



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

SV-8301

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.

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)

Item 2. 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 3 No legal boundaries
2 No 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 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.

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

Item 4. LEGAL FORM OF ORGANIZATION AND TAX STATUS

a. LEGAL FORM OF ORGANIZATION

Which of the following best describes this establishment's legal form of organization during 1997? Mark (X) only ONE box.

- 003 1 Individual owner (sole proprietorship)
- 2 Partnership – Mark (X) this box if you file a partnership Federal income tax form.
- 5 Government – Mark (X) this box if this establishment is operated by or under the control of a government entity or a board of directors either appointed by such an entity or publicly elected.
- 0 Corporation – Mark (X) this box if you file a corporate Federal income tax form, including Form 990 series of returns.
- 9 Other – Specify

b. TAX STATUS

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

- 005 1 Yes
- 2 No – Skip to item 5

(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?

- 004 1 Yes
- 2 No

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 5. DOLLAR VOLUME

If the answer to item 4b(2) was "Yes," skip to part b; otherwise, complete part a and skip to item 6.

a. OPERATING RECEIPTS of this (taxable) establishment in 1997

Mil.	Thou.	Dol.
010		

b. REVENUE AND EXPENSES of this (tax-exempt) establishment in 1997

(1) REVENUE

010		
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(2) EXPENSES (including payroll)

040		
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Item 6. PAYROLL

Payroll in 1997, BEFORE DEDUCTIONS

a. Annual

Mil.	Thou.	Dol.
030		
031		

b. First quarter (January–March)

Item 7. EMPLOYMENT
Number of paid employees for pay period including March 12, 1997 (Include both full- and part-time employees)

Number
032

SV

Item 8. KIND OF ACTIVITY OR FACILITY

Mark (X) the ONE box which best describes this facility or this establishment's primary activity in 1997.

Services for children and youth (except food, shelter, job training, and relief services) 070

- Child day care service (including those with preschool) 8351001
- Preschool 8351002
- Babysitting service (babysitting children on an intermittent or irregular basis) 7299961
- Head start program 8351003
- Elementary or secondary school 8211002
- Adoption and/or foster care placement service 8322101
- Child or youth counseling service 8322102
- Youth recreation center 7997203
- Youth sports club or program 7997302
- Youth center (**not** primarily providing recreational services) 8322103
- Scouting organization or similar youth development organization 8641401
- Other social assistance service(s) primarily for children or youth, except food, shelter, job training, and relief services – Describe 8322104

Services for the elderly, mentally retarded, and disabled (except food, shelter, job training, and relief services)

- Adult activity or day care center 8322201
- Homemaker or companion service (providing services such as cooking and cleaning, **no** health services provided) 8322202
- Home health care agency (including visiting nurse association) 8082001
- Support group for the disabled 8322203
- Agency for the aging 8322204
- Other social assistance service(s) primarily for the elderly, mentally retarded, or disabled (except food, shelter, job training, and relief services) – Describe 8322205

Other individual and family services (except food, shelter, job training, and relief services)

- Information and referral service 8322901
- Crisis intervention (e.g., hotline or telephone counseling) 8322902
- Individual or family counseling service, except child or youth counseling 8322903
- Support group, except groups for the disabled (including groups for recovering alcoholics and drug abusers, victims of abuse or disease, etc.) 8322904
- Traveler's aid service 8322905
- Community action agency 8322906
- Family service agency 8322907
- Parole or probation office 8322801
- Other individual and family service(s), except food, shelter, job training, and relief services – Describe 8322908

Food, shelter, and relief services

- Community food services (including food banks, meal delivery services, soup kitchens, community gardens, etc.) 8322401
- Temporary shelter or housing for the homeless, victims of abuse, and runaway youth 8322501
- Housing services to low-income individuals and families, except long-term housing (including services such as transitional housing, volunteer housing repair, housing counseling, etc.) – Describe 8322601
- Other housing, residential, or nursing facility or service – Describe 7777773

Item 8. KIND OF ACTIVITY OR FACILITY – Continued

Food, shelter, and relief services – Continued

- Disaster, emergency relief, or refugee service (providing food, shelter, clothing, medical relief, resettlement, and counseling to victims of domestic or international disasters or conflicts) 8322701

Job training

- Job training, counseling, and related services (including vocational rehabilitation) 8331001
- Apprenticeship training program, **not** providing vocational rehabilitation 8249302
- Vocational or technical school 8249102

Grantmaking, giving, and advocacy

- Grantmaking or giving organization **not** directly providing social services – Describe 7777774

- Advocacy group – Describe cause or belief promoted 7777775

- Other social assistance service – Describe 7777776

- Other kind of activity or facility – Describe 7777777

Item 9. SOURCES OF RECEIPTS OR REVENUE

Report receipts or revenue by source in dollar figures (see example for item 5).

Please do **not** combine data for two or more receipts or revenue lines.

Note – Both taxable and tax-exempt establishments should complete **all** applicable lines.

Line a – Report payments from providing social assistance (e.g., counseling, community food, temporary shelter, relief, vocational rehabilitation, child care) and related services to individuals and families. Report receipts from health and residential care on the appropriate lines. Contributions, gifts, and grants should be reported on line j.

