

Attachment D-15

**Department of Commerce
United States Census Bureau
OMB Information Collection Request
2017 Economic Census
OMB Control Number 0607-XXXX**

**Draft Previews of Standard, Consolidated, and Classification Questionnaires
Sector 62**

| Attachment | Sector | Instrument Path | Instrument Path Title |
|------------|--------|-----------------|---|
| D-15 | 62 | 6210C | Ambulatory Health Care Services (Classification) |
| | | 6230C | Nursing and Residential Care Facilities (Classification) |
| | | 62412 | Services for the Elderly, Disabled, and Intellectually and Developmentally Disabled |
| | | 62441 | Child Day Care Services |

DEFINITION OF ESTABLISHMENT

The reporting unit for this questionnaire is an **establishment**. An establishment is generally a single physical location where business is conducted or where services or industrial operations are performed.

MAILING ADDRESS

Please update the mailing address if needed.

| |
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| ATTN |
| RECORD_ATTN_TXT |

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| Name 1 |
| RECORD_NAME1 |

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| Name 2 |
| RECORD_NAME2 |

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|-------------------|
| Number and Street |
| ADDR_STREET |

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| City, town, village, etc. |
| ADDR_CITY |

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| State |
| Select State or Territory |

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| ZIP Code |
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PHYSICAL LOCATION

Please update the physical location if needed.
(P.O. Box and rural route addresses are not physical locations.)

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| Number and Street |
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| City, town, village, etc. |
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| State |
| Select State or Territory |

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| ELECTRONIC_B |
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LEGAL BOUNDARY AND MUNICIPALITY

Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

- Yes
- No
- No legal boundaries
- Do not know

In what type of municipality is this establishment physically located?

- City, village, or borough
- Town or township
- Other
- Do not know

ITEM 3: OPERATIONAL STATUS

Which of the following best describes this establishment's operational status at the end of 2017?

- In operation
- Temporarily or seasonally inactive
- Ceased operation
- Sold or leased to another operator
- Other


Describe

Item 3: Operational Status - Ceased Operation Date

ITEM 3: OPERATIONAL STATUS - CEASED OPERATION DATE


When did this establishment cease operation?

MMDDYYYY



ITEM 3: OPERATIONAL STATUS - SOLD OPERATION DATE AND INFORMATION

When was this establishment sold or leased to another operator?

MMDDYYYY
 

What is the name, address, and 9-digit Employer Identification Number (EIN) of this establishment's new owner or operator?

Name of new owner/operator

Mailing Address (Number and Street, P.O. Box, etc.)

City, town, village, etc.

State
Select States and Territories

ZIP Code

EIN

ITEM 17: PRINCIPAL BUSINESS OR ACTIVITY

Which ONE of the following best describes this establishment's principal kind of business or activity in 2017?
If none of the provided selections seem appropriate, provide a specific description of the primary business activity.
Select only ONE.

Physician services (Include physicians with the degree of M.D., D.O., O.D., D.C., D.P.M., D.M.D., D.D.S., or D.D.Sc.)

- 621111 009 Physician(s), excluding mental health specialists
(Include practitioner(s) engaged in the practice of general or specialized medicine and/or surgery.)
- 621111 00B Pediatrician(s), obstetrics and gynecology physician(s) or other family health physician(s), excluding mental health specialists
- 621112 001 Psychiatrist(s) or other mental health physician(s)
- 621111 005 Ophthalmologist(s)
- 621320 002 Doctor(s) of Optometry
- 621391 001 Podiatrist(s)
- 621210 001 Dentist(s) or other specialty dental practitioner(s) having D.M.D., D.D.S., or D.D.Sc. degree, including orthodontists, endodontists, oral and maxillofacial surgeons, etc.
- 621111 00C Dermatologist(s)

Other health practitioners

- 621340 201 Physical therapist(s)
- 621330 006 Mental health practitioner(s), including psychologists, psychiatric social workers, clinical psychologists, neuropsychologists, and psychotherapists NOT having M.D. or D.O. degree
- 621340 103 Speech-language pathologist(s)
- 621340 102 Audiologist(s)
- 621340 203 Occupational therapist(s)
- 621310 001 Chiropractor(s)
- 621399 006 Massage therapist(s)
- 621399 005 Advanced practicing registered nurse(s) (APRN)
- 621399 008 Licensed practical and licensed vocational nurse(s)
- 621399 003 Certified registered nurse anesthetist(s)
- 621399 004 Dietician(s)
- 621399 001 Orthotist(s) and/or prosthetist(s)

Outpatient care facilities

- 621498 00B Multi-service clinic - services provided by physicians (with a degree of M.D. or D.O.) and at least one additional category of health practitioners such as dentists, therapists, optometrists, chiropractors, podiatrists or other health practitioners
- 621420 006 Mental health clinic
- 621493 001 Ambulatory surgical center
- 621493 002 Emergency or urgent care center
- 621498 001 Community health center or clinic
- 621420 002 Alcohol and/or substance abuse treatment clinic
- 621498 002 Sleep disorder center or clinic
- 621498 004 Provider of medical services to inmates
- 621491 001 HMO medical clinic - operated by the provider of a prepaid medical plan

621410 001 ● Family planning center, including abortion and birth control clinics, fertility clinics, and pregnancy counseling centers

621492 001 ● Kidney dialysis center

Medical and diagnostic laboratories

621511 001 ● Medical laboratory - providing professional analytic or diagnostic services to the medical profession, or to the patient on prescription of a physician

621512 001 ● Diagnostic imaging center - providing a variety of imaging services such as CT-scan (computer tomography), X-ray, ultrasound, and MRI (magnetic resonance imaging)

621512 002 ● Mobile X-ray, mammography, MRI (magnetic resonance imaging), CT-scan (computer tomography), and/or ultrasound services

Home health services

621610 004 ● Home health care provider - providing physical, speech, and/or occupational therapy services

621610 001 ● Home health care provider, including visiting nurse associations

621610 003 ● Nursing agency primarily providing nursing and nursing assistant services to patients in their homes

624120 004 ● Homemaker or companion services such as cooking and cleaning - no health care provided

621610 002 ● Home hospice care

623110 002 ● Inpatient hospice facility

621610 005 ● Home infusion therapy

Other activities and facilities associated with health care

621999 101 ● Medical case management - assesses, plans, implements, coordinates, monitors, and evaluates options and services to meet an individual's health care needs to provide quality and cost-effective outcomes

621999 908 ● Health screening services, including drug testing

621999 903 ● Hearing testing services

339116 002 ● Dental laboratory

621999 902 ● Mobile physical examination services, including exams for the purpose of obtaining insurance and/or employment

524298 004 ● Medical utilization review - advises health care providers how to provide cost-effective treatment that meets third-party reimbursement requirements (Exclude companies formulating specific treatment plans for individual patients.)

621910 009 ● Ambulance or emergency rescue services, air or ground

621991 001 ● Blood or blood product bank or donor station

621991 002 ● Eye, organ, tissue, or sperm bank

Other principal business or activity

561320 001 ● Nursing agency primarily providing nurses and other employees on a temporary basis to hospitals, doctors' offices, and other health care providers

773000 002 ● Other principal business or activity - Describe

Describe

Remarks

REMARKS

(Please use this space for any explanations that may be essential in understanding your reported data.) Maximum length is 1,000 characters.

You have

1000

characters left.

DEFINITION OF ESTABLISHMENT

The reporting unit for this questionnaire is an **establishment**. An establishment is generally a single physical location where business is conducted or where services or industrial operations are performed.

MAILING ADDRESS

Please update the mailing address if needed.

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| Name 2 |
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| Number and Street |
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| City, town, village, etc. |
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| Select State or Territory |

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PHYSICAL LOCATION

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(P.O. Box and rural route addresses are not physical locations.)

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| Number and Street |
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| City, town, village, etc. |
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LEGAL BOUNDARY AND MUNICIPALITY

Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

- Yes
- No
- No legal boundaries
- Do not know

In what type of municipality is this establishment physically located?

- City, village, or borough
- Town or township
- Other
- Do not know

ITEM 3: OPERATIONAL STATUS

Which of the following best describes this establishment's operational status at the end of 2017?

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- Ceased operation
- Sold or leased to another operator
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Describe

Item 3: Operational Status - Ceased Operation Date

ITEM 3: OPERATIONAL STATUS - CEASED OPERATION DATE


When did this establishment cease operation?

MMDDYYYY



ITEM 3: OPERATIONAL STATUS - SOLD OPERATION DATE AND INFORMATION

When was this establishment sold or leased to another operator?

MMDDYYYY
 

What is the name, address, and 9-digit Employer Identification Number (EIN) of this establishment's new owner or operator?

