



2007 ECONOMIC CENSUS

Office Administration and Facilities Support Services

DUE DATE
FEBRUARY 12, 2008

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

AS-56106

**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
<input type="text"/>		<input type="text"/>	<input type="text"/>

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:

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

Report

Report

Mark "X" if None

Mark "X" if None

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

5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Operating receipts 0100

6 Not Applicable.

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

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

1. Annual payroll 0300

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

2007 Number

2007			
\$ Bil.	Mil.	Thou.	Dol.

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

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.)

Management services - providing management staff to direct or coordinate a client's business operation, but not providing operating staff for complete operation of the client's business

- 0700 561 110 00 1 Management and administrative services - providing day-to-day administrative services, such as personnel management, bookkeeping, billing, etc., for a client's business or operation
- 561 110 00 5 Hotel and restaurant management
- 777 541 08 6 Construction management for buildings, including acting as an agent for owners of construction projects
- 561 210 00 7 Corrections management
- 777 541 02 2 Logistics management services - *Specify* ↴

0701

- 777 541 08 5 Other management services - *Specify* ↴

0701

Facilities support services

- 561 210 00 1 Facilities support management (Exclude computer facilities) - providing operating staff to perform a range of services to support operations within the client's facilities, but not involved with, or responsible for, the core activities of the client's business operations
- 561 210 00 5 Correctional facilities management and operation
- 541 513 00 2 Computer systems facilities management and operation services
- 777 541 08 3 Other facilities management, including complete operation of a client's business site or operation - *Specify* ↴

0701

Management consulting - providing advice and counsel to clients on various aspects of operating a business or other type of organization, but not providing management services for day-to-day operations

- 541 611 00 2 Administrative and general management consulting services, including strategic planning and organizational change
- 541 612 30 1 Human resources and personnel management consulting services
- 541 613 00 1 Marketing consulting services, including sales management, customer service, and marketing planning/strategy
- 541 614 00 1 Physical distribution and logistics consulting services
- 777 541 08 4 Other management consulting services - *Specify* ↴

0701

CONTINUE WITH 19 ON PAGE 4

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19 KIND OF BUSINESS OR ACTIVITY - Continued

Corporate, subsidiary, or regional managing office

- 0700 551 114 00 2 Central administrative office/headquarters administering, overseeing, and managing other establishments of own company or enterprise
- 777 541 08 7 Other office providing services to other establishments of own company or enterprise - *Specify type of service* ↴

0701

Other kind of business or activity

- 621 999 10 1 Medical case management (Assesses, plans, implements, coordinates, monitors, and evaluates options and services to meet an individual's health care needs to provide quality and cost-effective outcomes.)
- 777 541 08 1 Social work case management services - *Specify primary type of client served, including children and the developmentally disabled* ↴

0701

- 773 000 00 2 Other kind of business or activity - *Specify* ↴

0701

20 CLASS OF CUSTOMER

Estimate the percentage of receipts (reported in 5) by class of customer.

		2007	
		Whole percent of receipts	
1.	Business firms and farms	3108	%
2.	Not-for-profit organizations (<i>Include religious organizations</i>)	3107	%
3.	Federal government	3105	%
4.	State and local governments	3106	%
5.	Individuals (<i>Include receipts from individually owned businesses on line 1.</i>)	3100	%
6.	TOTAL	1 0 0	%

21 SUPPORT SERVICES

Was this establishment primarily engaged in providing management, administrative, or support services to other establishments of your enterprise (rather than for the general public or other business firms) in 2007?

- 0998 Yes
- 0999 No

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

HOW TO REPORT PERCENTS

If figure is **38.76%** of total sales:

Report whole percents

2007				
Estimates are acceptable. Report dollars OR percents.				
\$ Bil.	Mil.	Thou.	Dol.	Percent
				39

22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

(Report receipts by source either as a dollar figure or as a whole percent of total receipts (reported in 5). See HOW TO REPORT DOLLAR FIGURES on page 2 and HOW TO REPORT PERCENTS above. Do not combine data for two or more receipts lines.)

Line 1a - Report receipts from providing day-to-day office administrative services, such as billing, record keeping, personnel, secretarial, mail room, and other administrative activities.

Line 1b - Report receipts from providing services to manage and service a facility, which the client uses to carry out its own activity. The services provided are "non-core" with respect to the client's activity. The bundle of services is generally customized, but may include administrative, security, mail room, grounds keeping, janitorial, and arrangement of garbage removal (i.e., a facility support service provided to a military base would clean and repair buildings, landscape the grounds, and operate eating places and dormitories).

