

**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.

ATTN
RECORD_ATTN_TXT

Name 1
RECORD_NAME1

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 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**

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**LEGAL BOUNDARY AND MUNICIPALITY**

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- No legal boundaries
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**ITEM 3: OPERATIONAL STATUS**

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

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- 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**

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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
- 

**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
-

Remarks

**REMARKS**

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**MAILING ADDRESS**

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Name 1
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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**

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**LEGAL BOUNDARY AND MUNICIPALITY**

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- 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 style="width: 100px;" type="text"/> ,000.00

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

Check if None	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 REVENUE**Of 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 <a href="#">More</a>	<input type="checkbox"/>	7005014015
f. Other social assistance services for elderly and disabled adults (Include social assistance case management services.) <a href="#">More</a>	<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 <a href="#">More</a>	<input type="checkbox"/>	7004575003
b. Home aide services for elderly and disabled adults - Personal care services <a href="#">More</a>	<input type="checkbox"/>	7004575006
c. Home aide services, excluding elderly and disabled adults <a href="#">More</a>	<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 <a href="#">More</a>	<input type="checkbox"/>	7005006000
a. Self-help group services for children, youth, and families <a href="#">More</a>	<input type="checkbox"/>	7005006003
b. Information and referral services for children, youth, and families <a href="#">More</a>	<input type="checkbox"/>	7005006006
c. Hotline/Crisis intervention services for children, youth, and families <a href="#">More</a>	<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 <a href="#">More</a>	<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 <a href="#">More</a>	<input type="checkbox"/>	7005010000
15. Child day care services <a href="#">More</a>	<input type="checkbox"/>	7005008000
16. Basic education and skills programs (Include pre-primary grade instructional programs.) <a href="#">More</a>	<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.) <a href="#">More</a>	<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
<b>1. Social assistance services for elderly and disabled adults</b>		
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 <a href="#">More</a>	\$ <input type="text"/> ,000.00	7005014015
f. Other social assistance services for elderly and disabled adults (Include social assistance case management services.) <a href="#">More</a>	\$ <input type="text"/> ,000.00	7005014018
<b>Subtotal</b>	\$ <input type="text"/> ,000.00	7005014000
<b>2. Non-medical home aide services</b> (Include prepared meals and delivered meals.)		
a. Home aide services for elderly and disabled adults - Homemaker services <a href="#">More</a>	\$ <input type="text"/> ,000.00	7004575003
b. Home aide services for elderly and disabled adults - Personal care services <a href="#">More</a>	\$ <input type="text"/> ,000.00	7004575006
c. Home aide services, excluding elderly and disabled adults <a href="#">More</a>	\$ <input type="text"/> ,000.00	7004575009
<b>Subtotal</b>	\$ <input type="text"/> ,000.00	7004575000
<b>3. Adoption services</b>	\$ <input type="text"/> ,000.00	7005002000
<b>4. Foster care and guardianship arrangement services</b>	\$ <input type="text"/> ,000.00	7005004000
<b>5. Counseling and information services for children, youth, and families</b> <a href="#">More</a>		
a. Self-help group services for children, youth, and families <a href="#">More</a>	\$ <input type="text"/> ,000.00	7005006003
b. Information and referral services for children, youth, and families <a href="#">More</a>	\$ <input type="text"/> ,000.00	7005006006
c. Hotline/Crisis intervention services for children, youth, and families <a href="#">More</a>	\$ <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
