



2002 ECONOMIC CENSUS

CIVIC, SOCIAL, AND OTHER MEMBERSHIP ORGANIZATIONS

OMB No. 0607-0887: Approval Expires 09/30/2004

DUE DATE
FEBRUARY 12, 2003

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

OS-81302

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

2002	
Number of months	

Mark "X" if None

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

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



81302010

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):

Mark "X" if None

2002

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

Report

Report

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, 521, 527, or 528 of the Internal Revenue Code?

0103 Yes - Complete line C 0104 No - Complete line B

Mark "X" if None

2002

\$ 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

\$ 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.)

Civic and social associations

0700 813 410 30 12 Youth development membership organization, including scouting and other organizations developing life, leadership, or business skills

813 410 40 10 Civic, social, or fraternal associations, including alumni associations, community membership clubs, etc. (Exclude scouting and related youth development organizations.)

813 410 40 44 Bar or restaurant operated by social or fraternal organization for members

722 410 00 52 Drinking place, including tavern, bar, nightclub, etc. (open to the public)

777 813 90 19 Restaurant serving the public - Specify type of service and food provided ↴

0701 _____

713 940 90 69 Fitness or recreational sports center, membership or nonmembership

777 813 02 16 Social assistance provider - Specify type of service and primary clientele (e.g., general, children, the elderly, the disabled, the mentally retarded) ↴

0701 _____

CONTINUE WITH **18** ON PAGE 4

CONTINUE ON PAGE 4

81302036

18 KIND OF BUSINESS OR ACTIVITY - Continued

Business and professional membership associations

- 0700 813 910 00 13 Business association, organized to promote the business interests of its members *(Include trade associations, chambers of commerce, boards of realtors, etc.)*
- 813 920 00 11 Professional membership organization, organized to advance the interests of their profession *(Include bar associations, physicians' associations, sports players' associations, etc.)*

Labor, political, and religious organizations

- 813 930 00 19 Labor union or similar labor organization
- 813 940 00 17 Political organization
- 921 150 00 13 American Indian and Alaska native tribal governing council
- 813 110 00 11 Religious organization for worship, religious training or study, or administration of an organized religion

Other membership organizations

- 813 990 40 18 Property owners' association
- 813 990 90 25 Sports governing body *(Include professional leagues, collegiate sports conferences, etc.)*
- 813 410 40 28 Automobile enthusiast club
- 561 599 80 19 Road and travel services automobile club
- 813 410 40 36 Art councils
- 561 990 30 15 Economic/industrial development organizations
- 777 813 02 24 Other membership organization - *Specify* ↴

0701

Grantmaking, giving, advocacy, and all other activities

- 777 813 02 32 Grantmaking or giving organization not directly providing social services - *Specify* ↴

0701

- 777 813 02 40 Advocacy group - *Specify cause or belief promoted* ↴

0701

Other kind of business or activity

- 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 3 - Advertising revenue should be reported on 4. Royalties should be reported on line 14.

Line 4 - Include amounts received for advertising in membership organization publications, whether they are printed in-house or by another firm.

CONTINUE WITH 22 ON PAGE 5

CONTINUE ON PAGE 5

81302044

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

Line 7 - 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 8.


Line 8 - 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 11 - Report operating receipts not separately identified in lines 1 through 10.

Line 14 - Report investment income, including interest and dividends. Report proceeds from the sale of investments and other assets on line 15.

Line 15 - Report the net gain (or loss) from the sale or trade of real property and financial assets such as stocks and bonds.

Line 16 - Report revenues from sources not separately identified in revenue lines 13, 14, and 15. Operating receipts (payments for services) should be reported on receipt lines 1 through 11.

Description of sales, shipments, receipts, or revenue	Census use	2002		
		Estimates are acceptable		
		\$ Mil.	Thou.	Dol.
0723	0720	0721		
1. Membership dues	30400			
2. Fees from seminars, conventions, conferences, etc.	30920			
3. Sales of publications and related materials not included in membership dues and fees	30940			
4. Sales of advertising	30950			
5. Condominium and homeowners' association fees and assessments	30930			
6. Gaming receipts (Include net charitable gaming income.)	30640			
7. 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 7a and 7b	30390			
8. Residential care - no health care services provided	30380			
9. Sales of food and beverages				
a. Sales of food and nonalcoholic beverages	39201			
b. Sales of alcoholic beverages	39202			
c. Sum lines 9a and 9b	39200			
10. Sales of other merchandise	39028			
11. All other operating receipts - Specify if more than 10 percent of total receipts or revenue 				
	39521			
12. OPERATING RECEIPTS - For taxable establishments, sum of preceding lines should equal 1, line B	39690			

CONTINUE WITH **22** ON PAGE 6

CONTINUE ON PAGE 6

81302051

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

Description of sales, shipments, receipts, or revenue	Cen- sus use	2002		
		Estimates are acceptable		
		\$ Mil.	Thou.	Dol.
0723	0720	0721		
13. Contributions, gifts, and grants				
a. Government	39700			
b. Private	39710			
14. Investment income, including interest and dividends	39720			
15. Gains (losses) from assets sold (Report losses by including a dash prior to the dollar amount.)	39730			
16. All other revenue - Specify if more than 10 percent of total receipts or revenue \nearrow				
	39913			
17. 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.



81302069

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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