



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:

SV-8302

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

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

010

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

010

(1) REVENUE

040

(2) EXPENSES (including payroll)

Item 6. PAYROLL

Payroll in 1997, BEFORE DEDUCTIONS

a. Annual

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

**Item 8. KIND OF ACTIVITY**

Mark (X) the ONE box which best describes this organization or its primary activity in 1997.

**Grantmaking and giving**

- Philanthropic trust or foundation, making grants but not directly providing services (i.e., independent, corporate, community, and auxiliary) . . . . .  6732001
- Other trust or foundation - Describe . . . . .  7777775

- Manager of trust, foundation, or fund (managing assets only - does not make awards) - Describe . . . . .  6000000

- Health related fundraising organization (e.g., soliciting contributions from the general public and others to promote health related awareness, education, and research services) . . . . .  8399401
- Community chest or other local giving council . . . . .  8399202

- Federated fundraising organization, except health related fundraising organizations . . . . .  8399201

- Fundraising organization (raising funds on a contract or fee basis for other organizations) . . . . .  7389976

- Other grantmaking or giving organization - Describe . . . . .  8399203

**Advocacy**

- Human rights organization (including civil liberties or constitutional rights organizations) . . . . .  8399301
- Environmental, natural resources, or wildlife advocacy organization . . . . .  8399101
- Humane society . . . . .  8699101
- Organization against drunk driving . . . . .  8399501
- Organization against drug abuse . . . . .  8399502
- Community or neighborhood advocacy group, except civic associations . . . . .  8399503
- Economic/industrial development organization . . . . .  8748501

- Other social advocacy group (promoting world peace or understanding, protecting national security interests, etc.) - Describe . . . . .  8399504

**Social assistance**

- Agency for the aging . . . . .  8322204
- Community action agency . . . . .  8322906
- Family service agency . . . . .  8322907

- 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

- 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
- Other social assistance service - Describe . . . . .  7777776

- Other kind of activity - 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. Contributions, gifts, or grants should be reported on line g.

Line e - Report operating receipts not separately identified in lines a through d.

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

Line i - Report revenues from sources not separately identified in lines g and h. Operating receipts (payments for services) should be reported on lines a through e.

Sources of receipts or revenue	Cen- sus 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. Membership dues and fees	3450			
c. Food and beverage sales	8500			
d. Sales of other merchandise	8639			
e. All other operating receipts - Describe if more than 10 percent of total receipts or revenue				
076	8983			
f. OPERATING RECEIPTS - For taxable establishments, sum of lines a through e should equal item 5a	8990			
g. Contributions, gifts, grants				
(1) Government	9000			
(2) Private (including individuals, community efforts, and commissioned fundraisers)	9050			
h. Investment income, including interest and dividends	9100			
i. All other revenue - Describe if more than 10 percent of total receipts or revenue				
077	9511			
j. TOTAL REVENUE - For tax-exempt establishments, sum of lines a through e and g through i should equal item 5b(1)	9990			

**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  Yes
  - 2  No - Skip to item 11

	Mil.	Thou.	Dol.
b. What was the amount of such transferred funds?	411		

- 412 c. Are these contributions included in "Expenses," item 5b(2)?
  - 1  Yes
  - 2  No

If not shown, please enter your 11-digit Census File Number from the address label on page 1	Census File Number
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**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  Yes – Complete this item  
 2  No – Skip to item 12

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

097 1  Yes →  
 2  No

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

EIN (9 digits)

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

098 1  Yes →  
 2  No

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

EIN (9 digits)

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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?

	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	Mil.	Thou.	Dol.
1	Number and street	Receipts or revenue	081		
	City		Annual payroll	082	
	State	Paid employees for pay period including March 12			
	ZIP Code	083			
	Kind-of-business description	Census <sup>088</sup> use			
2	Number and street	Receipts or revenue	081		
	City		Annual payroll	082	
	State	Paid employees for pay period including March 12			
	ZIP Code	083			
	Kind-of-business description	Census <sup>088</sup> use			
3	Number and street	Receipts or revenue	081		
	City		Annual payroll	082	
	State	Paid employees for pay period including March 12			
	ZIP Code	083			
	Kind-of-business description	Census <sup>088</sup> use			

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

SV