<b>Subtotal</b>	\$ <input type="text"/> ,000.00	7005006000
<b>6. Other social assistance services for children, youth, and families</b> (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 <a href="#">More</a>	\$ <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 <a href="#">More</a>	\$ <input type="text"/> ,000.00	7005010000
15. Child day care services <a href="#">More</a>	\$ <input type="text"/> ,000.00	7005008000
16. Basic education and skills programs (Include pre-primary grade instructional programs.) <a href="#">More</a>		
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
<b>Subtotal</b>	\$ <input type="text"/> ,000.00	7003925000
17. Civic and social organization membership services (Include initiation fees and dues.) <a href="#">More</a>	\$ <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 REVENUE**Of 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 <a href="#">More</a>	<input type="checkbox"/>	7005014015
f. Other social assistance services for elderly and disabled adults (Include social assistance case management services.) <a href="#">More</a>	<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 <a href="#">More</a>	<input type="checkbox"/>	7004575003
b. Home aide services for elderly and disabled adults - Personal care services <a href="#">More</a>	<input type="checkbox"/>	7004575006
c. Home aide services, excluding elderly and disabled adults <a href="#">More</a>	<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 <a href="#">More</a>	<input type="checkbox"/>	7005006000
a. Self-help group services for children, youth, and families <a href="#">More</a>	<input type="checkbox"/>	7005006003
b. Information and referral services for children, youth, and families <a href="#">More</a>	<input type="checkbox"/>	7005006006
c. Hotline/Crisis intervention services for children, youth, and families <a href="#">More</a>	<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 <a href="#">More</a>	<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 <a href="#">More</a>	<input type="checkbox"/>	7005010000
15. Child day care services <a href="#">More</a>	<input type="checkbox"/>	7005008000
16. Basic education and skills programs (Include pre-primary grade instructional programs.) <a href="#">More</a>	<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.) <a href="#">More</a>	<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.) <a href="#">More</a>	<input type="checkbox"/>	8000150000
24. Gains (losses) from non-financial assets sold (Report losses by including a dash prior to the dollar amount.) <a href="#">More</a>	<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
<b>1. Social assistance services for elderly and disabled adults</b>		
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 <a href="#">More</a>	\$ <input type="text"/> ,000.00	7005014015
f. Other social assistance services for elderly and disabled adults (Include social assistance case management services.) <a href="#">More</a>	\$ <input type="text"/> ,000.00	7005014018
<b>Subtotal</b>	\$ <input type="text"/> ,000.00	7005014000
<b>2. Non-medical home aide services</b> (Include prepared meals and delivered meals.)		
a. Home aide services for elderly and disabled adults - Homemaker services <a href="#">More</a>	\$ <input type="text"/> ,000.00	7004575003
b. Home aide services for elderly and disabled adults - Personal care services <a href="#">More</a>	\$ <input type="text"/> ,000.00	7004575006
c. Home aide services, excluding elderly and disabled adults <a href="#">More</a>	\$ <input type="text"/> ,000.00	7004575009
<b>Subtotal</b>	\$ <input type="text"/> ,000.00	7004575000
<b>3. Adoption services</b>	\$ <input type="text"/> ,000.00	7005002000
<b>4. Foster care and guardianship arrangement services</b>	\$ <input type="text"/> ,000.00	7005004000
<b>5. Counseling and information services for children, youth, and families</b> <a href="#">More</a>		
a. Self-help group services for children, youth, and families <a href="#">More</a>	\$ <input type="text"/> ,000.00	7005006003
b. Information and referral services for children, youth, and families <a href="#">More</a>	\$ <input type="text"/> ,000.00	7005006006
c. Hotline/Crisis intervention services for children, youth, and families <a href="#">More</a>	\$ <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
<b>Subtotal</b>	\$ <input type="text"/> ,000.00	7005006000
<b>6. Other social assistance services for children, youth, and families</b> (Include social assistance case management services.)	\$ <input type="text"/> ,000.00	7005012000
<b>7. Vocational rehabilitation services for the general population, including the homeless, abused, and victims of domestic violence</b>	\$ <input type="text"/> ,000.00	7005017000

