



2002 ECONOMIC CENSUS

SERVICES FOR FAMILIES AND INDIVIDUALS

FORM
HC-62403

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

HC-62403

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

Mark "X" if None

2002

Number of months

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

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 <input type="checkbox"/> Yes	0035 Number and street		
0032 <input type="checkbox"/> No - Enter physical location →	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

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 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.)

Multi-service social assistance providers and coordinators

- 0700
- 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
 - 624 120 00 36 Multi-service organization providing a range of social assistance services to the elderly, mentally retarded, or disabled
 - 624 120 00 28 Agency for the aging
 - 624 110 00 61 Multi-service organization providing a range of social assistance services to children and youth
 - 624 190 00 49 Social work case management for families
 - 624 120 00 A0 Social work case management services primarily to the disabled, mentally retarded, or mentally ill
 - 624 110 00 53 Social work case management services for children without disability or mental illness

CONTINUE WITH **18** ON PAGE 4

18 KIND OF BUSINESS OR ACTIVITY - Continued

Health care and counseling services, excluding counseling primarily for children, the elderly, or the disabled

- 0700 621 420 00 39 Outpatient mental health clinic, excluding alcohol and substance abuse treatment
- 621 420 00 47 Outpatient alcohol and/or substance abuse treatment clinic
- 621 330 00 20 Counseling or therapy service provided by mental health practitioners, excluding services provided by physicians *(Include counseling by psychologists, psychiatric social workers, clinical psychologists, psychotherapists, etc.)*
- 541 990 90 14 Consumer credit counseling service
- 624 190 00 56 Marriage counseling service
- 624 190 00 64 Other counseling service focusing on the emotional or social well-being of families or individuals, excluding counseling primarily for children, the elderly, or the disabled - *Specify* ↴

0701

- 777 620 00 37 Other health service - *Specify* ↴

0701

Residential care and other housing or residential services

- 623 210 00 21 Mental retardation facility, including group homes and intermediate care facilities providing residential care for the mentally retarded
- 623 210 00 39 Adult foster care or other facility for the developmentally disabled
- 623 312 00 10 Home for the elderly, excluding nursing care facilities and continuing care retirement communities
- 623 990 00 19 Children's home, group foster home, or orphanage
- 623 220 00 11 Residential alcohol or substance abuse rehabilitation facility, excluding nursing care facilities
- 623 220 00 29 Residential facility for the mentally ill, excluding facilities for the mentally retarded
- 624 221 00 18 Temporary shelter or housing for the homeless, victims of abuse, families in medical crisis, and runaway youth
- 624 229 00 10 Energy assistance or weatherizing program
- 777 624 03 14 All other residential care and other housing or residential services - *Specify* ↴

0701

Food, vocational, and transportation programs

- 624 210 00 45 Food bank, nonprofit meal delivery service, or other provider of free or reduced cost meals or food
- 624 310 00 10 Job training, counseling, and related services, including vocational rehabilitation and sheltered workshops
- 485 991 00 12 Special needs transportation, including paratransit, senior citizen, nonemergency medical, handicapped, etc.

CONTINUE WITH **18** ON PAGE 5

62403043

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

18 KIND OF BUSINESS OR ACTIVITY - Continued

Other social assistance services to families and individuals, excluding services primarily to children, the elderly, or the disabled

- 0700 624 190 00 72 Information and referral services
- 624 190 00 80 Crisis intervention (Include hotline or telephone counseling, suicide crisis centers, etc.)
- 624 190 00 98 Drug and alcohol abuse prevention program
- 624 190 00 A5 HIV/AIDS prevention program
- 624 190 00 B3 Support group, excluding groups for the disabled (Include groups for recovering alcoholics and drug abusers; victims of abuse, crime, or disease; etc.)
- 624 190 00 C1 Traveler's aid service
- 777 620 00 60 Other individual and family social assistance services - Specify ↴

0701 [Empty box]

Other social assistance, grantmaking, giving, advocacy, and all other activities

- 624 410 00 19 Child day care services, including those with preschool
- 624 120 00 10 Adult activity or day care center
- 777 620 00 78 Grantmaking or giving organization not directly providing social services - Specify ↴

0701 [Empty box]

- 777 620 00 86 Advocacy group - Specify cause or belief promoted ↴

0701 [Empty box]

- 777 620 00 94 Other social assistance service - Specify ↴

0701 [Empty box]

- 773 000 00 36 Other kind of activity or facility - Specify ↴

0701 [Empty box]

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 health and residential care on the appropriate lines.

Line 2a - Report payments for care to the mentally retarded provided in a facility (or portion of a facility) certified to receive Medicaid reimbursement as an Intermediate Care Facility for the Mentally Retarded (ICF/MR).

Line 2c - 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 2e - Continuing care retirement communities should report receipts from entrance fees here.

CONTINUE WITH 22 ON PAGE 6

62403050

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

Line 11 - Report investment income, including interest and dividends. 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.
Line 13 - Report revenues from sources not separately identified on other lines.

Description of sales, shipments, receipts, or revenue	Cen- sus use	2002		
		Estimates are acceptable		
		\$ 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. Inpatient and residential services				
a. Intermediate care for the mentally retarded	30320			
b. Inpatient hospice care	30280			
c. Residential care - no health care services provided	30380			
d. Nursing home service	30310			
e. Continuing care retirement community entrance fee payments	30370			
3. Home health care services, excluding services performed by physicians	30260			
4. Home hospice care	30270			
5. Membership dues	30400			
6. Sales of food and beverages	39200			
7. Sales of other merchandise	39012			
8. All other operating receipts - <i>Specify if more than 10 percent of total receipts or revenue</i> ↴				
	39506			
9. OPERATING RECEIPTS - For taxable establishments, sum of preceding lines should equal 8, line B	39690			
10. Contributions, gifts, and grants				
a. Government	39700			
b. Private, including individuals, community efforts, and commissioned fundraisers	39710			
11. Investment income, including interest and dividends	39720			

CONTINUE WITH 22 ON PAGE 7

62403068

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	Cen- sus use	2002		
		Estimates are acceptable		
		\$ Mil.	Thou.	Dol.
0723	0720	0721		
12. Gains (losses) from assets sold (Report losses by including a dash prior to the dollar amount.)	39730			
13. All other revenue - Specify if more than 10 percent of total receipts or revenue ↴ 	39906			
14. 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

2. Amount of these transferred funds. 3515

2002		
\$ Mil.	Thou.	Dol.

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

2. Amount of these grants and other payments 3555

2002		
\$ Mil.	Thou.	Dol.

27-28 Not Applicable.



62403076

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 Yes 0079 No - Enter time period covered →

FROM 0070	Month	Year	TO 0071	Month	Year

0072 Name of person to contact regarding this report			0073 Title		

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

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

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

62403084