

**Attachment C-2**

**2012 Economic Census**

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

**Prototype Standard Mixed Form**



# 2012 ECONOMIC CENSUS

## Services for Children and Youth

**DUE DATE**  
**FEBRUARY 12, 2013**

*(Please correct any errors in this mailing address.)*

**Need help or have questions?**

- **Read** the accompanying information sheet(s) before answering the questions.
- **Visit** [census.gov/econhelp](http://census.gov/econhelp)
- **Call** 1-800-233-6136, between 8:00 a.m. and 6:00 p.m., Eastern time, Monday through Friday.

**HC-62405**

**Report Online** - It's fast and secure!  
**Go to:** [census.gov/econhelp](http://census.gov/econhelp)

**- OR -**

**Mail** your completed form to:

**U.S. CENSUS BUREAU**  
**1201 East 10th Street**  
**Jeffersonville, IN 47134-0001**

**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.
- Do not put slashes through 0 or 7.
- Please center numbers in their respective boxes.
- Place an "X" inside the box.

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 2012 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021

Yes - Go to **2**

0022

No - Enter current EIN (9 digits)

0025

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**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

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CONTINUE WITH **2** ON PAGE 2

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**2** PHYSICAL LOCATION - Continued

**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

**3** OPERATIONAL STATUS

Which ONE of the following best describes this establishment's operational status at the end of 2012?  
(Mark "X" only ONE box.)

- 0011  In operation  
0013  Temporarily or seasonally inactive

0014  Ceased operation - Give date at right →

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 ↴

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

0060 Name of new owner or operator	0061 EIN (9 digits)
<input type="text"/>	<input type="text"/>

0062 Mailing address (Number and street, P.O. Box, etc.)

0063 City, town, village, etc.	0064 State	0065 ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

0016  Other - Specify →

**4** MONTHS IN OPERATION

Number of months in operation during 2012 (If none, mark "X" and go to 30.) . . . . . 0002 

<input type="text"/>	<input type="text"/>
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**HOW TO REPORT DOLLAR FIGURES**



Dollar figures should be **rounded to thousands** of dollars.

If a figure is **\$2,035,628.79**:

**Report** →

If a value is "0" (or less than \$500.00):

**Report** →

Mark "X" if None

2012		
\$ Bil.	Mil.	Thou.
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

EXAMPLE

62405022



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

**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

2012			
\$ 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.**

**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

2012					
Number					

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

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

Mark "X" if None

2012		
\$ Bil.	Mil.	Thou.

1. Annual payroll . . . . . 0300

2. First quarter payroll (*January-March, 2012*) . . . . . 0310

**8 - 18 Not Applicable.**

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**19** KIND OF BUSINESS OR ACTIVITY

Which **ONE** of the following best describes this establishment's principal kind of business or activity in 2012?  
 If none of the provided selections seem appropriate, provide a specific description of the primary business activity.  
**Mark "X" only ONE box.**

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

- 0700 621 330 00 2  Counseling or therapy services provided by mental health practitioners, excluding services provided by physicians (*Include counseling by psychologists, psychiatric social workers, clinical psychologists, psychotherapists, etc.*)
- 624 120 00 8  Child early intervention center or services - providing services to children with disabilities or special needs
- 624 110 00 2  Mentoring program
- 624 110 00 1  Other non-medical social assistance counseling services
- 621 410 00 2  Teen pregnancy counseling services or clinic
- 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 5  Child care services - *Describe* ↴

0701

- 777 624 01 1  Other child or youth counseling or therapy services - *Describe* ↴

0701

**Child or youth placement and residential care services**

- 624 110 00 3  Adoption and/or foster care placement services
- 623 990 00 1  Children's home, group foster home, or orphanage
- 624 221 00 2  Shelter for abused children, 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  Intellectual and developmental disability facility, including group homes and intermediate care facilities for the intellectually or developmentally disabled (ICF/MR)
- 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 intellectual and developmental disability facilities
- 624 221 00 4  Homeless shelter center
- 624 229 00 2  Transitional housing
- 777 624 01 2  Other child or youth residential care facility - *Describe* ↴