Name of new owner/operator

Mailing Address (Number and Street, P.O. Box, etc.)

City, town, village, etc.

State
Select States and Territories

ZIP Code

EIN

ITEM 17: PRINCIPAL BUSINESS OR ACTIVITY

Which ONE of the following best describes this establishment's principal kind of business or activity in 2017?
If none of the provided selections seem appropriate, provide a specific description of the primary business activity.

Select only ONE.

Nursing, assisted living, and residential care facilities and services

- 623110 006 Licensed nursing care facility providing inpatient nursing and rehabilitation services
- 623312 004 Home for the elderly, including independent living or assisted living facilities WITHOUT on-site nursing care facility
- 623311 002 Continuing care retirement community (Home for the elderly, including independent living or assisted living facilities WITH on-site nursing care facility.)
- 623210 007 Intellectual and developmental disability facility, including group homes and intermediate care facilities (ICF/MR)
- 623210 001 Adult foster care for the intellectually or developmentally disabled
- 623220 005 Residential mental health facility, including psychiatric convalescent homes
- 623220 001 Residential alcohol or substance abuse rehabilitation facility, excluding nursing care facilities
- 623110 002 Inpatient hospice facility
- 621610 002 Home hospice care
- 621610 001 Home health care provider, including visiting nurse associations
- 624120 004 Homemaker or companion services such as cooking and cleaning - no health care provided
- 624120 001 Adult activity or day care center
- 623990 001 Children's home, group foster home, or orphanage
- 623990 006 Halfway home or juvenile correctional center for delinquents and offenders
- 623990 004 Halfway home for persons with social or personal problems
- 624221 001 Temporary shelter or housing for the homeless, victims of abuse, families in medical crisis, and runaway youth
- 624229 003 Other housing services to low-income individuals and families, excluding long-term housing (Include volunteer housing repair, housing counseling, etc.) - Describe

Describe

Other health facilities and services

- 621340 201 Physical therapist(s)
- 621340 203 Occupational therapist(s)
- 621340 101 Speech therapist(s) and/or audiologist(s)
- 624120 003 Multi-service organization providing a range of social assistance services to the elderly, disabled, intellectually and developmentally disabled, or mentally ill
- 622110 201 General medical and surgical hospital, including osteopathic hospitals and combination hospital/nursing care facilities

Other principal business or activity

- 773000 001 Other principal business or activity - Describe

Describe

Remarks

REMARKS

(Please use this space for any explanations that may be essential in understanding your reported data.) Maximum length is 1,000 characters.

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| Name 1 |
| RECORD_NAME1 |

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| Store/Plant |
| RECORD_STORE |

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| Name 2 |
| RECORD_NAME2 |

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| Number and Street |
| ADDR_STREET |

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| City, town, village, etc. |
| ADDR_CITY |

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| State |
| Select State or Territory |

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| City, town, village, etc. |
| PHYSLOC_ADDR_CITY |

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| State |
| Select State or Territory |

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| ZIP Code |
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| ELECTRONIC_B |
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LEGAL BOUNDARY AND MUNICIPALITY

Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

- Yes
- No
- No legal boundaries
- Do not know

In what type of municipality is this establishment physically located?

- City, village, or borough
- Town or township
- Other
- Do not know

Item 1: Employer Identification Number

ITEM 1: EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) used on this establishment's latest 2017 Internal Revenue Service Form 941, Employer's Federal Quarterly Tax Return?

- Yes
- No

ITEM 1: EMPLOYER IDENTIFICATION NUMBER

What is this establishment's 9-digit Employer Identification Number (EIN) used on its latest 2017 Internal Revenue Service Form 941, Employer's Federal Quarterly Tax Return?

| |
|----------------------|
| EIN |
| <input type="text"/> |

ADDITIONAL REPORTING GUIDELINES

GENERAL INSTRUCTIONS

- Please report information for each establishment owned or controlled by the company or organization.
- Each report form should cover calendar year 2017. If book figures are not available, **estimates are acceptable**. If your fiscal year covers at least 10 months of calendar year 2017, you may report all items except payroll on a fiscal year basis. Calendar year figures for payroll should be available from your Internal Revenue Service (IRS) Form 941, Employer's Quarterly Federal Tax Return, or Form 944, Employer's Annual Federal Tax Return. Indicate the exact dates covered when the report form(s) is submitted.

How to Report Dollar Figures:

Dollar figures should be rounded to thousands of dollars

EXAMPLE: If a dollar figure is \$2,036,355.25

Report Check if None

| | | |
|----|------|---------|
| | 2017 | |
| \$ | 2036 | ,000.00 |

EXAMPLE: If a dollar figure is "0" (or less than \$500.00):

Report Check if None

| | | |
|----|------|---------|
| | 2017 | |
| \$ | | ,000.00 |

How to Report Percents:

Percents should be **rounded to whole** percents

EXAMPLE: If figure is 38.76% of total sales

Report

| | | |
|--|------|---|
| | 2017 | |
| | 39 | % |

ITEM 2A: OWNERSHIP OR CONTROL

Is your company owned or controlled by another domestic company?

- Yes
- No

ITEM 2A: OWNERSHIP OR CONTROL - VOTING STOCK VALIDATION

Does another domestic company own more than 50 percent of the voting stock of your company?

- Yes
- No

ITEM 2A: OWNERSHIP OR CONTROL - MANAGEMENT AND POLICY

Does another domestic company have the power to control the management and policies of your company?

- Yes
- No

ITEM 2A: OWNERSHIP OR CONTROL - PERCENT OF VOTING STOCK HELD

What percent of voting stock was held by the owning or controlling company?

- Less than 50%
- 50%

ITEM 2A: OWNERSHIP OR CONTROL - COMPANY INFORMATION

What is the name, address, and 9-digit Employer Identification Number (EIN) of the owning or controlling company?

Name of owning or controlling company

Home office address (Number and street)

City, town, village, etc.

State
Select States and Territories

ZIP Code

EIN

ITEM 2B: NUMBER OF ESTABLISHMENTS - MORE THAN ONE LOCATION

Does your company operate in more than one location?

- Yes
- No

Item 2B: Number of Establishments

ITEM 2B: NUMBER OF ESTABLISHMENTS

How many establishments operated under EIN at the end of 2017?

2017

ITEM 2B: NUMBER OF ESTABLISHMENTS - ESTABLISHMENTS OF THIS COMPANY

This company owns and operates establishments under EIN at the end of 2017.

- Use the 'Add Establishment' button to add ALL establishments in the company and their respective data.
- Provide the headquarters location first, then all the other locations.
- Data for establishments operated during 2017, but not in operation at the end of the year, should be included with the headquarters location.
- Please ensure all establishments of this company are listed below with one establishment per row.
- Use the 'Edit' button on each row to update the location's physical address or other information.

ITEM 2B: NUMBER OF ESTABLISHMENTS - ESTABLISHMENT INFORMATION

Name

Secondary Name

Store/Plant Number

Number and Street

City, town, village, etc.

State
 Select States and Territories

ZIP Code

Describe kind of business at this location

For employees that worked at more than one location, report the employment and payroll data for employees at the ONE location where they spent most of their working time.

Number of Employees for Pay Period including March 12

2017 Number

First Quarter Payroll
 (Jan - March 2017)

2017
 \$,000.00

Annual Payroll

2017
 \$,000.00

Sales, Shipments, Receipts, or Revenue

2017
 \$,000.00

ITEM 2B: NUMBER OF ESTABLISHMENTS - CONSOLIDATING DATA INSTRUCTIONS

Consolidating Data for EIN :

- Add the values reported in Sales, Shipments, Receipts, or Revenue for all establishments of the EIN and report the combined total in the questions for **Item 5**, Sales, Shipments, Receipts, or Revenue and **Item 22**, Detail of Sales, Shipments, Receipts, or Revenue that follow.
- Add the values reported in Employment, First Quarter Payroll, and Annual Payroll for all establishments of the EIN and report the combined totals in the question for **Item 7**, Employment and Payroll that follows.
- Report combined data for all other questions that follow.

ITEM 3: OPERATIONAL STATUS

Which of the following best describes this establishment's operational status at the end of 2017?

- In operation
- Temporarily or seasonally inactive
- Ceased operation
- Sold or leased to another operator
- Other


Describe

Item 3: Operational Status - Ceased Operation Date

ITEM 3: OPERATIONAL STATUS - CEASED OPERATION DATE


When did this establishment cease operation?

MMDDYYYY



ITEM 3: OPERATIONAL STATUS - SOLD OPERATION DATE AND INFORMATION

When was this establishment sold or leased to another operator?

MMDDYYYY
 

What is the name, address, and 9-digit Employer Identification Number (EIN) of this establishment's new owner or operator?

