

Attachment D-2

2007 Economic Census

Professional, Scientific, and Technical Services; Management of Companies and Enterprises; Educational Services; Health Care and Social Assistance; Arts, Entertainment, and Recreation; and Other Services (Except Public Administration) Sectors

Prototype Standard Mixed Form



<p align="center">DUE DATE FEBRUARY 12, 2008</p> <p>Mail your completed form to: U.S. CENSUS BUREAU 1201 East 10th Street Jeffersonville, IN 47134-0001</p> <p>Please read the accompanying information sheet(s) before answering the questions.</p> <p>Need help or have questions about filling out this form?</p> <p>Visit our Web site at www.census.gov/econhelp</p> <p>Call 1-800-233-6136, between 8:00 a.m. and 8:00 p.m., Eastern time, Monday through Friday.</p> <p align="center">- OR -</p> <p>Write to the address above. Include your 11-digit Census File Number (CFN) printed in the mailing address.</p>	<p align="center">HC-62401</p> <p align="center">MIXED PROTOTYPE</p> <p align="center"><i>(Please correct any errors in this mailing address.)</i></p>
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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. • Please center numbers in their respective boxes. Examples:
- Do not use pencil. • Do not put slashes through 0 or 7. 0 1 2 3 4 5 6 7 8 9
- Place an "X" inside the box.

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.)

0229 City, village, or borough 0230 Town or township 0231 Other 0232 Do not know

62401013

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

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
		-

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):

Mark "X" if None	2007			
	\$ Bil.	Mil.	Thou.	Dol.
Report <input type="checkbox"/>		1 0 2 6		
Report <input checked="" type="checkbox"/>				

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

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

Mark "X" if None	2007			
	\$ Bil.	Mil.	Thou.	Dol.
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

6 Not Applicable.

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).

Mark "X" if None

2007	
Number	

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

Mark "X" if None

2007			
\$ Bil.	Mil.	Thou.	Dol.

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

1. Annual payroll 0300

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

8 - 18 Not Applicable.

19 KIND OF BUSINESS OR ACTIVITY

Principal kind of business or activity in 2007
(Mark "X" only ONE box.)

Childcare and selected educational services

- 0700 624 410 00 1 Child day care services, including those with preschool
- 624 410 00 2 Preschool
- 624 410 00 3 Before and/or after school care program
- 624 120 00 B Childcare or preschool for the developmentally or physically disabled
- 624 410 00 4 Babysitting service
- 624 410 00 5 Head start programs
- 611 110 00 1 Elementary or secondary schools
- 611 691 00 2 Tutoring services or academic skills learning centers

Child or youth counseling, mentoring, intervention, and therapy services

- 621 330 00 2 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.)
- 621 410 00 2 Teen pregnancy counseling service or clinic
- 624 110 00 1 Other nonmedical social assistance counseling service
- 624 110 00 2 Mentoring program

CONTINUE WITH 19 ON PAGE 4

19 KIND OF BUSINESS OR ACTIVITY - Continued

Child or youth counseling, mentoring, intervention, and therapy services - Continued

- 0700 624 120 00 8 Child early intervention center or service (providing services to children with disabilities or special needs)
- 621 340 10 1 Speech therapist(s) and/or audiologist(s)
- 621 340 20 5 Occupational therapist(s)
- 621 340 20 1 Physical therapist(s)
- 777 624 01 1 Other child or youth counseling or therapy service - *Specify* ↴

0701

Child or youth placement and residential care services

- 624 110 00 3 Adoption and/or foster care placement service
- 623 990 00 1 Children's home, group foster home, or orphanage
- 624 221 00 2 Child abuse shelter, including child crisis stabilization centers
- 624 221 00 3 Center for runaway youth
- 623 990 00 2 Juvenile correctional center or home
- 623 210 00 2 Mental retardation facility, including group homes and intermediate care facilities providing residential care for the mentally retarded
- 623 220 00 1 Residential alcohol or substance abuse rehabilitation facility, excluding nursing care facilities
- 623 220 00 2 Residential facility for the mentally ill, excluding facilities for the mentally retarded
- 777 624 01 2 Other child or youth residential care facility - *Specify* ↴

