



2002 ECONOMIC CENSUS GRANTMAKING AND ADVOCACY

DUE DATE
FEBRUARY 12, 2003

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

OS-81301

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

Need help or have questions about filling out this form?

Visit our Web site at www.census.gov/econhelp

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

**INFORMATION COPY
DO NOT USE TO REPORT**

(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 ink.
- Do not use pencil.
- Place an "X" inside the box.
- Please center numbers in their respective boxes. Examples:
- Do not put slashes through 0 or 7.

<input checked="" type="checkbox"/>	0	1	2	3	4	5	6	7	8	9
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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 MONTHS IN OPERATION

Number of months in operation during 2002 (If none, mark "X" and go to 29.) 0002

Mark "X" if None		2002	
		Number of months	

2 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 2002 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021 Yes 0022 No - Enter current EIN (9 digits) → 0025 -

3 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

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.?

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

C. Type of municipality where this establishment is physically located

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



81301012

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

2002			
\$ Bil.	Mil.	Thou.	Dol.
	1	0 2 6	

4 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

2002			
\$ 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

5 E-COMMERCE SALES, SHIPMENTS, RECEIPTS, OR REVENUE

A. Did this establishment have any e-commerce sales, receipts, and/or revenue in 2002? (E-commerce includes sales, receipts, and/or revenue from any transaction completed over an Internet, Extranet, Electronic Data Interchange (EDI) network, electronic mail, or other online system. Transactions are agreements between buyers and sellers to transfer ownership of, or rights to use, goods or services. Payment for these goods or services may or may not be made online. Please see the information sheet(s) for further clarification.)

0181 Yes - Go to line B

0182 No - Go to 6

2002			
Estimates are acceptable			
\$ Bil.	Mil.	Thou.	Dol.

B. E-commerce sales, receipts, and/or revenue of this establishment (Include e-commerce sales, receipts, and/or revenue in 4. Exclude sales taxes.) 0185

6 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 2.

Exclude:

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

For further clarification, see information sheet(s).

Mark "X" if None

2002	
Number	

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

Mark "X" if None

2002		
\$ Mil.	Thou.	Dol.

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

1. Annual payroll 0300

2. First quarter payroll (January-March, 2002). 0310

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

7 LEASED EMPLOYMENT AND PAYROLL

A. Did this establishment have any full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN?

Exclude:

- Temporary staffing obtained from a staffing service.
- Contractors, subcontractors, or independent contractors.
- 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.
- Employees already reported in **6**.

For further clarification, see information sheet(s).

0241 Yes - Go to line B

0242 No - Go to **13**

Mark "X" if None

2002		
Number		

B. Number of leased employees for pay period including March 12. 0370

C. Payroll for leased employees before deductions (Exclude employer's cost for fringe benefits.)

1. Annual payroll for leased employees 0350

2002		
\$ Mil.	Thou.	Dol.

2. First quarter payroll for leased employees (January-March, 2002) 0360

Mark "X" if None

2002		
\$ Mil.	Thou.	Dol.

8-17 Not Applicable.

18 KIND OF BUSINESS OR ACTIVITY

Principal kind of business or activity in 2002
(Mark "X" only ONE box.)

Grantmaking and giving

0700 813 211 00 19 Philanthropic trust or foundation, making grants but not directly providing services

777 813 01 17 Other trust or foundation - Specify ↴

0701 _____

523 920 20 20 Manager of trust, foundation, or fund providing asset management only - does not make awards

813 212 00 18 Health-related fundraising organization (solicits contributions from the general public and others to promote health related awareness, education, and research services)

813 219 00 29 Federated fundraising organization, excluding health-related fundraising organizations

813 219 00 11 Community chest or other local giving council

CONTINUE WITH **18** ON PAGE 4

18 KIND OF BUSINESS OR ACTIVITY - Continued

Grantmaking and giving - Continued

- 0700 561 499 00 25 Fundraising organization (raises funds on a contract or fee basis for other organizations)
 - 525 120 00 84 Health or welfare fund (legal entity organized to provide medical, vacation, training, or other health- and welfare-related employee benefits)
 - 777 813 01 25 Other grantmaking or giving organization - *Specify* ↴
- 0701

Advocacy

- 813 311 00 18 Human rights organization, including civil liberties or constitutional rights organizations
 - 813 312 00 17 Humane society
 - 813 312 00 25 Environmental, natural resources, or wildlife advocacy organization
 - 813 319 00 10 Organization against drunk driving
 - 813 319 00 28 Organization against drug abuse
 - 813 319 00 36 Community or neighborhood advocacy group, excluding civic associations
 - 813 319 00 44 Historical preservation association
 - 561 990 30 15 Economic/industrial development organizations
 - 777 813 01 33 Other social advocacy group, promoting world peace or understanding, protecting national security interests, etc. - *Specify* ↴
- 0701

Social assistance

- 624 120 00 28 Agency for the aging
 - 624 190 00 15 Community action agency
 - 624 190 00 23 Family service agency
 - 624 190 00 31 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 18 Temporary shelter or housing for the homeless, victims of abuse, families in medical crisis, and runaway youth
 - 624 229 00 36 Other housing service to low-income individuals and families, excluding long-term housing (*Include services such as volunteer housing repair, housing counseling, etc.*) - *Specify* ↴
- 0701
- 624 210 00 11 Community food services, including food banks, nonprofit meal delivery services, soup kitchens, community gardens, etc.
 - 777 813 01 41 Other social assistance service - *Specify* ↴
- 0701

CONTINUE WITH 18 ON PAGE 5

CONTINUE ON PAGE 5

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

18 KIND OF BUSINESS OR ACTIVITY - Continued

Other kind of business or activity

0700 773 000 00 10 Other kind of business or activity - Specify ↴

0701

19-21 Not Applicable.

