



# 2007 ECONOMIC CENSUS

## Grantmaking and Advocacy

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

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

**OS-81301**

**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](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.

**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

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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

2007

| 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             |        |
| Mark "X" if None | 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.)

**Grantmaking and giving**

- 0700 813 211 00 1  Philanthropic trust or foundation - making grants but not directly providing services
- 813 211 00 2  University or college foundation - providing financial assistance to students and/or support services to the university or college
- 777 813 01 1  Other trust or foundation - Specify ↴
- 0701
- 523 920 00 B  Manager of trust, foundation, or fund providing asset management only - does not make awards
- 813 212 00 1  Health-related fundraising organization (Solicits contributions from the general public and others to promote health-related awareness, education, and research services.)
- 813 219 00 2  Federated fundraising organization, excluding health-related fundraising organizations (Include United Way locations.)
- 813 219 00 1  Community chest or other local giving council
- 561 499 00 2  Fundraising organization (Raises funds on a contract or fee basis for other organizations.)
- 525 120 00 8  Health or welfare fund (Legal entity organized to provide medical, vacation, training, or other health- and welfare-related employee benefits.)
- 777 813 01 2  Other grantmaking or giving organization - Specify ↴
- 0701

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

**Advocacy**

- 0700 813 311 00 1  Human rights organization, including civil liberties or constitutional rights organizations
- 813 312 00 1  Humane society
- 813 312 00 2  Environmental, natural resources, or wildlife advocacy organization
- 813 319 00 1  Organization against drunk driving
- 813 319 00 2  Organization against drug abuse
- 813 319 00 3  Community or neighborhood advocacy group, excluding civic associations
- 561 990 30 1  Economic/industrial development organizations
- 813 319 00 4  Historical preservation association
- 712 120 00 3  Historic or heritage site operation
- 777 813 01 3  Other social advocacy group - promoting world peace or understanding, protecting national security interests, etc. - *Specify* ↴

0701

**Social assistance**

- 624 120 00 2  Agency for the aging
- 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
- 624 221 00 1  Temporary shelter or housing for the homeless, victims of abuse, families in medical crisis, and runaway youth
- 624 210 00 1  Community food services, including food banks, non-profit meal delivery services, soup kitchens, community gardens, etc.
- 777 813 01 4  Other social assistance service - *Specify* ↴

0701

**Other kind of business or activity**

- 773 000 00 1  Other kind of business or activity - *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 services offered to members in exchange for payment of nonrefundable initiation fees and/or annual membership fees. Services may include the right to participate in member events and decision-making activities of the organization, the use of organization facilities, the provision of organization newsletters and publications, and arranging for and providing access to specific goods and services at discounted prices.

**Line 2a** - Report receipts from granting permission to use content protected by copyright owned or controlled by this establishment. Exclude outright sale of rights in perpetuity.

**Line 2b** - Report receipts from granting permission for the commercial use of trademarked property (e.g., names, symbols, logos) owned or controlled by this establishment. Exclude outright sale of rights in perpetuity.

**Line 4** - Report receipts from providing services that attract attention to a product, business, cause, etc. Include the provision of space in print or electronic publications, or time in broadcasts; display space on various surfaces, such as billboards and transit vehicles; creation of advertising messages; agent services involved in buying and selling space or time for advertising messages; and the sale of venue naming rights, endorsement services, and exclusivity rights.

**Line 5** - Report receipts from providing social assistance (e.g., child care, counseling, community food, temporary shelter, relief, vocational rehabilitation) and related services to individuals and families.

**Line 11** - 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 12**.

**Line 12** - 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> Membership services . . . . .  | 32510      |                          |      |       |      |  |
| <b>2.</b> Licensing of rights to use intellectual property   |            |                          |      |       |      |  |
| <b>a.</b> Protected by copyright . . . . .   | 39401      |                          |      |       |      |  |
| <b>b.</b> Protected by trademark . . . . .   | 39403      |                          |      |       |      |  |
| <b>3.</b> Publishing directories, periodicals, and books - <i>Specify</i> ↴  |            |                          |      |       |      |  |
|  | 32520      |                          |      |       |      |  |
| <b>4.</b> Advertising services ( <i>Include sales of advertising</i> ) . . . . .                                   | 31250      |                          |      |       |      |  |
| <b>5.</b> Social assistance - <i>Specify</i> ↴   |            |                          |      |       |      |  |
|  | 32540      |                          |      |       |      |  |
| <b>6.</b> Meals and beverages, prepared and served or dispensed, for immediate consumption . . . . .               | 39460      |                          |      |       |      |  |
| <b>7.</b> Resale of merchandise . . . . .  | 39695      |                          |      |       |      |  |
| <b>8.</b> All other operating receipts - <i>Specify if more than 10 percent of total receipts or revenue</i> ↴     |            |                          |      |       |      |  |
|  | 39775      |                          |      |       |      |  |
| <b>9. OPERATING RECEIPTS - For taxable establishments, sum of preceding lines should equal 5, line B</b> . . . . . | 39850      |                          |      |       |      |  |

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

| Description of sales, shipments, receipts, or revenue  | Cen-<br>sus<br>use | 2007                     |      |       |      |
|--|--------------------|--------------------------|------|-------|------|
|  |                    | Estimates are acceptable |      |       |      |
|  |                    | \$ Bil.                  | Mil. | Thou. | Dol. |
| 0723   | 0720               | 0721                     |      |       |      |
| <b>10.</b> Contributions, gifts, and grants  |                    |                          |      |       |      |
| <b>a.</b> Government   | 39900              |                          |      |       |      |
| <b>b.</b> Private, including donations from individuals or businesses, community efforts, and commissioned fundraisers | 39910              |                          |      |       |      |
| <b>11.</b> Investment income, including interest and dividends   | 39920              |                          |      |       |      |
| <b>12.</b> Gains (losses) from assets sold (Report losses by including a dash prior to the dollar amount.)             | 39930              |                          |      |       |      |
| <b>13.</b> All other revenue - Specify if more than 10 percent of total receipts or revenue                            | 39981              |                          |      |       |      |
| <b>14. 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**

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

| 2007    |      |       |      |
|---------|------|-------|------|
| \$ Bil. | Mil. | Thou. | Dol. |
|         |      |       |      |

**B. SOCIAL ASSISTANCE**

Estimate the percent of receipts for social assistance services reported in 22, line 5, from the following payers:

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

| 2007    |   |
|---------|---|
| Percent |   |
|         | % |
|         | % |
| 1 0 0   | % |

**27-29** Not Applicable.

81301061

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

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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