Name of new owner/operator

Mailing Address (Number and Street, P.O. Box, etc.)

City, town, village, etc.

State
Select States and Territories

ZIP Code

EIN

Item 4: Months in Operation

ITEM 4: MONTHS IN OPERATION

What was the number of months in operation during 2017?

Check
if
None

2017
Number

ITEM 5: SALES, SHIPMENTS, RECEIPTS, OR REVENUE

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?

Yes

No

ITEM 5: SALES, SHIPMENTS, RECEIPTS, OR REVENUE

What were the total operating receipts of this **taxable** establishment?

Check
if
None

2017
\$,000.00

ITEM 5: SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Revenue and expenses of this **tax-exempt** establishment

1. What was the total revenue?

Check
if
None

| | |
|------|----------------------|
| 2017 | |
| \$ | <input type="text"/> |
| | ,000.00 |

2. What were the total expenses?
(Include payroll, exclude bad debt.)

| | |
|------|----------------------|
| 2017 | |
| \$ | <input type="text"/> |
| | ,000.00 |

ITEM 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) in **Item 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, click the "Additional Information" link above.

A. Employment

What was the number of employees for pay period including March 12?

Check if None

| |
|----------------------|
| 2017 |
| <input type="text"/> |

B. Payroll before deductions

(Exclude employer's cost for fringe benefits.)

1. What was the annual payroll?

Check if None

| |
|---|
| 2017 |
| \$ <input style="width: 100px;" type="text"/> ,000.00 |

2. What was the first quarter payroll (January-March 2017)?

| |
|---|
| \$ <input style="width: 100px;" type="text"/> ,000.00 |
|---|

ITEM 17: PRINCIPAL BUSINESS OR ACTIVITY

Which ONE of the following best describes this establishment's principal kind of business or activity in 2017?
If none of the provided selections seem appropriate, provide a specific description of the primary business activity.
Select only ONE.

Services for the elderly, disabled, and intellectually and developmentally disabled, excluding counseling and health services

- 624120 001 Adult activity or day care center
- 624120 003 Multi-service organization providing a range of social assistance services to the elderly, disabled, intellectually and developmentally disabled, or mentally ill
- 624120 002 Agency for the aging
- 624120 00C Homemaker or companion services such as cooking and cleaning - no health care services provided (i.e., non-medical home care)
- 624210 003 Non-profit meal delivery services and/or congregate meals
- 624120 005 Independent living skills training
- 624120 007 Social work case management services
- 624310 002 Job placement, training, or counseling program, including sheltered workshops
- 624120 008 Child early intervention center or services - providing services to children with disabilities or special needs
- 485991 001 Special needs transportation, including paratransit, senior citizen, handicapped, etc.
- 624120 006 Support group for the disabled
- 624120 00B Childcare or preschool for the developmentally or physically disabled

Residential care for the elderly, disabled, and intellectually and developmentally disabled

- 623210 002 Intellectual and developmental disability facility, including group homes and intermediate care facilities for the intellectually or developmentally disabled (ICF/MR)
- 623210 001 Adult foster care for the intellectually or developmentally disabled
- 623312 002 Home for the elderly, including independent living or assisted living facility without on-site nursing care facility
- 623220 002 Residential facility for the mentally ill, excluding intellectual and developmental disability facilities

Counseling and health services

- 621330 007 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.)
- 624120 009 Other non-medical counseling services to the elderly or disabled
- 621610 001 Home health care provider, including visiting nurse associations
- 621340 201 Physical therapist(s)
- 621340 203 Occupational therapist(s)
- 621340 101 Speech therapist(s) and/or audiologist(s)
- 621999 102 Medical case management

Services for children and youth, excluding counseling and health services

- 624410 001 Child day care services, including those with preschool and/or Head Start programs
- 624110 006 Multi-service organization providing a range of social assistance services to children and youth

Services for individuals and families, excluding counseling and health services

- 624190 001 Community action agency
- 624190 002 Family services agency
- 624190 00E Multi-service organization, primarily providing a range of social assistance services to families and/or individuals, regardless of age

Other principal business or activity

773000 001 Other principal business or activity - Describe

Describe

ITEM 22: DETAIL OF SALES, SHIPMENTS, RECEIPTS OR REVENUEOf the **\$,000.00** of Sales, Shipments, Receipts, or Revenue reported in **Item 5**, what products and services were included?**Select ALL that apply.**

| | | |
|--|--------------------------|------------|
| 1. Social assistance services for elderly and disabled adults | <input type="checkbox"/> | 7005014000 |
| a. Prepared on-site meals for elderly and disabled adults (i.e., at senior centers) | <input type="checkbox"/> | 7005014003 |
| b. Vocational rehabilitation services for elderly and disabled adults | <input type="checkbox"/> | 7005014006 |
| c. Adult day care services for elderly and disabled adults | <input type="checkbox"/> | 7005014009 |
| d. Social interaction services for elderly and disabled adults, on-site (Include senior centers.) | <input type="checkbox"/> | 7005014012 |
| e. Counseling and information services for elderly and disabled adults More | <input type="checkbox"/> | 7005014015 |
| f. Other social assistance services for elderly and disabled adults (Include social assistance case management services.) More | <input type="checkbox"/> | 7005014018 |
| 2. Non-medical home aide services (Include prepared meals and delivered meals.) | <input type="checkbox"/> | 7004575000 |
| a. Home aide services for elderly and disabled adults - Homemaker services More | <input type="checkbox"/> | 7004575003 |
| b. Home aide services for elderly and disabled adults - Personal care services More | <input type="checkbox"/> | 7004575006 |
| c. Home aide services, excluding elderly and disabled adults More | <input type="checkbox"/> | 7004575009 |
| 3. Adoption services | <input type="checkbox"/> | 7005002000 |
| 4. Foster care and guardianship arrangement services | <input type="checkbox"/> | 7005004000 |
| 5. Counseling and information services for children, youth, and families More | <input type="checkbox"/> | 7005006000 |
| a. Self-help group services for children, youth, and families More | <input type="checkbox"/> | 7005006003 |
| b. Information and referral services for children, youth, and families More | <input type="checkbox"/> | 7005006006 |
| c. Hotline/Crisis intervention services for children, youth, and families More | <input type="checkbox"/> | 7005006009 |
| d. Other counseling and information services for children, youth, and families (Include mentoring services.) | <input type="checkbox"/> | 7005006012 |
| 6. Other social assistance services for children, youth, and families (Include social assistance case management services.) | <input type="checkbox"/> | 7005012000 |
| 7. Vocational rehabilitation services for the general population, including the homeless, abused, and victims of domestic violence | <input type="checkbox"/> | 7005017000 |
| 8. Counseling and information services for the general population, including the homeless, abused, and victims of domestic violence More | <input type="checkbox"/> | 7005018000 |
| 9. Food, clothing, and related assistance services for the general population, including the homeless, abused, and victims of domestic violence (Include social assistance related to donated household goods and food such as soup kitchens, food pantries, and food banks.) | <input type="checkbox"/> | 7005019000 |

| | | |
|---|--------------------------|------------|
| 10. Shelter and related assistance services for the general population, including the homeless, abused, and victims of domestic violence | <input type="checkbox"/> | 7005020000 |
| 11. Emergency relief services for the general population, including the homeless, abused, and victims of domestic violence | <input type="checkbox"/> | 7005021000 |
| 12. Other social assistance services for the general population, including the homeless, abused, and victims of domestic violence (Include social assistance case management and private probation services.) | <input type="checkbox"/> | 7005022000 |
| 13. Social assistance services for immigrants and refugees | <input type="checkbox"/> | 7005016000 |
| 14. Children and youth recreational programs More | <input type="checkbox"/> | 7005010000 |
| 15. Child day care services More | <input type="checkbox"/> | 7005008000 |
| 16. Basic education and skills programs (Include pre-primary grade instructional programs.) More | <input type="checkbox"/> | 7003925000 |
| a. Pre-primary grade instructional programs (Include preschool programs combined with child day care.) | <input type="checkbox"/> | 7003925003 |
| b. Basic education and personal improvement programs and courses, excluding pre-primary instructional programs | <input type="checkbox"/> | 7003925006 |
| 17. Civic and social organization membership services (Include initiation fees and dues.) More | <input type="checkbox"/> | 7005023000 |
| 18. Trade, career, technical and professional development training programs (Include training services, such as seminars and workshops, to promote social assistance.) | <input type="checkbox"/> | 7003950000 |
| 19. Local passenger transportation by road (except fixed-route) | <input type="checkbox"/> | 7002825000 |