Line b – Report payments for residential care or inpatient nursing services. Receipts from governments (e.g., Medicaid, Medicare) and insurance and health plans for providing nursing services are included here.

Line c – Continuing care retirement communities should report receipts from entrance fees here. Separately billed residential and nursing services should be reported on line b.

Line h – Report payments and other receipts not separately identified in lines a through g.

Line k – Report investment income, including interest and dividends. Do **not** include proceeds from the sale of investments and other assets.

Line l – Report revenues from sources not separately identified in lines j and k. Operating receipts (payments for services) should be reported on lines a through h.

Sources of receipts or revenue	Census use	ESTIMATES are acceptable		
		Mil.	Thou.	Dol.
a. Payments for counseling, community food, shelter, vocational rehabilitation, child care, and related social assistance services provided to individuals and families	400	401		
(1) Governmental payers	5451			
(2) Private payers	5452			
b. Payments for residential and/or inpatient nursing services	5100			
c. Continuing care retirement community entrance fee payments	5050			
d. Home health care services	5150			
e. Membership dues and fees	3450			
f. Food and beverages sales	8500			
g. Sales of other merchandise	8627			

ITEM 9 CONTINUED ON PAGE 3

If not shown, please enter your 11-digit Census File Number from the address label on page 1				Census File Number																																
Item 9. SOURCES OF RECEIPTS OR REVENUE – Continued				Item 11. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION – Continued																																
Sources of receipts or revenue	Cen- sus use	ESTIMATES are acceptable			d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1997?																															
h. All other operating receipts – Describe if more than 10 percent of total receipts or revenue 076	400	401	Mil.	Thou.	Dol.	Number 079																														
i. OPERATING RECEIPTS – For taxable establishments, sum of lines a through h should equal item 5a	8973					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.																														
j. Contributions, gifts, grants (1) Government	8990					Estimates are acceptable if book figures are not available.																														
(2) Private (including individuals, community efforts, and commissioned fundraisers)	9000					<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Name</td> <td style="width: 5%;">1997</td> <td style="width: 5%;">Mil.</td> <td style="width: 5%;">Thou.</td> <td style="width: 5%;">Dol.</td> </tr> <tr> <td>Number and street</td> <td>Receipts or revenue</td> <td>081</td> <td></td> <td></td> </tr> <tr> <td>City State ZIP Code</td> <td>Annual payroll</td> <td>082</td> <td></td> <td></td> </tr> <tr> <td>Kind-of-business description</td> <td colspan="4">Paid employees for pay period including March 12</td> </tr> <tr> <td></td> <td colspan="4">083</td> </tr> <tr> <td></td> <td colspan="4">Census use 088</td> </tr> </table>	Name	1997	Mil.	Thou.	Dol.	Number and street	Receipts or 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			
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k. Investment income, including interest and dividends	9050					<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Name</td> <td style="width: 5%;">1997</td> <td style="width: 5%;">Mil.</td> <td style="width: 5%;">Thou.</td> <td style="width: 5%;">Dol.</td> </tr> <tr> <td>Number and street</td> <td>Receipts or revenue</td> <td>081</td> <td></td> <td></td> </tr> <tr> <td>City State ZIP Code</td> <td>Annual payroll</td> <td>082</td> <td></td> <td></td> </tr> <tr> <td>Kind-of-business description</td> <td colspan="4">Paid employees for pay period including March 12</td> </tr> <tr> <td></td> <td colspan="4">083</td> </tr> <tr> <td></td> <td colspan="4">Census use 088</td> </tr> </table>	Name	1997	Mil.	Thou.	Dol.	Number and street	Receipts or 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			
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l. All other revenue – Describe if more than 10 percent of total receipts or revenue 077	9100					1																														
m. TOTAL REVENUE – For tax-exempt establishments, sum of lines a through h and j through l should equal item 5b(1)	9506					2																														
Item 10. TRANSFERRED CONTRIBUTIONS OF TAX-EXEMPT ESTABLISHMENTS (To be completed only by those indicating "YES" in item 4b (2))				410																																
a. During 1997, were any funds raised by this establishment and subsequently transferred to charities or other organizations for charitable purposes?				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to item 11																																
b. What was the amount of such transferred funds?				Mil.	Thou.	Dol.																														
c. Are these contributions included in "Expenses," item 5b(2)?				412 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																																
Item 11. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION NOTE – A chapter of the organization is not considered owned or controlled by another level of the organization, unless that level (i.e., national, regional, or State) controls the day-to-day operations of the local chapter. Refer to instructions for additional definitions of ownership and control.																																				
a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero?																																				
1 <input type="checkbox"/> Yes – Complete this item 2 <input type="checkbox"/> 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 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> 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 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No	EIN (9 digits)																																			
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 – Print or type																																				
Title																																				
Telephone	Area code	Number	Extension																																	
Signature of authorized person						Date																														
REMARKS – Please use this space for any explanations that may be essential in understanding your reported data.																																				

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