22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

(Report receipts or revenue by source (reported in 4) 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 payments from providing social assistance (e.g., child care, counseling, community food, temporary shelter, relief, vocational rehabilitation) and related services to individuals and families. Report receipts from residential care on **line 2**.

Line 2 - Report payments for residential care to youth, the elderly, or the disabled, excluding care provided in an Intermediate Care Facility for the Mentally Retarded, hospice, or nursing home.

Line 7 - Report operating receipts not separately identified in **lines 1 through 6**.

Line 10 - Report investment income, including interest and dividends. Report proceeds from the sale of investments and other assets on **line 11**.

Line 11 - Report the net gain (or loss) from the sale or trade of real property and financial assets such as stocks and bonds.

Line 12 - Report revenues from sources not separately identified in **lines 9, 10, and 11**. Operating receipts (payments for services) should be reported on **lines 1 through 7**.

Description of sales, shipments, receipts, or revenue	Census use	2002				
		Estimates are acceptable				
		\$ Bil.	Mil.	Thou.	Dol.	
0723	0720	0721				
1. Payments for child care, counseling, community food, temporary shelter, vocational rehabilitation, and related social assistance services provided to individuals and families						
a. Government payers	30391					
b. Private payers	30392					
c. Sum lines 1a and 1b	30390					
2. Residential care - no health care services provided	30380					
3. Membership dues	30400					
4. Gaming receipts (Include net charitable gaming income.)	30640					
5. Sales of food and beverages	39200					
6. Sales of other merchandise	39027					
7. All other operating receipts - Specify if more than 10 percent of total receipts or revenue ↴ <input style="width: 580px; height: 25px;" type="text"/>	39519					
8. OPERATING RECEIPTS - For taxable establishments, sum of preceding lines should equal 4, line B	39690					

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	2002			
		Estimates are acceptable			
		\$ Bil.	Mil.	Thou.	Dol.
0723	0720	0721			
9. Contributions, gifts, and grants					
a. Government	39700				
b. Private, including individuals, community efforts, and commissioned fundraisers	39710				
10. Investment income, including interest and dividends	39720				
11. Gains (losses) from assets sold (Report losses by including a dash prior to the dollar amount.)	39730				
12. All other revenue - Specify if more than 10 percent of total receipts or revenue ↴					
	39912				
13. TOTAL REVENUE - For tax-exempt establishments, sum of lines should equal 4, line C1	39990				

23-25 Not Applicable.

26 SPECIAL INQUIRIES

A. TRANSFERRED CONTRIBUTIONS OF TAX-EXEMPT ESTABLISHMENTS
(To be completed only by those indicating "Yes" in 4, line A2)

1. During 2002, were any funds raised by this establishment and subsequently transferred to charities or other organizations for charitable purposes?

3511 Yes

3512 No - Go to line B

2002		
\$ Mil.	Thou.	Dol.

2. Amount of these transferred funds. 3515

B. GRANTS AND OTHER PAYMENTS TO INDIVIDUALS OR ORGANIZATIONS
(To be completed only by those indicating "YES" in 4, line A2)

1. During 2002, did this establishment award any grants; make payments to, or in behalf of, specific individuals; or provide benefits for its members or dependents (except employment-related benefits)?

3551 Yes

3552 No - Go to 29

2002		
\$ Mil.	Thou.	Dol.

2. Amount of these grants and other payments 3555

27-28 Not Applicable.



81301061

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

29 OPERATIONAL STATUS

Activity that best describes this establishment's status at the end of 2002
(Mark "X" only ONE box.)

0011 <input type="checkbox"/> In operation	0014 <input type="checkbox"/> Ceased operation - Give date at right →	0018	Month	Day	Year
0013 <input type="checkbox"/> Temporarily or seasonally inactive	0015 <input type="checkbox"/> Sold or leased to another operator - Give date at right AND enter new name and mailing address below ↴				

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

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?

0078 <input type="checkbox"/> Yes	0079 <input type="checkbox"/> No - Enter time period covered →	FROM	Month	Year	TO	Month	Year
		0070			0071		

0072 Name of person to contact regarding this report	0073 Title

Telephone	Area code	Number	Extension	Fax	Area code	Number
0074		-		0075		-

0076 Internet e-mail address	Date completed	Month	Day	Year
	0069			

Thank you for completing your 2002 Economic Census form.
PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.

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