Item 22: Detail of Sales, Shipments, Receipts, or Revenue - Continued

Of the \$,000.00 of Sales, Shipments, Receipts, or Revenue reported in **Item 5**, what was the value for each product or service?

| Description | Value | Product Code |
|---|---------------------------------|--------------|
| 1. Social assistance services for elderly and disabled adults | | |
| a. Prepared on-site meals for elderly and disabled adults (i.e., at senior centers) | \$ <input type="text"/> ,000.00 | 7005014003 |
| b. Vocational rehabilitation services for elderly and disabled adults | \$ <input type="text"/> ,000.00 | 7005014006 |
| c. Adult day care services for elderly and disabled adults | \$ <input type="text"/> ,000.00 | 7005014009 |
| d. Social interaction services for elderly and disabled adults, on-site (Include senior centers.) | \$ <input type="text"/> ,000.00 | 7005014012 |
| e. Counseling and information services for elderly and disabled adults More | \$ <input type="text"/> ,000.00 | 7005014015 |
| f. Other social assistance services for elderly and disabled adults (Include social assistance case management services.) More | \$ <input type="text"/> ,000.00 | 7005014018 |
| Subtotal | \$ <input type="text"/> ,000.00 | 7005014000 |
| 2. Non-medical home aide services (Include prepared meals and delivered meals.) | | |
| a. Home aide services for elderly and disabled adults - Homemaker services More | \$ <input type="text"/> ,000.00 | 7004575003 |
| b. Home aide services for elderly and disabled adults - Personal care services More | \$ <input type="text"/> ,000.00 | 7004575006 |
| c. Home aide services, excluding elderly and disabled adults More | \$ <input type="text"/> ,000.00 | 7004575009 |
| Subtotal | \$ <input type="text"/> ,000.00 | 7004575000 |
| 3. Adoption services | \$ <input type="text"/> ,000.00 | 7005002000 |
| 4. Foster care and guardianship arrangement services | \$ <input type="text"/> ,000.00 | 7005004000 |
| 5. Counseling and information services for children, youth, and families More | | |
| a. Self-help group services for children, youth, and families More | \$ <input type="text"/> ,000.00 | 7005006003 |
| b. Information and referral services for children, youth, and families More | \$ <input type="text"/> ,000.00 | 7005006006 |
| c. Hotline/Crisis intervention services for children, youth, and families More | \$ <input type="text"/> ,000.00 | 7005006009 |
| d. Other counseling and information services for children, youth, and families (Include mentoring services.) | \$ <input type="text"/> ,000.00 | 7005006012 |
| Subtotal | \$ <input type="text"/> ,000.00 | 7005006000 |
| 6. Other social assistance services for children, youth, and families (Include social assistance case management services.) | \$ <input type="text"/> ,000.00 | 7005012000 |

| | | |
|--|---------------------------------|------------|
| 7. Vocational rehabilitation services for the general population, including the homeless, abused, and victims of domestic violence | \$ <input type="text"/> ,000.00 | 7005017000 |
| 8. Counseling and information services for the general population, including the homeless, abused, and victims of domestic violence More | \$ <input type="text"/> ,000.00 | 7005018000 |
| 9. Food, clothing, and related assistance services for the general population, including the homeless, abused, and victims of domestic violence (Include social assistance related to donated household goods and food such as soup kitchens, food pantries, and food banks.) | \$ <input type="text"/> ,000.00 | 7005019000 |
| 10. Shelter and related assistance services for the general population, including the homeless, abused, and victims of domestic violence | \$ <input type="text"/> ,000.00 | 7005020000 |
| 11. Emergency relief services for the general population, including the homeless, abused, and victims of domestic violence | \$ <input type="text"/> ,000.00 | 7005021000 |
| 12. Other social assistance services for the general population, including the homeless, abused, and victims of domestic violence (Include social assistance case management and private probation services.) | \$ <input type="text"/> ,000.00 | 7005022000 |
| 13. Social assistance services for immigrants and refugees | \$ <input type="text"/> ,000.00 | 7005016000 |
| 14. Children and youth recreational programs More | \$ <input type="text"/> ,000.00 | 7005010000 |
| 15. Child day care services More | \$ <input type="text"/> ,000.00 | 7005008000 |
| 16. Basic education and skills programs (Include pre-primary grade instructional programs.) More | | |
| a. Pre-primary grade instructional programs (Include preschool programs combined with child day care.) | \$ <input type="text"/> ,000.00 | 7003925003 |
| b. Basic education and personal improvement programs and courses, excluding pre-primary instructional programs | \$ <input type="text"/> ,000.00 | 7003925006 |
| Subtotal | \$ <input type="text"/> ,000.00 | 7003925000 |
| 17. Civic and social organization membership services (Include initiation fees and dues.) More | \$ <input type="text"/> ,000.00 | 7005023000 |
| 18. Trade, career, technical and professional development training programs (Include training services, such as seminars and workshops, to promote social assistance.) | \$ <input type="text"/> ,000.00 | 7003950000 |
| 19. Local passenger transportation by road (except fixed-route) | \$ <input type="text"/> ,000.00 | 7002825000 |
| 20. All other products and services, not elsewhere classified | | |
| a. All other products and services, not elsewhere classified - write-in #1 | | |
| <input type="text"/> Pick one <input type="text"/> Describe | \$ <input type="text"/> ,000.00 | 9000000003 |
| b. All other products and services, not elsewhere classified - write-in #2 | | |
| <input type="text"/> Pick one <input type="text"/> Describe | \$ <input type="text"/> ,000.00 | 9000000006 |
| c. All other products and services, not elsewhere classified - write-in #3 | | |
| <input type="text"/> Pick one <input type="text"/> Describe | \$ <input type="text"/> ,000.00 | 9000000009 |
| <input type="button" value="Add Additional Products"/> | | |

TOTAL - Sum of lines should equal total Sales, Shipments, Receipts, or Revenue reported in Item 5

\$,000.00 9900000000

ITEM 22: DETAIL OF SALES, SHIPMENTS, RECEIPTS OR REVENUEOf the **\$,000.00** of Sales, Shipments, Receipts, or Revenue reported in **Item 5**, what products and services were included?**Select ALL that apply.**

| | | |
|--|--------------------------|------------|
| 1. Social assistance services for elderly and disabled adults | <input type="checkbox"/> | 7005014000 |
| a. Prepared on-site meals for elderly and disabled adults (i.e., at senior centers) | <input type="checkbox"/> | 7005014003 |
| b. Vocational rehabilitation services for elderly and disabled adults | <input type="checkbox"/> | 7005014006 |
| c. Adult day care services for elderly and disabled adults | <input type="checkbox"/> | 7005014009 |
| d. Social interaction services for elderly and disabled adults, on-site (Include senior centers.) | <input type="checkbox"/> | 7005014012 |
| e. Counseling and information services for elderly and disabled adults More | <input type="checkbox"/> | 7005014015 |
| f. Other social assistance services for elderly and disabled adults (Include social assistance case management services.) More | <input type="checkbox"/> | 7005014018 |
| 2. Non-medical home aide services (Include prepared meals and delivered meals.) | <input type="checkbox"/> | 7004575000 |
| a. Home aide services for elderly and disabled adults - Homemaker services More | <input type="checkbox"/> | 7004575003 |
| b. Home aide services for elderly and disabled adults - Personal care services More | <input type="checkbox"/> | 7004575006 |
| c. Home aide services, excluding elderly and disabled adults More | <input type="checkbox"/> | 7004575009 |
| 3. Adoption services | <input type="checkbox"/> | 7005002000 |
| 4. Foster care and guardianship arrangement services | <input type="checkbox"/> | 7005004000 |
| 5. Counseling and information services for children, youth, and families More | <input type="checkbox"/> | 7005006000 |
| a. Self-help group services for children, youth, and families More | <input type="checkbox"/> | 7005006003 |
| b. Information and referral services for children, youth, and families More | <input type="checkbox"/> | 7005006006 |
| c. Hotline/Crisis intervention services for children, youth, and families More | <input type="checkbox"/> | 7005006009 |
| d. Other counseling and information services for children, youth, and families (Include mentoring services.) | <input type="checkbox"/> | 7005006012 |
| 6. Other social assistance services for children, youth, and families (Include social assistance case management services.) | <input type="checkbox"/> | 7005012000 |
| 7. Vocational rehabilitation services for the general population, including the homeless, abused, and victims of domestic violence | <input type="checkbox"/> | 7005017000 |
| 8. Counseling and information services for the general population, including the homeless, abused, and victims of domestic violence More | <input type="checkbox"/> | 7005018000 |
| 9. Food, clothing, and related assistance services for the general population, including the homeless, abused, and victims of domestic violence (Include social assistance related to donated household goods and food such as soup kitchens, food pantries, and food banks.) | <input type="checkbox"/> | 7005019000 |

