



# 2007 ECONOMIC CENSUS

## Food, Shelter, Relief, and Job Training Services

**DUE DATE**  
**FEBRUARY 12, 2008**

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

HC-62404

**INFORMATION COPY  
DO NOT USE TO REPORT**

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

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

**Visit** [www.census.gov/econhelp](http://www.census.gov/econhelp)

**Call** 1-800-233-6136, between 8:00 a.m. and 6:00 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.

(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 ballpoint pen.
- Please center numbers in their respective boxes.
- Do not use pencil or felt-tip pen.
- Do not put slashes through 0 or 7.
- Place an "X" inside the box.

Examples:  0 1 2 3 4 5 6 7 8 9

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** 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 2007 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021  Yes - Go to **2**    0022  No - Enter current EIN (9 digits) → 0025  -

**2** 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 - Go to line B  
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.? (Mark "X" only ONE box.)

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

**C.** In what type of municipality is this establishment physically located? (Mark "X" only ONE box.)

0046  City, village, or borough    0047  Town or township    0048  Other    0024  Do not know

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**3 OPERATIONAL STATUS**

Which ONE of the following best describes this establishment's operational status at the end of 2007?  
(Mark "X" only ONE box.)

0011  In operation

0013  Temporarily or seasonally inactive

0014  Ceased operation - Give date at right

Month	Day	Year

0015  Sold or leased to another operator - Give date at right  
AND enter name and address of new owner or operator  
and Employer Identification Number (EIN) below

0018

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

0016  Other - Specify

0815

**4 MONTHS IN OPERATION**

Mark "X" if None 2007 Number

Number of months in operation during 2007 (If none, mark "X" and go to 50.) . . . . . 0002

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

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

Report

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

Report

Mark "X" if None

2007			
\$ Bil.	Mil.	Thou.	Dol.
	1 0 2 6		

**5 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

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

2007			
\$ Bil.	Mil.	Thou.	Dol.

**6 Not Applicable.**

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

**7 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 1.

**Exclude:**

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

For further clarification, see information sheet(s).

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

2007
Number

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

Mark "X" if None

2007			
\$ Bil.	Mil.	Thou.	Dol.

**1.** Annual payroll . . . . . 0300

**2.** First quarter payroll (January-March, 2007) . . . . . 0310

**8 - 13** Not Applicable.

**19 KIND OF BUSINESS OR ACTIVITY**

Which ONE of the following best describes this establishment's principal kind of business or activity in 2007? (Mark "X" only ONE box.)

**Food, shelter, and relief services**

- 0700
- 624 210 00 1  Community food services, including food banks, non-profit meal delivery services, soup kitchens, community gardens, etc.
  - 624 221 00 1  Temporary shelter or housing for the homeless, victims of abuse, families in medical crisis, and runaway youth
  - 624 229 00 1  Energy assistance or weatherizing program
  - 624 229 00 2  Transitional housing
  - 624 229 00 3  Other housing service to low-income individuals and families, excluding long-term housing (Include volunteer housing repair, housing counseling, etc.) - Specify 7
- 0701
- 
- 623 312 00 1  Home for the elderly, including independent living or assisted-living facilities without on-site skilled nursing facility
  - 623 210 00 3  Adult foster care or other residential facility for the developmentally disabled
  - 623 110 00 2  Inpatient hospice facility
  - 623 990 00 1  Children's home, group foster home, or orphanage

CONTINUE WITH 19 ON PAGE 4

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

**Food, shelter, and relief services - Continued**

0700 777 624 04 1  Other housing, residential, or nursing facility or service - *Specify* ↴

0701

624 230 00 1  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 1  Job training, counseling, and related services, including vocational rehabilitation and sheltered workshops

611 513 00 2  Apprenticeship training program, not providing vocational rehabilitation

611 519 10 1  Vocational or technical school, excluding computer repair or truck driving schools

**Other social assistance services**

624 410 00 1  Child day care services, including those with preschool

624 120 00 2  Agency for the aging

624 190 00 1  Community action agency

624 190 00 2  Family service agency

777 620 00 9  Other social assistance service - *Specify* ↴

0701

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

777 620 00 7  Grantmaking or giving organization not directly providing social services - *Specify* ↴

0701

777 620 00 8  Advocacy group - *Specify cause or belief promoted* ↴

0701

621 999 10 3  Medical case management

621 420 00 9  Psychiatric centers or outpatient treatment centers or clinics for substance abuse

773 000 00 3  Other kind of activity or facility - *Specify* ↴

0701

**20 and 21** Not Applicable.

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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

(Report receipts or revenue by source (reported in 5) 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 receipts from providing a wide variety of social assistance services to children, youth, and families. Examples include adoption services, foster care and guardianship services, counseling services, and child day care services for children, youth, and families.

**Line 2** - Report receipts from providing social assistance services for the elderly and disabled. Examples include prepared meals, vocational rehabilitation services, adult day care services, and counseling and developmental services for the elderly or disabled.

**Line 3** - Report receipts from providing social assistance services for adults. Examples include counseling services, self-help group services, and vocational rehabilitation services for adults.

**Line 4a** - Report receipts from providing food, shelter, clothing, medical relief, transportation, and other material goods to victims of domestic or international disasters.

**Line 5b** - Report receipts from providing food supplies and other household goods to needy individuals.

**Line 6c** - Report receipts from providing low-cost permanent housing construction or housing repairs to the poor.

**Line 6d** - Report receipts from providing short to long-term (6 to 24 months) subsidized housing for homeless individuals and families.

**Line 7** - Report receipts from providing information and referrals on topics, such as HIV/AIDS, substance abuse, pregnancy and parenting, health matters, social services, and other community resources.

