



2007 ECONOMIC CENSUS

Services for Children and Youth

DUE DATE
FEBRUARY 12, 2008

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

HC-62401

**INFORMATION COPY
DO NOT USE TO REPORT**

(Please correct any errors in this mailing address.)

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

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.

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

62401013

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 →

Month	Day	Year

AND enter name and address of new owner or operator and Employer Identification Number (EIN) below ↴

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:**

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

Report →

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

2007			
\$ Bil.	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

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.)

Childcare and selected educational services

- 0700 624 410 00 1 Child day care services, including those with preschool
- 624 410 00 2 Preschool
- 624 410 00 3 Before and/or after school care program
- 624 120 00 B Childcare or preschool for the developmentally or physically disabled
- 624 410 00 4 Babysitting service
- 624 410 00 5 Head start programs
- 611 110 00 1 Elementary or secondary schools
- 611 691 00 2 Tutoring services or academic skills learning centers

Child or youth counseling, mentoring, intervention, and therapy services

- 621 330 00 2 Counseling or therapy service provided by mental health practitioners, excluding services provided by physicians (Include counseling by psychologists, psychiatric social workers, clinical psychologists, psychotherapists, etc.)
- 621 410 00 2 Teen pregnancy counseling service or clinic
- 624 110 00 1 Other non-medical social assistance counseling service
- 624 110 00 2 Mentoring program
- 624 120 00 8 Child early intervention center or service (providing services to children with disabilities or special needs)
- 621 340 10 1 Speech therapist(s) and/or audiologist(s)

CONTINUE WITH 19 ON PAGE 4

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19 KIND OF BUSINESS OR ACTIVITY - Continued

Child or youth counseling, mentoring, intervention, and therapy services - Continued

- 0700 621 340 20 5 Occupational therapist(s)
 - 621 340 20 1 Physical therapist(s)
 - 777 624 01 1 Other child or youth counseling or therapy service - *Specify* ↴
- 0701

Child or youth placement and residential care services

- 624 110 00 3 Adoption and/or foster care placement service
 - 623 990 00 1 Children's home, group foster home, or orphanage
 - 624 221 00 2 Child abuse shelter, including child crisis stabilization centers
 - 624 221 00 3 Center for runaway youth
 - 623 990 00 2 Juvenile correctional center or home
 - 623 210 00 2 Mental retardation facility, including group homes and intermediate care facilities providing residential care for the mentally retarded
 - 623 220 00 1 Residential alcohol or substance abuse rehabilitation facility, excluding nursing care facilities
 - 623 220 00 2 Residential facility for the mentally ill, excluding facilities for the mentally retarded
 - 777 624 01 2 Other child or youth residential care facility - *Specify* ↴
- 0701

Youth centers, day camps, and selected membership, sports, and recreation programs

- 713 940 90 3 Youth recreational center
 - 624 110 00 4 Youth center (not primarily providing recreational services)
 - 713 990 80 3 Day camps, excluding instructional camps
 - 777 624 01 3 Instructional day camp, providing instruction in academics, the arts, sports, and other disciplines - *Specify type of instructional program* ↴
- 0701
- 813 410 30 1 Scouting and related youth development membership organizations developing life, leadership, or business skills
 - 713 990 80 5 Youth sports clubs or programs, including after school programs
 - 777 624 01 4 All other youth membership, sports, and recreation programs - *Specify* ↴
- 0701

Case management and other social assistance services for children and youth

- 624 120 00 A Social work case management services primarily to the disabled, mentally retarded, or mentally ill
- 624 110 00 5 Social work case management services for children without disability or mental illness

CONTINUE WITH **19** ON PAGE 5

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

19 KIND OF BUSINESS OR ACTIVITY - Continued

Case management and other social assistance services for children and youth - Continued

- 0700 624 110 00 6 Multi-service organization providing a range of social assistance services to children and youth
- 624 110 00 7 Court-appointed advocate service, providing services to abused and neglected children in the juvenile court system
- 624 110 00 8 Teen outreach program
- 624 110 00 9 Youth drug and/or alcohol abuse prevention program
- 624 110 00 A Youth smoking prevention program
- 624 110 00 B Youth HIV/AIDS prevention program
- 624 210 00 2 Child care food program
- 624 310 00 2 Job placement, training, or counseling program, including sheltered workshops
- 777 620 00 4 Other social assistance services primarily for children or youth - Specify ↴

0701 [Empty text box]

Services for the elderly, mentally retarded, and disabled

- 624 120 00 1 Adult activity or day care center
- 624 120 00 2 Agency for the aging
- 777 620 00 5 Other social assistance services primarily for the elderly, mentally retarded, or disabled - Specify ↴

0701 [Empty text box]

Other individual and family services

- 624 190 00 1 Community action agency
- 624 190 00 2 Family service agency
- 624 190 00 3 Other multi-service organization providing a range of social assistance services to families and individuals, excluding services primarily to children, the elderly, the disabled, the mentally retarded, or the mentally ill
- 777 620 00 6 Other individual and family social assistance services - Specify ↴

0701 [Empty text box]

Grantmaking, giving, advocacy, and all other activities

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

0701 [Empty text box]

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

0701 [Empty text box]

CONTINUE WITH 19 ON PAGE 6

CONTINUE ON PAGE 6

62401054



19 KIND OF BUSINESS OR ACTIVITY - Continued

Grantmaking, giving, advocacy, and all other activities - Continued

0700 777 620 00 9 Other social assistance service - *Specify* ↴

0701

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

0701

20 and 21 Not Applicable.