| | | |
|---|--------------------------|------------|
| 10. Shelter and related assistance services for the general population, including the homeless, abused, and victims of domestic violence | <input type="checkbox"/> | 7005020000 |
| 11. Emergency relief services for the general population, including the homeless, abused, and victims of domestic violence | <input type="checkbox"/> | 7005021000 |
| 12. Other social assistance services for the general population, including the homeless, abused, and victims of domestic violence (Include social assistance case management and private probation services.) | <input type="checkbox"/> | 7005022000 |
| 13. Social assistance services for immigrants and refugees | <input type="checkbox"/> | 7005016000 |
| 14. Children and youth recreational programs More | <input type="checkbox"/> | 7005010000 |
| 15. Child day care services More | <input type="checkbox"/> | 7005008000 |
| 16. Basic education and skills programs (Include pre-primary grade instructional programs.) More | <input type="checkbox"/> | 7003925000 |
| a. Pre-primary grade instructional programs (Include preschool programs combined with child day care.) | <input type="checkbox"/> | 7003925003 |
| b. Basic education and personal improvement programs and courses, excluding pre-primary instructional programs | <input type="checkbox"/> | 7003925006 |
| 17. Civic and social organization membership services (Include initiation fees and dues.) More | <input type="checkbox"/> | 7005023000 |
| 18. Trade, career, technical and professional development training programs (Include training services, such as seminars and workshops, to promote social assistance.) | <input type="checkbox"/> | 7003950000 |
| 19. Local passenger transportation by road (except fixed-route) | <input type="checkbox"/> | 7002825000 |
| 21. Government contributions, gifts, and grants | <input type="checkbox"/> | 8000025000 |
| 22. Private contributions, gifts, and grants (Include contributions, gifts, and grants from individuals, foundations, business and industry, labor unions, etc. Include commissioned fundraising.) | <input type="checkbox"/> | 8000050000 |
| 23. Trading securities and commodity contracts on own account (Include interest and dividends.) More | <input type="checkbox"/> | 8000150000 |
| 24. Gains (losses) from non-financial assets sold (Report losses by including a dash prior to the dollar amount.) More | <input type="checkbox"/> | 8000175000 |

Item 22: Detail of Sales, Shipments, Receipts, or Revenue - Continued

Of the \$,000.00 of Sales, Shipments, Receipts, or Revenue reported in **Item 5**, what was the value for each product or service?

| Description | Value | Product Code |
|---|---------------------------------|--------------|
| 1. Social assistance services for elderly and disabled adults | | |
| a. Prepared on-site meals for elderly and disabled adults (i.e., at senior centers) | \$ <input type="text"/> ,000.00 | 7005014003 |
| b. Vocational rehabilitation services for elderly and disabled adults | \$ <input type="text"/> ,000.00 | 7005014006 |
| c. Adult day care services for elderly and disabled adults | \$ <input type="text"/> ,000.00 | 7005014009 |
| d. Social interaction services for elderly and disabled adults, on-site (Include senior centers.) | \$ <input type="text"/> ,000.00 | 7005014012 |
| e. Counseling and information services for elderly and disabled adults More | \$ <input type="text"/> ,000.00 | 7005014015 |
| f. Other social assistance services for elderly and disabled adults (Include social assistance case management services.) More | \$ <input type="text"/> ,000.00 | 7005014018 |
| Subtotal | \$ <input type="text"/> ,000.00 | 7005014000 |
| 2. Non-medical home aide services (Include prepared meals and delivered meals.) | | |
| a. Home aide services for elderly and disabled adults - Homemaker services More | \$ <input type="text"/> ,000.00 | 7004575003 |
| b. Home aide services for elderly and disabled adults - Personal care services More | \$ <input type="text"/> ,000.00 | 7004575006 |
| c. Home aide services, excluding elderly and disabled adults More | \$ <input type="text"/> ,000.00 | 7004575009 |
| Subtotal | \$ <input type="text"/> ,000.00 | 7004575000 |
| 3. Adoption services | \$ <input type="text"/> ,000.00 | 7005002000 |
| 4. Foster care and guardianship arrangement services | \$ <input type="text"/> ,000.00 | 7005004000 |
| 5. Counseling and information services for children, youth, and families More | | |
| a. Self-help group services for children, youth, and families More | \$ <input type="text"/> ,000.00 | 7005006003 |
| b. Information and referral services for children, youth, and families More | \$ <input type="text"/> ,000.00 | 7005006006 |
| c. Hotline/Crisis intervention services for children, youth, and families More | \$ <input type="text"/> ,000.00 | 7005006009 |
| d. Other counseling and information services for children, youth, and families (Include mentoring services.) | \$ <input type="text"/> ,000.00 | 7005006012 |
| Subtotal | \$ <input type="text"/> ,000.00 | 7005006000 |
| 6. Other social assistance services for children, youth, and families (Include social assistance case management services.) | \$ <input type="text"/> ,000.00 | 7005012000 |
| 7. Vocational rehabilitation services for the general population, including the homeless, abused, and victims of domestic violence | \$ <input type="text"/> ,000.00 | 7005017000 |

| | | |
|--|---------------------------------|------------|
| 8. Counseling and information services for the general population, including the homeless, abused, and victims of domestic violence More | \$ <input type="text"/> ,000.00 | 7005018000 |
| 9. Food, clothing, and related assistance services for the general population, including the homeless, abused, and victims of domestic violence (Include social assistance related to donated household goods and food such as soup kitchens, food pantries, and food banks.) | \$ <input type="text"/> ,000.00 | 7005019000 |
| 10. Shelter and related assistance services for the general population, including the homeless, abused, and victims of domestic violence | \$ <input type="text"/> ,000.00 | 7005020000 |
| 11. Emergency relief services for the general population, including the homeless, abused, and victims of domestic violence | \$ <input type="text"/> ,000.00 | 7005021000 |
| 12. Other social assistance services for the general population, including the homeless, abused, and victims of domestic violence (Include social assistance case management and private probation services.) | \$ <input type="text"/> ,000.00 | 7005022000 |
| 13. Social assistance services for immigrants and refugees | \$ <input type="text"/> ,000.00 | 7005016000 |
| 14. Children and youth recreational programs More | \$ <input type="text"/> ,000.00 | 7005010000 |
| 15. Child day care services More | \$ <input type="text"/> ,000.00 | 7005008000 |
| 16. Basic education and skills programs (Include pre-primary grade instructional programs.) More | | |
| a. Pre-primary grade instructional programs (Include preschool programs combined with child day care.) | \$ <input type="text"/> ,000.00 | 7003925003 |
| b. Basic education and personal improvement programs and courses, excluding pre-primary instructional programs | \$ <input type="text"/> ,000.00 | 7003925006 |
| Subtotal | \$ <input type="text"/> ,000.00 | 7003925000 |
| 17. Civic and social organization membership services (Include initiation fees and dues.) More | \$ <input type="text"/> ,000.00 | 7005023000 |
| 18. Trade, career, technical and professional development training programs (Include training services, such as seminars and workshops, to promote social assistance.) | \$ <input type="text"/> ,000.00 | 7003950000 |
| 19. Local passenger transportation by road (except fixed-route) | \$ <input type="text"/> ,000.00 | 7002825000 |
| 20. All other products and services, not elsewhere classified | | |
| a. All other products and services, not elsewhere classified - write-in #1 | | |
| <input type="text"/> Pick one <input type="text"/> Describe | \$ <input type="text"/> ,000.00 | 9000000003 |
| b. All other products and services, not elsewhere classified - write-in #2 | | |
| <input type="text"/> Pick one <input type="text"/> Describe | \$ <input type="text"/> ,000.00 | 9000000006 |
| c. All other products and services, not elsewhere classified - write-in #3 | | |
| <input type="text"/> Pick one <input type="text"/> Describe | \$ <input type="text"/> ,000.00 | 9000000009 |
| <input type="button" value="Add Additional Products"/> | | |
| 21. Government contributions, gifts, and grants | \$ <input type="text"/> ,000.00 | 8000025000 |

| | | |
|--|---------------------------------|------------|
| 22. Private contributions, gifts, and grants (Include contributions, gifts, and grants from individuals, foundations, business and industry, labor unions, etc. Include commissioned fundraising.) | \$ <input type="text"/> ,000.00 | 8000050000 |
| 23. Trading securities and commodity contracts on own account (Include interest and dividends.) More | \$ <input type="text"/> ,000.00 | 8000150000 |
| 24. Gains (losses) from non-financial assets sold (Report losses by including a dash prior to the dollar amount.) More | \$ <input type="text"/> ,000.00 | 8000175000 |
| 25. All other nonoperating or tax-exempt revenue | | |
| a. All other nonoperating or tax-exempt revenue - write-in #1 | | |
| <input type="text" value="Describe"/> | \$ <input type="text"/> ,000.00 | 8000250003 |
| b. All other nonoperating or tax-exempt revenue - write-in #2 | | |
| <input type="text" value="Describe"/> | \$ <input type="text"/> ,000.00 | 8000250006 |
| TOTAL - Sum of lines should equal total Revenue reported in Item 5 | | |
| | \$ <input type="text"/> ,000.00 | 9900000002 |

ITEM 25: FRANCHISE

A. Was this establishment operating under any trademark(s) or brand name(s) authorized by a franchisor in 2017?

- Yes - franchisee-owned establishment
- Yes - franchisor-owned establishment
- No

B. If yes, what was the trademark(s) or brand name(s) operated under?

Describe

ITEM 26: BUSINESS COOPERATIVE

A cooperative is a business or organization owned by, controlled by, and operated for the benefit of members using its services. Members (also known as user-owners) benefit from use of service and product operations and/or earnings generated by the co-op. This includes purchasing co-ops, member/patron organizations, member-controlled non-profits, consumer co-ops, marketing co-ops, worker co-ops, etc.

