



2012 ECONOMIC CENSUS

Services for Children and Youth

DUE DATE
FEBRUARY 12, 2013

(Please correct any errors in this mailing address.)

Need help or have questions?

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

HC-62405

**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



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 corporation - Give date at right AND enter name and address of new owner or operator and Employer Identification Number (EIN) below ↴

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Month	Day	Year

0060 Name of new owner or operator	0061 EIN (9 digits)
	-

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

0063 City, town, village, etc.	0064 State	0065 ZIP Code
		-

0016 Other - Specify →

4 MONTHS IN OPERATION

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

	2012 Number
Mark "X" if None	

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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.
	2	036
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

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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

2012		
\$ Bil.	Mil.	Thou.

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	

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.

8-18 Not Applicable.

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19 KIND OF BUSINESS OR ACTIVITY

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

Social assistance and case management services for children and youth

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

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0701

Child or youth placement and residential care services

- 624 110 00 3 Adoption and/or foster care placement services
- 623 990 00 1 Children's home, group foster home, or orphanage
- 624 221 00 2 Shelter for abused children, including child crisis stabilization centers
- 624 221 00 3 Center for runaway youth
- 623 990 00 2 Juvenile correctional center or home
- 623 210 00 2 Intellectual and developmental disability facility, including group homes and intermediate care facilities for the intellectually or developmentally disabled (ICF/MR)
- 623 220 00 1 Residential alcohol or substance abuse rehabilitation facility, excluding nursing care facilities
- 623 220 00 2 Residential facility for the mentally ill, excluding intellectual and developmental disability facilities
- 624 221 00 4 Homeless shelter center
- 624 229 00 2 Transitional housing
- 777 624 01 2 Other child or youth residential care facility - *Describe* ↴

0701

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CONTINUE WITH **19** ON PAGE 5

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

19 KIND OF BUSINESS OR ACTIVITY - Continued

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

- 0700 621 330 00 2 Counseling or therapy services provided by mental health practitioners, excluding services provided by physicians *(Include counseling by psychologists, psychiatric social workers, clinical psychologists, psychotherapists, etc.)*
- 621 410 00 2 Teen pregnancy counseling services or clinic
- 624 110 00 1 Other non-medical social assistance counseling services
- 624 120 00 8 Child early intervention center or services - providing services to children with disabilities or special needs
- 624 110 00 2 Mentoring program
- 621 340 10 1 Speech therapist(s) and/or audiologist(s)
- 621 340 20 5 Occupational therapist(s)
- 621 340 20 1 Physical therapist(s)
- 777 624 01 5 Child care services - *Describe* ↴

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0701 [Empty box]

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

0701 [Empty box]

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

- 624 110 00 4 Youth center - not primarily providing recreational services
- 713 940 90 3 Youth recreational center
- 713 990 80 5 Youth sport club or program, including after school program
- 813 410 30 1 Scouting and related youth development membership organization developing life, leadership, or business skills
- 713 990 80 3 Day camp, excluding instructional camps
- 777 624 01 3 Instructional day camp - providing instruction in academics, the arts, sports, and other disciplines - *Describe type of instructional program* ↴

0701 [Empty box]

- 777 624 01 4 All other youth membership, sports, and recreation programs - *Describe* ↴

0701 [Empty box]

CONTINUE WITH **19** ON PAGE 6

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19 KIND OF BUSINESS OR ACTIVITY - Continued

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

- 0700 624 120 00 1 Adult activity or day care center
- 624 120 00 2 Agency for the aging
- 777 620 00 5 Other social assistance services primarily for the elderly, disabled, or intellectually and developmentally disabled - *Describe* ↴

0701

Other individual and family services

- 624 190 00 1 Community action agency
- 624 190 00 2 Family services agency
- 624 190 00 3 Multi-service organization providing a range of social assistance services to families and individuals, excluding services primarily to children, the elderly, the disabled, the intellectually and developmentally disabled, or the mentally ill
- 777 620 00 6 Other individual and family social assistance services - *Describe* ↴

0701

Other kind of business or activity

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

0701

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

0701

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

0701

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

0701

20 and 21 Not Applicable.

22 DETAIL OF 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**. Report receipts from providing child day care services on **line 11**.

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

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

CONTINUE WITH **22** ON PAGE 7

CONTINUE ON PAGE 7

62405063



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

22 DETAIL OF REVENUE OR RECEIPTS - Continued

Line 1c(3) - Report receipts from providing crisis intervention to children, youth, and families in the form of non-judgmental, active listening, and information and referral services to assist in dealing with an immediate crisis/problem.