**Line 8** - Report receipts from providing social assistance services to the general population. Exclude receipts from providing food services, shelter services, or information and referral services to the general population.

**Line 9** - Report receipts from providing a bundle of services offered by social assistance membership organizations to members in exchange for payment of nonrefundable initiation fees and/or annual membership dues.

**Line 10** - Report receipts from providing seminars, workshops, and other training to promote social issues.

**Line 16** - Report revenue from investments, including interest and dividends. Exclude unrealized gains or losses. Report proceeds from the sale of investments and other assets on **line 17**.

**Line 17** - Report the net gain (or loss) from the sale or trade of real property and financial assets, such as stocks and bonds. Exclude unrealized gains or losses.

Description of sales, shipments, receipts, or revenue	Census use	2007			
		Estimates are acceptable			
		\$ Bil.	Mil.	Thou.	Dol.
0723	0720	0721			
<b>1.</b> Social assistance services for children, youth, and families . . . . .	30580				
<b>2.</b> Social assistance services for the elderly and disabled . . . . .	30600				
<b>3.</b> Social assistance services for adults (Exclude the elderly and disabled) . . . . .	30610				
<b>4.</b> Social assistance services for immigrants and refugees					
<b>a.</b> Emergency relief services . . . . .	30621				
<b>b.</b> Other social assistance services for immigrants and refugees - Specify ↴					
_____	30622				
<b>c. Sum lines 4a and 4b</b> . . . . .	30620				
<b>5.</b> Social assistance food services for the general population					
<b>a.</b> Prepared on-site meals (Exclude the elderly and disabled) . . . . .	30631				
<b>b.</b> Food hampers . . . . .	30632				

CONTINUE WITH 22 ON PAGE 6

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

Description of sales, shipments, receipts, or revenue	Cen- sus use	2007			
		Estimates are acceptable			
		\$ Bil.	Mil.	Thou.	Dol.
0723	0720	0721			
<b>5.</b> Social assistance food services for the general population - Continued					
<b>c.</b> Collection and distribution services of donated food	30633				
<b>d. Sum lines 5a through 5c</b>	30630				
<b>6.</b> Social assistance services related to shelter for the general population					
<b>a.</b> Temporary shelter services for the homeless	30641				
<b>b.</b> Temporary shelter services for the abused and victims of domestic violence	30642				
<b>c.</b> Volunteer housing services	30643				
<b>d.</b> Transitional housing services	30644				
<b>e. Sum lines 6a through 6d</b>	30640				
<b>7.</b> Information and referral services	30650				
<b>8.</b> Other social assistance services for the general population - <i>Specify</i>					
	30660				
<b>9.</b> Membership services ( <i>Include initiation fees and dues</i> )	32510				
<b>10.</b> Training services related to social assistance	30680				
<b>11.</b> Outpatient rehabilitation services for substance abuse	30710				
<b>12.</b> Resale of merchandise - <i>Specify</i>					
	39664				
<b>13.</b> All other operating receipts - <i>Specify if more than 10 percent of total receipts or revenue</i>					
	39758				
<b>14. OPERATING RECEIPTS - For taxable establishments, sum of preceding lines should equal 5, line B</b>	39850				
<b>15.</b> Contributions, gifts, and grants					
<b>a.</b> Government	39900				
<b>b.</b> Private, including individuals, community efforts, and commissioned fundraisers	39910				
<b>16.</b> Investment income, including interest and dividends	39920				
<b>17.</b> Gains (losses) from assets sold ( <i>Report losses by including a dash prior to the dollar amount.</i> )	39930				

CONTINUE WITH 22 ON PAGE 7

CONTINUE 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	2007			
		Estimates are acceptable			
		\$ Bil.	Mil.	Thou.	Dol.
0723	0720	0721			
<b>18.</b> All other revenue - <i>Specify if more than 10 percent of total receipts or revenue</i> ↘					
	39975				
<b>19. TOTAL REVENUE - For tax-exempt establishments, sum of lines should equal 5, line C1</b> . . . . .	39990				

**23-25** Not Applicable.

**26** SPECIAL INQUIRIES

**A. GRANTS, TRANSFERRED CONTRIBUTIONS, AND SIMILAR PAYMENTS OF TAX-EXEMPT ESTABLISHMENTS**  
*(To be completed only by those indicating "Yes" in 5, line A2.)*

**1.** During 2007, did this establishment do **any** of the following:

- award grants
- make gifts or contributions
- make payments to, or on behalf of, specific individuals
- pay assessments (dues) to the parent or other chapters of the same organization
- transfer funds raised by this establishment to charities or other organizations for charitable purposes?

3861  Yes - Go to line 2

3862  No - Go to **B**

2007			
\$ Bil.	Mil.	Thou.	Dol.

**2.** Amount of grants, transferred contributions, and similar payments . . . . . 3865

**B. SOCIAL ASSISTANCE**

Estimate the percent of receipts for social assistance services reported in 22, lines 1 through 8, from the following payers:

- 1.** Government payers . . . . . 3741
- 2.** Private payers . . . . . 3742
- 3. TOTAL** . . . . .

2007	
Percent	
	%
	%
1 0 0	%

**27-29** Not Applicable.

62404074



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?

Yes

No - Enter time period covered →

FROM

Month

Year

TO

Month

Year

Name of person to contact regarding this report

Title

Telephone

Area code

Number

Extension

Fax

Area code

Number

Internet e-mail address

Date completed

Month

Day

Year

**Thank you for completing your 2007 ECONOMIC CENSUS form.**

**PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.**

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