Is this establishment a cooperative?

Yes

No

ITEM 28: SPECIAL INQUIRIES - GRANTS AND CONTRIBUTIONS

During 2017, 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?

Yes

No

ITEM 28: SPECIAL INQUIRIES - GRANTS AND CONTRIBUTIONS

What were the amount of grants, transferred contributions, and similar payments?

| 2017 | |
|------|----------------------|
| \$ | <input type="text"/> |
| | .000.00 |

ITEM 28: SPECIAL INQUIRIES - SOCIAL ASSISTANCE

What was the percent of receipts for social assistance services reported in **Item 22**, lines 1 through 16b, from the following payers?

1. Government payers

2017
 %

2. Private payers

%

3. **TOTAL** (Sum of lines 1 and 2 should equal 100%.)

%

Remarks

REMARKS

(Please use this space for any explanations that may be essential in understanding your reported data.) Maximum length is 1,000 characters.

You have

1000

characters left.

DEFINITION OF ESTABLISHMENT

The reporting unit for this questionnaire is an **establishment**. An establishment is generally a single physical location where business is conducted or where services or industrial operations are performed.

MAILING ADDRESS

Please update the mailing address if needed.

| |
|-----------------|
| ATTN |
| RECORD_ATTN_TXT |

| |
|--------------|
| Name 1 |
| RECORD_NAME1 |

| |
|-------------|
| Store/Plant |
| RECORD_STOR |

| |
|--------------|
| Name 2 |
| RECORD_NAME2 |

| |
|-------------------|
| Number and Street |
| ADDR_STREET |

| |
|---------------------------|
| City, town, village, etc. |
| ADDR_CITY |

| |
|---------------------------|
| State |
| Select State or Territory |

| |
|----------|
| ZIP Code |
| ADDR_ZIP |

PHYSICAL LOCATION

Please update the physical location if needed.
(P.O. Box and rural route addresses are not physical locations.)

| |
|---------------------|
| Number and Street |
| PHYSLOC_ADDR_STREET |

| |
|---------------------------|
| City, town, village, etc. |
| PHYSLOC_ADDR_CITY |

| |
|---------------------------|
| State |
| Select State or Territory |

| |
|-----------|
| ZIP Code |
| PHYSLOC_A |

For Census Bureau Use Only

| |
|------------|
| CFN |
| RECORD_CFN |

| |
|--------------|
| ELECTRONIC_B |
|--------------|

LEGAL BOUNDARY AND MUNICIPALITY

Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

- Yes
- No
- No legal boundaries
- Do not know

In what type of municipality is this establishment physically located?

- City, village, or borough
- Town or township
- Other
- Do not know

Item 1: Employer Identification Number

ITEM 1: EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) used on this establishment's latest 2017 Internal Revenue Service Form 941, Employer's Federal Quarterly Tax Return?

- Yes
- No

ITEM 1: EMPLOYER IDENTIFICATION NUMBER

What is this establishment's 9-digit Employer Identification Number (EIN) used on its latest 2017 Internal Revenue Service Form 941, Employer's Federal Quarterly Tax Return?

| |
|----------------------|
| EIN |
| <input type="text"/> |

ADDITIONAL REPORTING GUIDELINES

GENERAL INSTRUCTIONS

- Please report information for each establishment owned or controlled by the company or organization.
- Each report form should cover calendar year 2017. If book figures are not available, **estimates are acceptable**. If your fiscal year covers at least 10 months of calendar year 2017, you may report all items except payroll on a fiscal year basis. Calendar year figures for payroll should be available from your Internal Revenue Service (IRS) Form 941, Employer's Quarterly Federal Tax Return, or Form 944, Employer's Annual Federal Tax Return. Indicate the exact dates covered when the report form(s) is submitted.

How to Report Dollar Figures:

Dollar figures should be rounded to thousands of dollars

EXAMPLE: If a dollar figure is \$2,036,355.25

Report Check if None

| | | |
|----|------|---------|
| | 2017 | |
| \$ | 2036 | ,000.00 |

EXAMPLE: If a dollar figure is "0" (or less than \$500.00):

Report Check if None

| | | |
|----|------|---------|
| | 2017 | |
| \$ | | ,000.00 |

How to Report Percents:

Percents should be rounded to whole percents

EXAMPLE: If figure is 38.76% of total sales

Report

| | | |
|--|------|---|
| | 2017 | |
| | 39 | % |

ITEM 2A: OWNERSHIP OR CONTROL

Is your company owned or controlled by another domestic company?

- Yes
- No

ITEM 2A: OWNERSHIP OR CONTROL - VOTING STOCK VALIDATION

Does another domestic company own more than 50 percent of the voting stock of your company?

- Yes
- No

ITEM 2A: OWNERSHIP OR CONTROL - MANAGEMENT AND POLICY

Does another domestic company have the power to control the management and policies of your company?

- Yes
- No

ITEM 2A: OWNERSHIP OR CONTROL - PERCENT OF VOTING STOCK HELD

What percent of voting stock was held by the owning or controlling company?

- Less than 50%
- 50%

ITEM 2A: OWNERSHIP OR CONTROL - COMPANY INFORMATION

What is the name, address, and 9-digit Employer Identification Number (EIN) of the owning or controlling company?

Name of owning or controlling company

Home office address (Number and street)

City, town, village, etc.

State
Select States and Territories

ZIP Code

EIN

ITEM 2B: NUMBER OF ESTABLISHMENTS - MORE THAN ONE LOCATION

Does your company operate in more than one location?

- Yes
- No

Item 2B: Number of Establishments

ITEM 2B: NUMBER OF ESTABLISHMENTS

How many establishments operated under EIN at the end of 2017?

2017

ITEM 2B: NUMBER OF ESTABLISHMENTS - ESTABLISHMENTS OF THIS COMPANY

This company owns and operates establishments under EIN at the end of 2017.

- Use the 'Add Establishment' button to add ALL establishments in the company and their respective data.
- Provide the headquarters location first, then all the other locations.
- Data for establishments operated during 2017, but not in operation at the end of the year, should be included with the headquarters location.
- Please ensure all establishments of this company are listed below with one establishment per row.
- Use the 'Edit' button on each row to update the location's physical address or other information.

ITEM 2B: NUMBER OF ESTABLISHMENTS - ESTABLISHMENT INFORMATION

Name

Secondary Name

Store/Plant Number

Number and Street

City, town, village, etc.

State

ZIP Code

Describe kind of business at this location

For employees that worked at more than one location, report the employment and payroll data for employees at the ONE location where they spent most of their working time.

Number of Employees for Pay Period including March 12

2017 Number

First Quarter Payroll
 (Jan - March 2017)

2017
 \$,000.00

Annual Payroll

2017
 \$,000.00

Sales, Shipments, Receipts, or Revenue

2017
 \$,000.00

ITEM 2B: NUMBER OF ESTABLISHMENTS - CONSOLIDATING DATA INSTRUCTIONS

Consolidating Data for EIN :

- Add the values reported in Sales, Shipments, Receipts, or Revenue for all establishments of the EIN and report the combined total in the questions for **Item 5**, Sales, Shipments, Receipts, or Revenue and **Item 22**, Detail of Sales, Shipments, Receipts, or Revenue that follow.
- Add the values reported in Employment, First Quarter Payroll, and Annual Payroll for all establishments of the EIN and report the combined totals in the question for **Item 7**, Employment and Payroll that follows.
- Report combined data for all other questions that follow.

