



U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

FORM

HC-62404 (01-11-2012)

2012 ECONOMIC CENSUS

Food, Shelter, Relief, and Job Training Services

OMB No. 0607-0934: Approval Expires 12/31/2013

DUE DATE
FEBRUARY 12, 2013

(Please correct any errors in this mailing address.)

Need help or have questions?

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

HC-62404

**INFORMATION COPY
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Report Online - It's fast and secure!
Go to: econhelp.census.gov

- OR -

Mail your
completed
form to:

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

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the U.S. Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

- Use blue or black ballpoint pen.
- Do not use pencil or felt-tip pen.
- Do not put slashes through 0 or 7.
- Please center numbers in their respective boxes.
- Place an "X" inside the box.

Examples:

☒ 0 1 2 3 4 5 6 7 8 9

The reporting unit for this form is an establishment. An **establishment** is generally a single physical location where business is conducted or where services or industrial operations are performed. For further clarification, see information sheet(s).

1 EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) shown to the left of the mailing address the same as the one used for this establishment on its latest 2012 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021 ☐ Yes - Go to **2** 0022 ☐ No - Enter current EIN (9 digits) → 0025

-

2 PHYSICAL LOCATION

A. Is this establishment's physical location the same as shown in the mailing address?
(P.O. Box and rural route addresses are not physical locations.)

0031 ☐ Yes - Go to line B

0032 ☐ No - Enter →
physical
location

0035 Number and street

0036 City, town, village, etc.

0037 State

0038 ZIP Code

-

CONTINUE WITH **2** ON PAGE 2

PENALTY FOR FAILURE TO REPORT

CONTINUE ON PAGE 2

62404017



2 PHYSICAL LOCATION - Continued

B. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?
(Mark "X" only ONE box.)

0041 ☐ Yes 0042 ☐ No 0043 ☐ No legal boundaries 0044 ☐ Do not know

C. In what type of municipality is this establishment physically located?
(Mark "X" only ONE box.)

0046 ☐ City, village, or borough 0047 ☐ Town or township 0048 ☐ Other 0024 ☐ Do not know

3 OPERATIONAL STATUS

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

0011 ☐ In operation

0013 ☐ Temporarily or seasonally inactive

0014 ☐ Ceased operation - Give date at right →

0015 ☐ Sold or leased to another operation - Give date at right
AND enter name and address of new owner or operator
and Employer Identification Number (EIN) below ↴

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

0060 Name of new owner or operator

0061 EIN (9 digits)

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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0062 Mailing address (Number and street, P.O. Box, etc.)

0063 City, town, village, etc.

0064 State

0065 ZIP Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
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0016 ☐ Other - Specify →

0815

4 MONTHS IN OPERATION

Mark "X"
if None

2012
Number

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

☐

<input type="text"/>	<input type="text"/>
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62404025

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

**HOW TO
REPORT
DOLLAR
FIGURES**

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

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

Report → ☐

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

Report → ☒

Mark "X"
if None

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

5 REVENUE OR RECEIPTS

A. Tax Status

Was all or part of the income of this establishment or organization exempt from Federal income taxes under section 501 of the Internal Revenue Code?

0103 ☐ Yes - Complete line C

0104 ☐ No - Complete line B

B. Operating receipts of this (taxable) establishment 0100 ☐

C. Revenue and expenses of this (tax-exempt) establishment

1. Revenue 0101 ☐

2. Expenses (Include payroll, exclude bad debt and other expenses identified on the information sheet.) 0140 ☐

Mark "X"
if None

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

6 Not Applicable.

7 EMPLOYMENT AND PAYROLL

Include:

- Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown to the left of the mailing address or corrected in 1.

Exclude:

- Temporary staffing obtained from a staffing service.
- Contractors, subcontractors, or independent contractors.
- Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN.
- Purchased or managed services, such as janitorial, guard, or landscape services.
- Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services.

For further clarification, see information sheet(s).

Mark "X"
if None

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

2012		
Number		
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Mark "X"
if None

1. Annual payroll 0300 ☐

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


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

8-18 Not Applicable.


19 KIND OF BUSINESS OR ACTIVITYWhich **ONE** of the following best describes this establishment's principal kind of business or activity in 2012?