0701

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

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

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

- 0700 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 - *Describe type of instructional program* ↴
- 0701
- 713 940 90 3  Youth recreational center
- 624 110 00 4  Youth center - not primarily providing recreational services
- 813 410 30 1  Scouting and related youth development membership organization developing life, leadership, or business skills
- 713 990 80 5  Youth sport club or program, including after school program
- 777 624 01 4  All other youth membership, sports, and recreation programs - *Describe* ↴
- 0701

**Case management and other social assistance services for children and youth**

- 624 120 00 A  Social work case management services primarily to the elderly, disabled, intellectually and developmentally disabled, 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
- 624 210 00 2  Child care food program
- 624 110 00 7  Court-appointed advocate services - 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
- 624 310 00 2  Job placement, training, or counseling program, including sheltered workshops
- 777 620 00 4  Other social assistance services primarily for children or youth - *Describe* ↴
- 0701

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CONTINUE WITH **19** ON PAGE 6

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

**Services for the elderly, disabled, and intellectually and developmentally disabled**

- 0700 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, disabled, or intellectually and developmentally disabled - *Describe* ↴

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 intellectually and developmentally disabled, or the mentally ill
- 777 620 00 6  Other individual and family social assistance services - *Describe* ↴

0701

**Other kind of business or activity**

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

0701

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

0701

- 777 620 00 9  Other social assistance services - *Describe* ↴

0701

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

0701

**20 and 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 receipts from providing a wide variety of non-medical social assistance services to children, youth, and families, including disabled children. Report receipts from providing food services, shelter services, or emergency relief services on **lines 4** through **6**. Report receipts from providing child day care services on **line 9**.

**Line 1c(1)** - Report receipts from providing access to a gathering of children, youth, or families with a common problem or concern to offer advice, emotional support, guidance, and feedback to each other.

**Line 1c(2)** - Report receipts from providing information and referrals to children, youth, and families on topics such as abuse, contraception, sexually transmitted disease, and other community resources.

**Line 1c(3)** - Report receipts from providing immediate help by telephone in the form of non-judgmental, active listening, and information and referral, that assist the child or youth callers in dealing with an immediate problem.

CONTINUE WITH **22** ON PAGE 7

**CONTINUE 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

**Line 2** - Report receipts from providing non-medical social assistance services for elderly and disabled adults. Examples include prepared meals, home-aid services, vocational rehabilitation services, adult daycare services, social interaction services, and counseling and information services.

**Line 3** - Report receipts from providing social assistance services to the general population. Include counseling and information services, home-aid services, and vocational rehabilitation; exclude services for children, youth, families, and elderly and disabled adults. Report receipts from providing food services, shelter services, or emergency relief services on **lines 4** through **6**.

**Line 8** - Report receipts from providing children and youth with opportunities for social interaction by offering various programs that support physical, emotional, and intellectual development. Examples include tutoring, after-school programs, overnight camping trips, team sports, and other recreational programs.

**Line 9** - Report receipts from providing daily/recurring custodial care and supervision for children, including disabled children, who need assistance in a protective setting during the day. Services may be provided in the day-care center, child's home, or in other private residence. Report preschool receipts, including preschool combined with child day care, on **line 10**.

**Line 11** - Report receipts from providing a bundle of services offered by civic and social organizations to members in exchange for payment of nonrefundable initiation fees and/or annual membership dues. Exclude receipts from services to members of religious congregations, services to members of performing arts organizations, services to members of other cultural organizations, or membership or initiation fees that are either refundable upon termination of the membership or are a transferrable asset.