Line 1c - Report receipts from planning, supervising, and coordinating the work of tradesmen, laborers, and contractors on a construction site. May include assistance with the procurement of materials and subcontractors.

Line 1d - Report receipts from providing correctional facilities operation services.

Line 1e - Report receipts from managing real estate properties on behalf of property owners.

Line 1g - Report receipts from providing day-to-day management and operation of a client's computer system.

Line 1i - Report receipts from assisting patients and/or medical providers in managing patient care.

Line 2a - Report receipts from consulting fees received for full-service provision of advice, guidance, and solution implementation services for a single fee, concerning the overall strategic direction, planning, and structuring and control of an organization. Include business strategy and planning, corporate development and restructuring, and crises management.

Line 2b - Report receipts from consulting fees received for full-service provision of advice, guidance, and solution implementation services for a single fee, concerning financial strategies, planning, and control.

Line 2c - Report receipts from consulting fees received for full-service provision of advice, guidance, and solution implementation services for a single fee, concerning marketing strategy, market development, and sales management and development.

Line 2d - Report receipts from consulting fees received for full-service provision of advice, guidance, and solution implementation services for a single fee, concerning the development or modification of human resource strategies, policies, practices, and procedures.

Line 2e - Report receipts from consulting fees received for full-service provision of advice, guidance, and solution implementation services for a single fee, concerning operations and supply chain management.

Line 2f - Report receipts from consulting fees received for providing advice and guidance on actuarial matters, such as life insurance and annuities; property and casualty insurance; public pension, health and other social insurance plans; and income loss and marriage breakdown.

Description of sales, shipments, receipts, or revenue	Census use	2007							
		Estimates are acceptable. Report dollars OR percents.							
		\$ Bil.	Mil.	Thou.	Dol.	Percent			
0723	0720	0721							0722
1. Management services									
a. Office administrative services	33610								
b. Facilities support services	33620								
c. Construction management services	33630								
d. Correctional facilities management	33640								
e. Property management services	33650								
f. Project management services	33660								

CONTINUE WITH 2 ON PAGE 6

CONTINUE 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. Report dollars OR percents.				
		\$ Bil.	Mil.	Thou.	Dol.	Percent
0723	0720	0721				0722
1. Management services - Continued						
g. Computer systems management	37512					
h. Third party administration of insurance and pension funds	33670					
i. Medical case management services	30400					
j. Other management services - Specify ↴ _____	39010					
2. Management consulting services						
a. Strategic management consulting and implementation services . . .	38620					
b. Financial management consulting and implementation services . . .	38630					
c. Marketing management consulting and implementation services . . .	38640					
d. Human resources management consulting and implementation services	38650					
e. Operations and supply chain management consulting and implementation services	38660					
f. Actuarial consulting services, excluding employee pensions and other benefits	38680					
3. Other services						
a. Bookkeeping and compilation services	38750					
b. Scientific/technical consulting - Specify ↴ _____	33790					
c. Research and development - Specify ↴ _____	37190					
d. Commercial cleaning services	33450					

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CONTINUE WITH **23** ON PAGE 7

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. Report dollars OR percents.					
		\$ Bil.	Mil.	Thou.	Dol.	Percent	
0723	0720	0721				0722	
3. Other services - Continued							
e. Resale of merchandise - <i>Specify</i> ↴							
_____	39645						
f. All other operating receipts - <i>Specify if more than 10 percent of total receipts</i> ↴							
_____	39743						
4. TOTAL OPERATING RECEIPTS - Sum of lines should equal 5 if reporting in dollars	39850						1 0 0

23 and **24** Not Applicable.

25 EXPORTED SERVICES

NOTE - An exported service is a product (e.g., service performed, license agreement) that is performed for, or sold or transferred to, 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). Include products provided to unaffiliated and affiliated foreign firms (e.g., foreign parent firms, subsidiaries, branches). Exclude products provided to domestic subsidiaries of foreign firms.

A. Did the receipts or revenue (reported in 5) include any amounts for exported services?

0911 Yes - Go to line B

0912 No - Go to 30

2007			
\$ Bil.	Mil.	Thou.	Dol.

B. Amount of receipts or revenue for exported services 0914

26-29 Not Applicable.

56106073



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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