If none of the provided selections seem appropriate, provide a specific description of the primary business activity.

Mark "X" only ONE box.**Food, shelter, and relief services**

- 0700
- 624 210 00 1 ☐ Community food services, including food banks, non-profit meal delivery services, soup kitchens, community gardens, etc.
- 624 210 00 2 ☐ Child care food program
- 624 190 00 N ☐ Nutritional assistance for women, children, and infants
- 624 221 00 1 ☐ Temporary shelter or housing for the homeless, victims of abuse, families in medical crisis, and runaway youth
- 624 229 00 1 ☐ Energy assistance or weatherizing program
- 624 229 00 2 ☐ Transitional housing
- 624 229 00 3 ☐ Other housing services to low-income individuals and families, excluding long-term housing (Include volunteer housing repair, housing counseling, etc.) - Describe 

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- 0701
- 623 312 00 1 ☐ Home for the elderly, including independent living or assisted-living facilities without on-site skilled nursing facility
- 623 210 00 3 ☐ Adult foster care for the intellectually or developmentally disabled
- 623 990 00 1 ☐ Children's home, group foster home, or orphanage
- 777 624 04 1 ☐ Other housing, residential, or nursing facility or services - Describe 

- 0701
- 624 230 00 1 ☐ Disaster, emergency relief, or refugee services - providing food, shelter, clothing, medical relief, refugee resettlement, and counseling to victims of domestic or international disasters or conflicts

Job training

- 624 310 00 1 ☐ Job training, counseling, and related services, including vocational rehabilitation and sheltered workshops
- 611 513 00 2 ☐ Apprenticeship training program, not providing vocational rehabilitation
- 611 519 10 1 ☐ Vocational or technical school, excluding computer repair or truck driving schools

Other social assistance services

- 624 410 00 1 ☐ Child day care services, including those with preschool and/or Head Start programs
- 624 120 00 2 ☐ Agency for the aging
- 624 190 00 1 ☐ Community action agency
- 624 190 00 2 ☐ Family services agency

CONTINUE WITH **19** ON PAGE 5

CONTINUE ON PAGE 5

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

19 KIND OF BUSINESS OR ACTIVITY - Continued

Other social assistance services - Continued

- 0700 624 190 00 J ☐ Domestic violence counseling services, excluding counseling by mental health practitioners
- 777 620 00 9 ☐ Other social assistance services - *Describe* ↗

0701

Other kind of business or activity

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

0701

- 621 420 00 9 ☐ Psychiatric center, outpatient treatment center, or clinic for substance abuse

- 621 999 10 2 ☐ Medical case management

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

0701

- 485 991 00 3 ☐ Special needs transportation for the elderly or disabled

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

0701

20 and 21 Not Applicable.

22 DETAIL OF REVENUE OR RECEIPTS

(Report receipts or revenue by source (reported in **5**) in dollar figures. See **HOW TO REPORT DOLLAR FIGURES** on page 3. Do not combine data for two or more receipts or revenue lines. Both taxable and tax-exempt establishments should complete all applicable lines.)

Line 1 - Report receipts from providing a wide variety of non-medical social assistance services to children, youth, and families, including disabled children. Report home aide services for children on **line 4**. Report receipts from food bank or pantry services, shelter services, or emergency relief services on **lines 5** through **7**.

Line 2b - Report receipts from providing assistance to elderly and disabled adults with household cleaning, laundry, cooking, and shopping. Include receipts for delivery of meals to the home (e.g., "meals-on-wheels"). Report home aide services for others on **line 4**.

Line 2c - Report receipts from providing personal care services only (no medical care) for elderly and disabled adults, to enable them to continue living alone or with relatives, rather than in an institution. Personal care services include assistance with bathing, eating, grooming, and assistance with self-administered medicines. Report home aide services for others on **line 4**.

Line 2g - Report receipts from providing advice and support by offering non-medical counseling and developmental services to promote physical, emotional, and life skills development.

Line 3 - Report receipts from providing social assistance services to the general population, excluding services for children, youth, families, and elderly and disabled adults. Include counseling and information services and vocational rehabilitation. Report home aide services for elderly and disabled adults on **lines 2b** and **2c** and for others on **line 4**. Report receipts from food bank or pantry services, shelter services, or emergency relief services on **lines 5** through **7**.