0701

Youth centers, day camps, and selected membership, sports, and recreation programs

- 713 940 90 3 Youth recreational center
- 624 110 00 4 Youth center (not primarily providing recreational services)
- 713 990 80 3 Day camps, excluding instructional camps
- 777 624 01 3 Instructional day camp, providing instruction in academics, the arts, sports, and other disciplines - *Specify type of instructional program* ↴

0701

- 813 410 30 1 Scouting and related youth development membership organizations developing life, leadership, or business skills
- 713 990 80 5 Youth sports club or program, including after-school programs
- 777 624 01 4 All other youth membership, sports, and recreation programs - *Specify* ↴

0701

CONTINUE WITH 19 ON PAGE 5

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

19 KIND OF BUSINESS OR ACTIVITY - Continued

Case management and other social assistance services for children and youth

- 0700 624 120 00 A Social work case management services primarily to the disabled, mentally retarded, or mentally ill
- 624 110 00 5 Social work case management services for children without disability or mental illness
- 624 110 00 6 Multi-service organization providing a range of social assistance services to children and youth
- 624 110 00 7 Court-appointed advocate service, providing services to abused and neglected children in the juvenile court system
- 624 110 00 8 Teen outreach program
- 624 110 00 9 Youth drug and/or alcohol abuse prevention program
- 624 110 00 A Youth smoking prevention program
- 624 110 00 B Youth HIV/AIDS prevention program
- 624 210 00 2 Child care food program
- 624 310 00 2 Job placement, training, or counseling program, including sheltered workshops
- 777 620 00 4 Other social assistance services primarily for children or youth - *Specify* ↴

0701

Services for the elderly, mentally retarded, and disabled

- 624 120 00 1 Adult activity or day care center
- 624 120 00 2 Agency for the aging
- 777 620 00 5 Other social assistance services primarily for the elderly, mentally retarded, or disabled - *Specify* ↴

0701

Other individual and family services

- 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
- 777 620 00 6 Other individual and family social assistance services - *Specify* ↴

0701

CONTINUE WITH **19** ON PAGE 6

19 KIND OF BUSINESS OR ACTIVITY - Continued

Grantmaking, giving, advocacy, and all other activities

0700 777 620 00 7 Grantmaking or giving organization not directly providing social services - *Specify* ↴
 0701

0701 777 620 00 8 Advocacy group - *Specify cause or belief promoted* ↴
 0701

0701 777 620 00 9 Other social assistance service - *Specify* ↴
 0701

0701 773 000 00 3 Other kind of activity or facility - *Specify* ↴
 0701

20-21 Not Applicable.

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 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.

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	2007			
		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				

CONTINUE WITH **22** ON PAGE 7

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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 - Continued

Description of sales, shipments, receipts, or revenue	Cen- sus use	2007			
		Estimates are acceptable			
		\$ Bil.	Mil.	Thou.	Dol.
0723	0720	0721			
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 5, 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				
12. Gains (losses) from assets sold (<i>Report losses by including a dash prior to the dollar amount.</i>)	39730				
13. All other revenue - <i>Specify if more than 10 percent of total receipts or revenue</i> ↴					
	39906				
14. TOTAL REVENUE - For tax-exempt establishments, sum of lines should equal 5, line C1	39990				

23-25 Not Applicable.

62401070

26 SPECIAL INQUIRIES

A. GRANTS, SIMILAR PAYMENTS, AND TRANSFERRED CONTRIBUTIONS 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
- provide benefits for its members or dependents (except employment-related benefits)
- 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?

3511 Yes - Go to line 2

3512 No - Go to **7**

2007			
\$ Bil.	Mil.	Thou.	Dol.

2. Amount of grants, similar payments, and transferred funds. 3515

B. SOCIAL ASSISTANCE

Estimate the percent of receipts for social assistance services reported in **22**, lines 1 through 8, from the following payers:

		2007	
		Percent	
1. Government payers.0000		%
2. Private payers0000		%
3. TOTAL0000	1 0 0	%

27-29 Not Applicable.

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.