amount \longrightarrow
2 No

	Mil.	Thou.	Dol.
971			

Item 11. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

a. Is the FIRST DIGIT of your Census File Number (CFN) (shown in the address label immediately after CFN) a zero?

1 Yes - Complete this item
2 No - Skip to item 12

b. Is this company owned or controlled by another company?

Enter name, address, and EIN of the owning or controlling company

097 1 Yes \longrightarrow
2 No

EIN (9 digits)

c. Does this company own or control any other company or companies?

Enter name, address, and EIN of the owned or controlled company

098 1 Yes \longrightarrow
2 No

EIN (9 digits)

Item 11. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION - Continued

d. How many establishments operated under the Employer Identification Number (EIN) shown in the label (or as corrected in item 1) AT THE END of 1997?

Number

079

If more than one, provide the **physical location** address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.

Estimates are acceptable if book figures are not available.

	Name	1997	1997		
			Mil.	Thou.	Dol.
1	Number and street	Revenue	081		
	City State ZIP Code	Annual payroll	082		
	Kind-of-business description	Paid employees for pay period including March 12			
		083	Census use 088		
2	Number and street	Revenue	081		
	City State ZIP Code	Annual payroll	082		
	Kind-of-business description	Paid employees for pay period including March 12			
		083	Census use 088		
3	Number and street	Revenue	081		
	City State ZIP Code	Annual payroll	082		
	Kind-of-business description	Paid employees for pay period including March 12			
		083	Census use 088		

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

Item 12. CERTIFICATION - This report is substantially accurate and has been prepared in accordance with instructions.

Period covered by this report	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