8. Counseling and information services for the general population, including the homeless, abused, and victims of domestic violence <a href="#">More</a>	\$ <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 <a href="#">More</a>	\$ <input type="text"/> ,000.00	7005010000
15. Child day care services <a href="#">More</a>	\$ <input type="text"/> ,000.00	7005008000
16. Basic education and skills programs (Include pre-primary grade instructional programs.) <a href="#">More</a>		
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
<b>Subtotal</b>	\$ <input type="text"/> ,000.00	7003925000
17. Civic and social organization membership services (Include initiation fees and dues.) <a href="#">More</a>	\$ <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

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

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

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

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

<b>1.</b> Child day care services (Include application, registration, and late fees.)	<input type="checkbox"/>	7005008000
<b>a.</b> In-home child day care services <a href="#">More</a>	<input type="checkbox"/>	7005008003
<b>b.</b> Child day care center services <a href="#">More</a>	<input type="checkbox"/>	7005008006
<b>2.</b> Basic education and skills programs <a href="#">More</a>	<input type="checkbox"/>	7003925000
<b>a.</b> Pre-primary grade instructional programs (Include preschool programs combined with child day care.)	<input type="checkbox"/>	7003925003
<b>b.</b> Basic education and personal improvement instructional programs (Exclude pre-primary and sports or recreational instructional programs.)	<input type="checkbox"/>	7003925006
<b>3.</b> Children and youth recreational programs (Exclude instructional programs.) <a href="#">More</a>	<input type="checkbox"/>	7005010000
<b>4.</b> Counseling and information services for children, youth, and families (Include mentoring services.)	<input type="checkbox"/>	7005006000
<b>5.</b> Other social assistance services for children, youth, and families (Include social assistance case management services.)	<input type="checkbox"/>	7005012000
<b>6.</b> Social assistance services for elderly and disabled adults (Include adult day care services.)	<input type="checkbox"/>	7005014000
<b>7.</b> 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
<b>8.</b> Academic tutoring and customized learning programs	<input type="checkbox"/>	7004025000
<b>10.</b> Government contributions, gifts, and grants	<input type="checkbox"/>	8000025000
<b>11.</b> 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
<b>12.</b> Trading securities and commodity contracts on own account (Include interest and dividends.) <a href="#">More</a>	<input type="checkbox"/>	8000150000
<b>13.</b> Gains (losses) from non-financial assets sold (Report losses by including a dash prior to the dollar amount.) <a href="#">More</a>	<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
<b>1. Child day care services</b> (Include application, registration, and late fees.)		
<b>a. In-home child day care services</b> <a href="#">More</a>	\$ <input type="text"/> ,000.00	7005008003
<b>b. Child day care center services</b> <a href="#">More</a>	\$ <input type="text"/> ,000.00	7005008006
<b>Subtotal</b>	\$ <input type="text"/> ,000.00	7005008000
<b>2. Basic education and skills programs</b> <a href="#">More</a>		
<b>a. Pre-primary grade instructional programs</b> (Include preschool programs combined with child day care.)	\$ <input type="text"/> ,000.00	7003925003
<b>b. Basic education and personal improvement instructional programs</b> (Exclude pre-primary and sports or recreational instructional programs.)	\$ <input type="text"/> ,000.00	7003925006
<b>Subtotal</b>	\$ <input type="text"/> ,000.00	7003925000
<b>3. Children and youth recreational programs</b> (Exclude instructional programs.) <a href="#">More</a>	\$ <input type="text"/> ,000.00	7005010000
<b>4. Counseling and information services for children, youth, and families</b> (Include mentoring services.)	\$ <input type="text"/> ,000.00	7005006000
<b>5. Other social assistance services for children, youth, and families</b> (Include social assistance case management services.)	\$ <input type="text"/> ,000.00	7005012000
<b>6. Social assistance services for elderly and disabled adults</b> (Include adult day care services.)	\$ <input type="text"/> ,000.00	7005014000
<b>7. Leisure, recreational, and athletic instructional programs</b> (Include day and/or overnight camp. Include dance, music, and arts instruction. Exclude overnight recreational camps.)	\$ <input type="text"/> ,000.00	7002500000
<b>8. Academic tutoring and customized learning programs</b>	\$ <input type="text"/> ,000.00	7004025000
<b>9. All other products and services, not elsewhere classified</b>		
<b>a. All other products and services, not elsewhere classified - write-in #1</b>		
<input type="text" value="Pick one"/> <input type="text" value="Describe"/>	\$ <input type="text"/> ,000.00	9000000003
<b>b. All other products and services, not elsewhere classified - write-in #2</b>		
<input type="text" value="Pick one"/> <input type="text" value="Describe"/>	\$ <input type="text"/> ,000.00	9000000006
<b>c. All other products and services, not elsewhere classified - write-in #3</b>		
<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.) <a href="#">More</a>	\$		,000.00	8000150000
13. Gains (losses) from non-financial assets sold (Report losses by including a dash prior to the dollar amount.) <a href="#">More</a>	\$		,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
<b>TOTAL - Sum of lines should equal total Revenue reported in Item 5</b>	\$		,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.