Line 2 - Report receipts from providing non-medical social assistance services for elderly and disabled adults. Examples include on-site prepared meals (i.e., at senior centers), home aide services (personal care and homemaker services), meals-on-wheels, vocational rehabilitation services, adult day care services, social interaction services, and counseling and information services. Report home aide services for others on **line 4**.

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 **line 2** 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 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 10 - Report receipts from providing children and youth with opportunities for social interaction by offering various programs that support physical, emotional, and intellectual development. Examples include tutoring, after-school programs, overnight camping trips, team sports, and other recreational programs.

Line 11 - Report receipts from providing day-recurring custodial care and supervision for children, including disabled children, who need assistance in a protective setting during the day. Services may be provided in the day care center, child's home, or in other private residence. Report preschool receipts, including preschool combined with child day care, on **line 12**.

Line 13 - 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 14 - Report receipts from providing seminars, workshops, and other training to promote social assistance.

Line 19 - 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 20**.

Line 20 - 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.

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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			
a. Adoption services 30860			
b. Foster care and guardianship arrangement services 30870			
c. Counseling and information services for children, youth, and families			
(1) Self-help group services 30891			
(2) Information and referral services 30892			
(3) Hotline/Crisis intervention services (Include youth telephone hotline services.) 30893			

CONTINUE WITH **22** ON PAGE 8

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22 DETAIL OF REVENUE OR RECEIPTS - Continued

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 - Continued			
c. Counseling and information services for children, youth, and families - Continued			
(4) Other counseling and information services for children, youth, and families - Describe ↴			
[Redacted] 30894			
(5) Add lines 1c(1) through 1c(4) 30890			
d. Other social assistance services for children, youth, and families - Describe ↴			
[Redacted] 31540			
2. Social assistance services for elderly and disabled adults (Include prepared meals at senior centers, home aide services, meals-on-wheels, adult day care, counseling, vocational rehabilitation, etc.) 31560			
3. Social assistance services for the general population, excluding children, youth, families, and elderly and disabled adults 31570			
4. Non-medical home aide services, excluding elderly and disabled adults (Include prepared meals and delivered meals.) 31620			
5. Food, clothing, and related assistance services (Include social assistance related to donated household goods and food such as soup kitchens, food pantries, and food banks.) 30630			
6. Shelter and related assistance services (Include homeless shelters.) 30640			
7. Emergency relief services 31610			
8. Social assistance services for immigrants and refugees 30620			
9. Outpatient rehabilitation services for substance abuse 30710			
10. Children and youth recreational programs 31550			
11. Child day care services 30590			
12. Pre-primary grade instructional programs (Include preschool programs combined with child day care.) 30690			
13. Civic and social organization membership services (Include initiation fees and dues.) 32510			

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CONTINUE WITH **22** ON PAGE 9

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.
14. Training services related to social assistance 30680			
15. Resale of merchandise - Describe ↴ 39661			
16. All other operating receipts - Describe if more than 10 percent of total receipts or revenue ↴ 39793			
17. OPERATING RECEIPTS - For taxable establishments, sum of preceding lines should equal 5, line B 39850			
18. Contributions, gifts, and grants			
a. Government 39900			
b. Private, including individuals, community efforts, and fundraising (Include commissioned fundraising.) 39910			
19. Investment income, including interest and dividends 39920			
20. Gains (losses) from assets sold (Report losses by including a dash prior to the dollar amount.) 39930			
21. All other revenue - Describe if more than 10 percent of total receipts or revenue ↴ 39983			
22. TOTAL REVENUE - For tax-exempt establishments, sum of lines should equal 5, line C1 39990			

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23-25 Not Applicable.

26 SPECIAL INQUIRIES

A. SOCIAL ASSISTANCE

Estimate the percent of receipts for social assistance services reported in **22**, lines 1 through 12, from the following payers:

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

2012	
Percent	
100	%

CONTINUE WITH **26** ON PAGE 10

CONTINUE ON PAGE 10

62405097



26 SPECIAL INQUIRIES - Continued

B. 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 2

3862 No - Go to **C**

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

2. Amount of grants, transferred contributions, and similar payments. 3865

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C. FRANCHISE

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

0237 Yes - franchisee-owned establishment

0238 Yes - franchisor-owned establishment

0239 No

2. If yes, provide the trademark(s) below. ↴

0235

27-29 Not Applicable.

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

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

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

Yes No - Enter time period covered →

FROM	Month	Year	TO	Month	Year
	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

Name of person to contact regarding this report

Title

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

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

E-mail address

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

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

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