**Line 12** - Report receipts from providing seminars, workshops, and other training to promote social assistance.

**Line 18** - 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 19**.

**Line 19** - 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	Cen- sus use	2012			
		Estimates are acceptable			
		\$ Bil.	Mil.	Thou.	Dol.
0723	0720	0721			
<b>1.</b> Social assistance services for children, youth, and families					
<b>a.</b> Adoption services . . . . .	30860				
<b>b.</b> Foster care and guardianship arrangement services . . . . .	30870				
<b>c.</b> Counseling and information services for children, youth, and families					
<b>(1)</b> Self-help group services . . . . .	30891				
<b>(2)</b> Information and referral services . . . . .	30892				
<b>(3)</b> Hotline/Crisis intervention services (Include youth telephone hotline services) . . . . .	30893				
<b>(4)</b> Other counseling and information services for children, youth, and families - Describe ↴					
	30894				
<b>(5) Sum lines 1c(1) through 1c(4)</b> . . . . .	30890				
<b>d.</b> Other social assistance services for children, youth, and families - Describe ↴					
	31540				
<b>2.</b> Social assistance services for elderly and disabled adults . . . . .	31560				

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CONTINUE WITH **22** ON PAGE 8



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

Description of sales, shipments, receipts, or revenue	Cen- sus use	2012			
		Estimates are acceptable			
		\$ Bil.	Mil.	Thou.	Dol.
0723	0720	0721			
<b>3.</b> Social assistance services for the general population, excluding children, youth, families, and elderly and disabled adults . . . . .	31570				
<b>4.</b> Food, clothing, and related assistance services ( <i>Exclude prepared meals for elderly and disabled adults</i> ) . . . . .	30630				
<b>5.</b> Shelter and related assistance services ( <i>Include homeless shelters</i> ) . . . . .	30640				
<b>6.</b> Emergency relief services . . . . .	31610				
<b>7.</b> Social assistance services for immigrants and refugees . . . . .	30620				
<b>8.</b> Children and youth recreational programs . . . . .	31550				
<b>9.</b> Child day care services . . . . .	30590				
<b>10.</b> Pre-primary grade instructional programs ( <i>Include preschool programs combined with child day care</i> ) . . . . .	30690				
<b>11.</b> Civic and social organization membership services ( <i>Include initiation fees and dues</i> ) . . . . .	32510				
<b>12.</b> Training services related to social assistance . . . . .	30680				
<b>13.</b> Outpatient rehabilitation services for substance abuse . . . . .	30710				
<b>14.</b> Resale of merchandise - <i>Describe</i> ↴  	39661				
<b>15.</b> All other operating receipts - <i>Describe if more than 10 percent of total receipts or revenue</i> ↴  	39793				
<b>16. OPERATING RECEIPTS - For taxable establishments, sum of preceding lines should equal ⑤, line B</b> . . . . .	39850				
<b>17.</b> Contributions, gifts, and grants					
<b>a.</b> Government . . . . .	39900				
<b>b.</b> Private, including individuals, community efforts, and fundraising ( <i>Include commissioned fundraising</i> ) . . . . .	39910				
<b>18.</b> Investment income, including interest and dividends . . . . .	39920				
<b>19.</b> Gains (losses) from assets sold ( <i>Report losses by including a dash prior to the dollar amount.</i> ) . . . . .	39930				

CONTINUE WITH **22** ON PAGE 9

62405089



**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	Census use	2012			
		Estimates are acceptable			
		\$ Bil.	Mil.	Thou.	Dol.
0723	0720	0721			
<b>20.</b> All other revenue - Describe if more than 10 percent of total receipts or revenue					
	39983				
<b>21. 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 2012, 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

2012			
\$ Bil.	Mil.	Thou.	Dol.

**B. SOCIAL ASSISTANCE**

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

	2012 Percent
<b>1.</b> Government payers . . . . . 3741	%
<b>2.</b> Private payers . . . . . 3742	%
<b>3. TOTAL</b> . . . . .	1 0 0 %

**C. FRANCHISE**

Was this establishment operating under a trademark authorized by a franchisor in 2012? (Mark "X" only ONE box.)

0237  Yes - franchisee owned establishment

0238  Yes - franchisor owned establishment

0239  No

**27-29** Not Applicable.

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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
	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

Name of person to contact regarding this report

Title

Tele-  
phone

Area code	Number	Extension
<input type="text"/>	<input type="text"/>	<input type="text"/>

Fax

Area code	Number
<input type="text"/>	<input type="text"/>

E-mail address

Date completed →

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Thank you for completing your 2012 ECONOMIC CENSUS form.**  
**PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.**

62405105