ITEM 3: OPERATIONAL STATUS

Which of the following best describes this establishment's operational status at the end of 2017?

- In operation
- Temporarily or seasonally inactive
- Ceased operation
- Sold or leased to another operator
- Other


Describe

Item 3: Operational Status - Ceased Operation Date

ITEM 3: OPERATIONAL STATUS - CEASED OPERATION DATE


When did this establishment cease operation?

MMDDYYYY



ITEM 3: OPERATIONAL STATUS - SOLD OPERATION DATE AND INFORMATION

When was this establishment sold or leased to another operator?

MMDDYYYY
 

What is the name, address, and 9-digit Employer Identification Number (EIN) of this establishment's new owner or operator?

Name of new owner/operator

Mailing Address (Number and Street, P.O. Box, etc.)

City, town, village, etc.

State
Select States and Territories

ZIP Code

EIN

Item 4: Months in Operation

ITEM 4: MONTHS IN OPERATION

What was the number of months in operation during 2017?

Check
if
None

2017
Number

ITEM 5: SALES, SHIPMENTS, RECEIPTS, OR REVENUE

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?

- Yes
- No

ITEM 5: SALES, SHIPMENTS, RECEIPTS, OR REVENUE

What were the total operating receipts of this **taxable** establishment?

Check
if
None

2017
\$,000.00

ITEM 5: SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Revenue and expenses of this **tax-exempt** establishment

1. What was the total revenue?

Check
if
None

| | |
|------|----------------------|
| 2017 | |
| \$ | <input type="text"/> |
| | ,000.00 |

2. What were the total expenses?
(Include payroll, exclude bad debt.)

| | |
|------|----------------------|
| 2017 | |
| \$ | <input type="text"/> |
| | ,000.00 |

ITEM 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) in **Item 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, click the "Additional Information" link above.

A. Employment

What was the number of employees for pay period including March 12?

| | |
|---------------|----------------------|
| Check if None | 2017 |
| | <input type="text"/> |

B. Payroll before deductions

(Exclude employer's cost for fringe benefits.)

1. What was the annual payroll?

| | |
|---------------|---------------------------------|
| Check if None | 2017 |
| | \$ <input type="text"/> ,000.00 |

2. What was the first quarter payroll (January-March 2017)?

| | |
|--------------------------|---------------------------------|
| Check if None | 2017 |
| <input type="checkbox"/> | \$ <input type="text"/> ,000.00 |

ITEM 17: PRINCIPAL BUSINESS OR ACTIVITY

Which ONE of the following best describes this establishment's principal kind of business or activity in 2017?
If none of the provided selections seem appropriate, provide a specific description of the primary business activity.
Select only ONE.

Childcare and selected educational services

- 624410 009 Child day care services, including those with preschool programs
(Include services for children with disabilities.)
- 624410 00A Head Start centers and programs
(Include services for children with disabilities.)
- 624410 002 Preschool
(Include services for children with disabilities.)
- 624410 00C Before and/or after school care program, excluding tutoring services and sports and recreational clubs
- 611110 001 Elementary or secondary school
- 611691 002 Tutoring services or academic skills learning center
- 624410 004 Babysitting services

Youth camps, centers, and selected recreational programs

- 713990 80D Day camp, recreational
(Exclude instructional camps.)
- 721214 007 Overnight camp, recreational
(Exclude instructional camps.)
- 611691 003 Day and/or overnight camp, academic
- 713940 903 Youth recreational center
- 624110 00E Youth center (not primarily providing recreational services), social services
- 611620 005 Day and/or overnight instructional sports camp, including swimming, gymnastics, horseback riding, martial arts, etc.
(Exclude clubs, teams, or leagues.)
- 713990 80J Youth sport club/team/league, or recreational program
(Exclude day and/or overnight instructional sports and recreation camps.)

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

- 621330 004 Counseling or therapy services provided by mental health practitioners, excluding physicians
(Include counseling by psychologists, psychiatric social workers, psychotherapists, etc.)
- 624120 00F Child early intervention center or services for youth with developmental disabilities or delays
(Exclude child care.)
- 624110 00F Youth mentoring or guidance program, social services
- 621340 101 Speech therapist(s) and/or audiologist(s)
- 621340 203 Occupational therapist(s)
- 621340 201 Physical therapist(s)

Child or youth placement and residential care services

- 624110 003 Adoption and/or foster care placement services
- 623210 006 Residential facility for persons with intellectual and developmental disabilities, including group homes and intermediate care facilities for the intellectually or developmentally disabled (ICF/MR)

Case management and other social assistance services for children and youth

- 624210 002 Child care food program
- 624110 006 Multi-service organization providing a range of social assistance services to children and youth
- 624110 005 Social work case management services for children without disability or mental illness

Other individual and family services

624190 00U Multi-service organization providing a range of social assistance services to families and individuals, excluding services primarily to children, the elderly, and people with disabilities

624190 001 Community action agency

624190 002 Family services agency

624120 001 Adult activity or day care center

Other principal business or activity

773000 001 Other principal business or activity - Describe

Describe

ITEM 22: DETAIL OF SALES, SHIPMENTS, RECEIPTS OR REVENUEOf the \$,000.00 of Sales, Shipments, Receipts, or Revenue reported in **Item 5**, what products and services were included?**Select ALL that apply.**

| | | |
|--|--------------------------|------------|
| 1. Child day care services (Include application, registration, and late fees.) | <input type="checkbox"/> | 7005008000 |
| a. In-home child day care services More | <input type="checkbox"/> | 7005008003 |
| b. Child day care center services More | <input type="checkbox"/> | 7005008006 |
| 2. Basic education and skills programs More | <input type="checkbox"/> | 7003925000 |
| a. Pre-primary grade instructional programs (Include preschool programs combined with child day care.) | <input type="checkbox"/> | 7003925003 |
| b. Basic education and personal improvement instructional programs (Exclude pre-primary and sports or recreational instructional programs.) | <input type="checkbox"/> | 7003925006 |
| 3. Children and youth recreational programs (Exclude instructional programs.) More | <input type="checkbox"/> | 7005010000 |
| 4. Counseling and information services for children, youth, and families (Include mentoring services.) | <input type="checkbox"/> | 7005006000 |
| 5. Other social assistance services for children, youth, and families (Include social assistance case management services.) | <input type="checkbox"/> | 7005012000 |
| 6. Social assistance services for elderly and disabled adults (Include adult day care services.) | <input type="checkbox"/> | 7005014000 |
| 7. Leisure, recreational, and athletic instructional programs (Include day and/or overnight camp. Include dance, music, and arts instruction. Exclude overnight recreational camps.) | <input type="checkbox"/> | 7002500000 |
| 8. Academic tutoring and customized learning programs | <input type="checkbox"/> | 7004025000 |

Item 22: Detail of Sales, Shipments, Receipts, or Revenue - Continued

Of the \$,000.00 of Sales, Shipments, Receipts, or Revenue reported in Item 5, what was the value for each product or service?

| Description | Value | Product Code |
|--|---------------------------------|--------------|
| 1. Child day care services (Include application, registration, and late fees.) | | |
| a. In-home child day care services More | \$ <input type="text"/> ,000.00 | 7005008003 |
| b. Child day care center services More | \$ <input type="text"/> ,000.00 | 7005008006 |
| Subtotal | \$ <input type="text"/> ,000.00 | 7005008000 |
| 2. Basic education and skills programs More | | |
| a. Pre-primary grade instructional programs (Include preschool programs combined with child day care.) | \$ <input type="text"/> ,000.00 | 7003925003 |
| b. Basic education and personal improvement instructional programs (Exclude pre-primary and sports or recreational instructional programs.) | \$ <input type="text"/> ,000.00 | 7003925006 |
| Subtotal | \$ <input type="text"/> ,000.00 | 7003925000 |
| 3. Children and youth recreational programs (Exclude instructional programs.) More | \$ <input type="text"/> ,000.00 | 7005010000 |
| 4. Counseling and information services for children, youth, and families (Include mentoring services.) | \$ <input type="text"/> ,000.00 | 7005006000 |
| 5. Other social assistance services for children, youth, and families (Include social assistance case management services.) | \$ <input type="text"/> ,000.00 | 7005012000 |
| 6. Social assistance services for elderly and disabled adults (Include adult day care services.) | \$ <input type="text"/> ,000.00 | 7005014000 |
| 7. Leisure, recreational, and athletic instructional programs (Include day and/or overnight camp. Include dance, music, and arts instruction. Exclude overnight recreational camps.) | \$ <input type="text"/> ,000.00 | 7002500000 |
| 8. Academic tutoring and customized learning programs | \$ <input type="text"/> ,000.00 | 7004025000 |
| 9. All other products and services, not elsewhere classified | | |
| a. All other products and services, not elsewhere classified - write-in #1 | | |
| <input type="text"/> Pick one <input type="text"/> Describe | \$ <input type="text"/> ,000.00 | 9000000003 |
| b. All other products and services, not elsewhere classified - write-in #2 | | |
| <input type="text"/> Pick one <input type="text"/> Describe | \$ <input type="text"/> ,000.00 | 9000000006 |
| c. All other products and services, not elsewhere classified - write-in #3 | | |
| <input type="text"/> Pick one <input type="text"/> Describe | \$ <input type="text"/> ,000.00 | 9000000009 |
| <input type="button" value="Add Additional Products"/> | | |
| TOTAL - Sum of lines should equal total Sales, Shipments, Receipts, or Revenue reported in Item 5 | \$ <input type="text"/> ,000.00 | 9900000000 |