Line 3b(1) - Report receipts from providing self-help services to a gathering of adults who are dealing with a variety of common life issues and problems. Self-help groups often provide emotional support as well as advice and information.

Line 3b(2) - Report receipts from providing information and referrals on topics, such as HIV/AIDS, substance abuse, pregnancy and parenting, health matters, contraception, and sexually transmitted diseases.

Line 3b(3) - Report receipts from providing crisis intervention and protective services for adults who have been abused, neglected, or exploited, and are unable to take steps to correct their situation. Include crisis hotline telephone services such as suicide prevention and rape crisis lines.

CONTINUE WITH **22** ON PAGE 6

CONTINUE ON PAGE 6

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22 DETAIL OF REVENUE OR RECEIPTS - Continued

Line 4 - Report receipts from providing homemaker or personal care services to people in their homes, except for elderly and disabled adults. Include receipts for delivery of meals to the home (e.g., "meals-on-wheels").

Line 6c - Report receipts from providing low-cost permanent housing construction or housing repairs to the poor.

Line 6d - Report receipts from providing short to long-term (6 to 24 months) subsidized housing to low-income individuals and families.

Line 7 - Report receipts from providing food, shelter, clothing, medical relief, transportation, and other material goods to victims of domestic or international disasters.

Line 10 - Report receipts from providing a bundle of services offered by civic and social organizations to members in exchange for payment of nonrefundable initiation fees and/or annual membership dues. Exclude receipts from services to members of religious congregations, services to members of performing arts organizations, services to members of other cultural organizations, or membership or initiation fees that are either refundable upon termination of the membership or are a transferrable asset.

Line 11 - Report receipts from providing seminars, workshops, and other training to promote social assistance.

Line 16 - Report revenue from investments, including interest and dividends. Exclude unrealized gains or losses. Report proceeds from the sale of investments and other assets on **line 17**.

Line 17 - Report the net gain (or loss) from the sale or trade of real property and financial assets, such as stocks and bonds. Exclude unrealized gains or losses.

Description of revenue or receipts

2012

Report thousands of dollars.
Estimates are acceptable.

\$ Bil.

Mil.

Thou.

1. Social assistance services for children, youth, and families 30850

2. Social assistance services for elderly and disabled adults

a. Prepared on-site meals for elderly and disabled adults (i.e., at senior centers) 31561

b. Non-medical home aide services for elderly and disabled adults - Homemaker services (Include prepared meals and delivered meals.) 31562


c. Non-medical home aide services for elderly and disabled adults - Personal care services 31563

d. Vocational rehabilitation services for elderly and disabled adults 31564

e. Adult day care services for elderly and disabled adults 31565

f. Social interaction services for elderly and disabled adults, on-site (Include senior centers.) 31566

g. Counseling and information services for elderly and disabled adults 31567

h. Other social assistance services for elderly and disabled adults - Describe 

31568

i. Add lines 2a through 2h 31560

CONTINUE WITH **22** ON PAGE 7

CONTINUE ON PAGE 7

62404066

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

22 DETAIL OF REVENUE OR RECEIPTS - Continued

Description of revenue or receipts	2012		
	Report thousands of dollars. Estimates are acceptable.		
	\$ Bil.	Mil.	Thou.
3. Social assistance services for the general population, excluding children, youth, families, and elderly and disabled adults			
a. Vocational rehabilitation services 31590			
b. Counseling and information services, excluding children, youth, families, and elderly and disabled adults			
(1) Self-help group services 31591			
(2) Information and referral services 31582			
(3) Hotline/Crisis intervention services 31583			
(4) Other counseling and information services - <i>Describe</i> ↴			
<div style="border: 1px solid black; height: 30px; width: 100%;"></div> 31584			
(5) Add lines 3b(1) through 3b(4) 31580			
c. Other social assistance services, excluding children, youth, families, and elderly and disabled adults - <i>Describe</i> ↴			
<div style="border: 1px solid black; height: 30px; width: 100%;"></div> 31600			
4. Non-medical home aide services, excluding elderly and disabled adults (<i>Include prepared meals and delivered meals.</i>) 31620			
5. Food, clothing, and related assistance services			
a. Prepared on-site meals, such as soup kitchens (<i>Report prepared on-site meals for elderly and disabled adults on line 2a.</i>) 30631			
b. Food pantry services (<i>Include social assistance related to donated food and household goods.</i>) 30632			
c. Collection and distribution services of donated food and other supplies, such as food banks 30633			
d. Add lines 5a through 5c 30630			
6. Shelter and related assistance services (<i>Include homeless shelters.</i>)			
a. Temporary shelter services for the homeless 30641			
b. Temporary shelter services for the abused and victims of domestic violence 30642			