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 1c - Report receipts from providing temporary shelter for children, youth, and families.

Lines 1d, 2f, and 3a - Report receipts from providing advice and support by offering non-medical counseling and developmental services to promote the physical, emotional, and life skills development.

Lines 1e and 3b - Report receipts from providing access to a group gathering with a common problem or concern to offer advice, emotional support, guidance, and feedback to each other.

Line 1f - Report receipts from providing children and youth with opportunities for social interaction by offering various programs that support physical, emotional, and intellectual development.

Line 1g - Report receipts from providing daily custodial care and supervision for children, including disabled children, who need assistance in a protective setting during the day. Services may be provided in the day-care center, child's home, etc. Report preschool receipts, including preschool combined with child day care, on **line 11**.

Line 1h - Report receipts from providing immediate help by telephone in the form of non-judgmental, active listening, and information and referral, that assist the child or youth callers in dealing with a situation or problem they face.

Line 3c - Report receipts from providing crisis intervention and protective services for adults who have been abused, neglected, or exploited, and are unable to take steps to correct their situation.

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 17 - 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 18**.

Line 18 - 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	Cen- sus use	2007				
		Estimates are acceptable				
		\$ Bil.	Mil.	Thou.	Dol.	
0723	0720	0721				
1. Social assistance services for children, youth, and families						
a. Adoption services	30581					
b. Foster care and guardianship arrangement services for children, youth, and families	30582					
c. Social assistance services related to shelter for children, youth, and families	30583					
d. Counseling and developmental services	30584					
e. Self-help group services	30585					

CONTINUE WITH 2 ON PAGE 7

CONTINUE ON PAGE 7

62401062



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			
1. Social assistance services for children, youth, and families - Continued					
f. Children and youth service programs	30586				
g. Child day care services	30587				
h. Crisis intervention services for children and youth (Include youth telephone hotline services)	30588				
i. Other social assistance services for children, youth, and families - Specify ↴					
_____	30589				
j. Sum lines 1a through 1i	30580				
2. Social assistance services for the elderly and disabled					
a. Prepared on-site meals	30601				
b. Prepared meals at home	30602				
c. Vocational rehabilitation services for the disabled	30603				
d. Adult day care services for the elderly and disabled	30604				
e. Social interaction services, on-site	30605				
f. Counseling and developmental services	30606				
g. Other social assistance services for the elderly and disabled - Specify ↴					
_____	30607				
h. Sum lines 2a through 2g	30600				
3. Social assistance services for adults (Exclude the elderly and disabled)					
a. Counseling and developmental services	30611				
b. Self-help group services	30612				
c. Crisis intervention services	30613				
d. Vocational rehabilitation services (Exclude the disabled)	30614				
e. Other social assistance services for adults (Exclude the elderly and disabled) - Specify ↴					
_____	30615				
f. Sum lines 3a through 3e	30610				

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CONTINUE WITH 22 ON PAGE 8

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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			
4. Social assistance services for immigrants and refugees					
a. Emergency relief services	30621				
b. Other social assistance services for immigrants and refugees - <i>Specify</i> ↴					
_____	30622				
c. Sum lines 4a and 4b	30620				
5. Social assistance food services for the general population	30630				
6. Social assistance services related to shelter for the general population	30640				
7. Information and referral services	30650				
8. Other social assistance services for the general population - <i>Specify</i> ↴					
_____	30660				
9. Membership services (<i>Include initiation fees and dues</i>)	32510				
10. Training services related to social assistance	30680				
11. Pre-primary grade instructional programs (<i>Include preschool programs combined with child day care</i>)	30690				
12. Outpatient rehabilitation services for substance abuse	30710				
13. Resale of merchandise - <i>Specify</i> ↴					
_____	39661				
14. All other operating receipts - <i>Specify if more than 10 percent of total receipts or revenue</i> ↴					
_____	39755				
15. OPERATING RECEIPTS - For taxable establishments, sum of preceding lines should equal 5, line B	39850				
16. Contributions, gifts, and grants					
a. Government	39900				
b. Private, including individuals, community efforts, and commissioned fundraisers	39910				
17. Investment income, including interest and dividends	39920				
18. Gains (losses) from assets sold (<i>Report losses by including a dash prior to the dollar amount.</i>)	39930				

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CONTINUE ON PAGE 9

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			
19. All other revenue - Specify if more than 10 percent of total receipts or revenue \nearrow					
	39972				
20. TOTAL REVENUE - For tax-exempt establishments, sum of lines should equal 5 , line C1	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	%

C. FRANCHISE

Was this establishment operating under a trademark authorized by a franchisor in 2007? (Mark "X" only ONE box.)

0237 Yes - franchisee owned establishment

0238 Yes - franchisor owned establishment

0239 No

27-29 Not Applicable.

62401096

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.

62401104