ITEM 22: DETAIL OF SALES, SHIPMENTS, RECEIPTS OR REVENUEOf the \$,000.00 of Sales, Shipments, Receipts, or Revenue reported in **Item 5**, what products and services were included?**Select ALL that apply.**

| | | |
|--|--------------------------|------------|
| 1. Child day care services (Include application, registration, and late fees.) | <input type="checkbox"/> | 7005008000 |
| a. In-home child day care services More | <input type="checkbox"/> | 7005008003 |
| b. Child day care center services More | <input type="checkbox"/> | 7005008006 |
| 2. Basic education and skills programs More | <input type="checkbox"/> | 7003925000 |
| a. Pre-primary grade instructional programs (Include preschool programs combined with child day care.) | <input type="checkbox"/> | 7003925003 |
| b. Basic education and personal improvement instructional programs (Exclude pre-primary and sports or recreational instructional programs.) | <input type="checkbox"/> | 7003925006 |
| 3. Children and youth recreational programs (Exclude instructional programs.) More | <input type="checkbox"/> | 7005010000 |
| 4. Counseling and information services for children, youth, and families (Include mentoring services.) | <input type="checkbox"/> | 7005006000 |
| 5. Other social assistance services for children, youth, and families (Include social assistance case management services.) | <input type="checkbox"/> | 7005012000 |
| 6. Social assistance services for elderly and disabled adults (Include adult day care services.) | <input type="checkbox"/> | 7005014000 |
| 7. Leisure, recreational, and athletic instructional programs (Include day and/or overnight camp. Include dance, music, and arts instruction. Exclude overnight recreational camps.) | <input type="checkbox"/> | 7002500000 |
| 8. Academic tutoring and customized learning programs | <input type="checkbox"/> | 7004025000 |
| 10. Government contributions, gifts, and grants | <input type="checkbox"/> | 8000025000 |
| 11. Private contributions, gifts, and grants (Include contributions, gifts, and grants from individuals, foundations, business and industry, labor unions, etc. Include commissioned fundraising.) | <input type="checkbox"/> | 8000050000 |
| 12. Trading securities and commodity contracts on own account (Include interest and dividends.) More | <input type="checkbox"/> | 8000150000 |
| 13. Gains (losses) from non-financial assets sold (Report losses by including a dash prior to the dollar amount.) More | <input type="checkbox"/> | 8000175000 |

Item 22: Detail of Sales, Shipments, Receipts, or Revenue - Continued

Of the \$,000.00 of Sales, Shipments, Receipts, or Revenue reported in Item 5, what was the value for each product or service?

| Description | Value | Product Code |
|--|---------------------------------|--------------|
| 1. Child day care services (Include application, registration, and late fees.) | | |
| a. In-home child day care services More | \$ <input type="text"/> ,000.00 | 7005008003 |
| b. Child day care center services More | \$ <input type="text"/> ,000.00 | 7005008006 |
| Subtotal | \$ <input type="text"/> ,000.00 | 7005008000 |
| 2. Basic education and skills programs More | | |
| a. Pre-primary grade instructional programs (Include preschool programs combined with child day care.) | \$ <input type="text"/> ,000.00 | 7003925003 |
| b. Basic education and personal improvement instructional programs (Exclude pre-primary and sports or recreational instructional programs.) | \$ <input type="text"/> ,000.00 | 7003925006 |
| Subtotal | \$ <input type="text"/> ,000.00 | 7003925000 |
| 3. Children and youth recreational programs (Exclude instructional programs.) More | \$ <input type="text"/> ,000.00 | 7005010000 |
| 4. Counseling and information services for children, youth, and families (Include mentoring services.) | \$ <input type="text"/> ,000.00 | 7005006000 |
| 5. Other social assistance services for children, youth, and families (Include social assistance case management services.) | \$ <input type="text"/> ,000.00 | 7005012000 |
| 6. Social assistance services for elderly and disabled adults (Include adult day care services.) | \$ <input type="text"/> ,000.00 | 7005014000 |
| 7. Leisure, recreational, and athletic instructional programs (Include day and/or overnight camp. Include dance, music, and arts instruction. Exclude overnight recreational camps.) | \$ <input type="text"/> ,000.00 | 7002500000 |
| 8. Academic tutoring and customized learning programs | \$ <input type="text"/> ,000.00 | 7004025000 |
| 9. All other products and services, not elsewhere classified | | |
| a. All other products and services, not elsewhere classified - write-in #1 | | |
| <input type="text" value="Pick one"/> <input type="text" value="Describe"/> | \$ <input type="text"/> ,000.00 | 9000000003 |
| b. All other products and services, not elsewhere classified - write-in #2 | | |
| <input type="text" value="Pick one"/> <input type="text" value="Describe"/> | \$ <input type="text"/> ,000.00 | 9000000006 |
| c. All other products and services, not elsewhere classified - write-in #3 | | |
| <input type="text" value="Pick one"/> <input type="text" value="Describe"/> | \$ <input type="text"/> ,000.00 | 9000000009 |
| <input type="button" value="Add Additional Products"/> | | |

| | | | | |
|---|----|--|---------|------------|
| 10. Government contributions, gifts, and grants | \$ | | ,000.00 | 8000025000 |
| 11. Private contributions, gifts, and grants (Include contributions, gifts, and grants from individuals, foundations, business and industry, labor unions, etc. Include commissioned fundraising.) | \$ | | ,000.00 | 8000050000 |
| 12. Trading securities and commodity contracts on own account (Include interest and dividends.) More | \$ | | ,000.00 | 8000150000 |
| 13. Gains (losses) from non-financial assets sold (Report losses by including a dash prior to the dollar amount.) More | \$ | | ,000.00 | 8000175000 |
| 14. All other nonoperating or tax-exempt revenue | | | | |
| a. All other nonoperating or tax-exempt revenue - write-in #1 | | | | |
| Describe | \$ | | ,000.00 | 8000250003 |
| b. All other nonoperating or tax-exempt revenue - write-in #2 | | | | |
| Describe | \$ | | ,000.00 | 8000250006 |
| TOTAL - Sum of lines should equal total Revenue reported in Item 5 | \$ | | ,000.00 | 9900000002 |

ITEM 25: FRANCHISE

A. Was this establishment operating under any trademark(s) or brand name(s) authorized by a franchisor in 2017?

- Yes - franchisee-owned establishment
- Yes - franchisor-owned establishment
- No

B. If yes, what was the trademark(s) or brand name(s) operated under?

Describe

ITEM 26: BUSINESS COOPERATIVE

A cooperative is a business or organization owned by, controlled by, and operated for the benefit of members using its services. Members (also known as user-owners) benefit from use of service and product operations and/or earnings generated by the co-op. This includes purchasing co-ops, member/patron organizations, member-controlled non-profits, consumer co-ops, marketing co-ops, worker co-ops, etc.

Is this establishment a cooperative?

Yes

No

ITEM 28: SPECIAL INQUIRIES - GRANTS AND CONTRIBUTIONS

During 2017, 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?

Yes

No

ITEM 28: SPECIAL INQUIRIES - GRANTS AND CONTRIBUTIONS

What were the amount of grants, transferred contributions, and similar payments?

| 2017 | |
|------|----------------------|
| \$ | <input type="text"/> |
| | .000.00 |

ITEM 28: SPECIAL INQUIRIES - SOCIAL ASSISTANCE

What was the percent of receipts for social assistance services reported in **Item 22**, lines 1 through 6, from the following payer?

1. Government payers

2017
 %

2. Private payers

%

3. **TOTAL** (Sum of lines 1 and 2 should equal 100%.)

%

Remarks

REMARKS

(Please use this space for any explanations that may be essential in understanding your reported data.) Maximum length is 1,000 characters.

You have

1000

characters left.