CONTINUE WITH **22** ON PAGE 8

CONTINUE ON PAGE 8

62404074

22 DETAIL OF REVENUE OR RECEIPTS - Continued

Description of revenue or receipts		2012		
		Report thousands of dollars. Estimates are acceptable.		
		\$ Bil.	Mil.	Thou.
6. Shelter and related assistance services - Continued				
c. Volunteer housing services	30643			
d. Transitional housing services	30644			
e. Add lines 6a through 6d	30640			
7. Emergency relief services	31640			
8. Social assistance services for immigrants and refugees	30620			
9. Outpatient rehabilitation services for substance abuse	30710			
10. Civic and social organization membership services (Include initiation fees and dues.)	32510			
11. Training services related to social assistance	30680			
12. Resale of merchandise - Describe ↴				
	39664			
13. All other operating receipts - Describe if more than 10 percent of total receipts or revenue ↴				
	39758			
14. OPERATING RECEIPTS - For taxable establishments, sum of preceding lines should equal 5, line B	39850			
15. Contributions, gifts, and grants				
a. Government	39900			
b. Private, including individuals, community efforts, and fundraising (Include commissioned fundraising.)	39910			
16. Investment income, including interest and dividends	39920			
17. Gains (losses) from assets sold (Report losses by including a dash prior to the dollar amount.)	39930			

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CONTINUE WITH **22** ON PAGE 9

CONTINUE ON PAGE 9

62404082



If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.**22** DETAIL OF REVENUE OR RECEIPTS - Continued

Description of revenue or receipts	2012		
	Report thousands of dollars. Estimates are acceptable.		
	\$ Bil.	Mil.	Thou.
18. All other revenue - <i>Describe if more than 10 percent of total receipts or revenue</i> 			
<div style="border: 1px solid black; height: 30px; width: 550px;"></div> 39975	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
19. TOTAL REVENUE - For tax-exempt establishments, sum of lines should equal 5, line C1	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>

23-25 Not Applicable.**26** SPECIAL INQUIRIES**A. GRANTS, TRANSFERRED CONTRIBUTIONS, AND SIMILAR PAYMENTS OF TAX-EXEMPT ESTABLISHMENTS**
(To be completed only by those indicating "Yes" in 5, line A.)**1.** During 2012, did this establishment do **any** of the following:

- Award grants
- Make gifts or contributions
- Make payments to, or on behalf of, specific individuals
- Pay assessments (dues) to the parent or other chapters of the same organization
- Transfer funds raised by this establishment to charities or other organizations for charitable purposes?

3861 ☐ Yes - Go to line 23862 ☐ No - Go to **B****2.** Amount of grants, transferred contributions, and similar payments . . . 3865

2012		
\$ Bil.	Mil.	Thou.
<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>

B. SOCIAL ASSISTANCE

Estimate the percent of receipts for social assistance services reported in 22, lines 1 through 9, from the following payers:

1. Government payers 3741**2.** Private payers 3742**3. TOTAL**

2012	
Percent	
<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	%
<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	%
<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	%

27-29 Not Applicable.INFORMATION COPY
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62404090

REMARKS (Please use this space for any explanations that may be essential in understanding your reported data.)

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30 CERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions.

Is the time period covered by this report a calendar year?

☐

Yes

☐

No - Enter time period covered →

FROM

Month

Year

TO

Month

Year

Name of person to contact regarding this report

Title

Tele-
phone

Area code

Number

Extension

Fax

Area code

Number

E-mail address

Date
completed

Month

Day

Year

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

62404108