Attachment C-2

2012 Economic Census

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

Prototype Standard Mixed Form

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

FORM
HC-62405 (DRAFT)

2012 ECONOMIC CENSUS
Services for Children and Youth

OMB No. 0607-0934: Approval Expires

DUE DATE
FEBRUARY 12, 2013

Need help or have questions?

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

(Please correct any errors in this mailing address.)

HC-62405

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

- OR -

Mail your completed form to:

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

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

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

Examples: ☒ 0 1 2 3 4 5 6 7 8 9

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

1 EMPLOYER IDENTIFICATION NUMBER

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

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

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*

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PENALTY FOR FAILURE TO REPORT

CONTINUE 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 operator - *Give date at right* → 0018
AND enter name and address of new owner or operator and Employer Identification Number (EIN) below

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* → 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	☐	

HOW TO REPORT DOLLAR FIGURES

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

		Mark "X" if None	2012 $ Bil.	Mil.	Thou.
If a figure is **$2,035,628.79:**	***Report*** →	☐		2	0 3 6
If a value is "0" (or less than $500.00):	***Report*** →	☒	EXAMPLE		

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CONTINUE ON PAGE 3

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

5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

A. Tax Status

1. Is this establishment operated on a not-for-profit basis?

0106 ☐ Yes - *Go to line A2* 0107 ☐ No - *Complete line B*

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

0103 ☐ Yes - *Complete line C* 0104 ☐ No - *Complete line B*

		Mark "X" if None	2012 $ Bil.	Mil.	Thou.	Dol.
B. Operating receipts of this (taxable) establishment	0100	☐				
C. Revenue and expenses of this (tax-exempt) establishment						
1. Revenue	0101	☐				
2. Expenses *(Include payroll. Exclude contributions, gifts, and grants paid.)*	0140	☐				

6 Not Applicable.

7 EMPLOYMENT AND PAYROLL

Include:

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

Exclude:

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

For further clarification, see information sheet(s).

		Mark "X" if None	2012 Number
A. Number of employees for pay period including March 12	0320	☐	

B. Payroll before deductions *(Exclude employer's cost for fringe benefits.)*		*Mark "X" if None*	2012 $ Bil.	Mil.	Thou.
1. Annual payroll	0300	☐			
2. First quarter payroll *(January-March, 2012)*	0310	☐			

8–**18** Not Applicable.

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CONTINUE ON PAGE 4

19 KIND OF BUSINESS OR ACTIVITY

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

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

0700

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

0701

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

0701

Child or youth placement and residential care services

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

0701

CONTINUE WITH 19 ON PAGE 5

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CONTINUE 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

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

0700

713 990 80 3 ☐ Day camps, excluding instructional camps

777 624 01 3 ☐ Instructional day camp - providing instruction in academics, the arts, sports, and other disciplines - *Describe type of instructional program*

0701

713 940 90 3 ☐ Youth recreational center

624 110 00 4 ☐ Youth center - not primarily providing recreational services

813 410 30 1 ☐ Scouting and related youth development membership organization developing life, leadership, or business skills

713 990 80 5 ☐ Youth sport club or program, including after school program

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

0701

Case management and other social assistance services for children and youth

624 120 00 A ☐ Social work case management services primarily to the elderly, disabled, intellectually and developmentally disabled, or mentally ill

624 110 00 5 ☐ Social work case management services for children without disability or mental illness

624 110 00 6 ☐ Multi-service organization providing a range of social assistance services to children and youth

624 210 00 2 ☐ Child care food program

624 110 00 7 ☐ Court-appointed advocate services - providing services to abused and neglected children in the juvenile court system

624 110 00 8 ☐ Teen outreach program

624 110 00 9 ☐ Youth drug and/or alcohol abuse prevention program

624 110 00 A ☐ Youth smoking prevention program

624 110 00 B ☐ Youth HIV/AIDS prevention program

624 310 00 2 ☐ Job placement, training, or counseling program, including sheltered workshops

777 620 00 4 ☐ Other social assistance services primarily for children or youth - *Describe*

0701

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CONTINUE WITH 19 ON PAGE 6

CONTINUE ON PAGE 6

19 KIND OF BUSINESS OR ACTIVITY - Continued

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

0700

624 120 00 1 ☐ Adult activity or day care center

624 120 00 2 ☐ Agency for the aging

777 620 00 5 ☐ Other social assistance services primarily for the elderly, disabled, or intellectually and developmentally disabled - *Describe*

0701

Other individual and family services

624 190 00 1 ☐ Community action agency

624 190 00 2 ☐ Family service agency

624 190 00 3 ☐ Other multi-service organization providing a range of social assistance services to families and individuals, excluding services primarily to children, the elderly, the disabled, the intellectually and developmentally disabled, or the mentally ill

777 620 00 6 ☐ Other individual and family social assistance services - *Describe*

0701

Other kind of business or activity

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

0701

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

0701

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

0701

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

0701

20 and 21 Not Applicable.

22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

(Report receipts or revenue by source (reported in 5) in dollar figures. See HOW TO REPORT DOLLAR FIGURES on page 2. Do not combine data for two or more receipts or revenue lines. Both taxable and tax-exempt establishments should complete all applicable lines.)

Line 1 - Report receipts from providing a wide variety of non-medical social assistance services to children, youth, and families, including disabled children. Report receipts from providing food services, shelter services, or emergency relief services on **lines 4** through **6**. Report receipts from providing child day care services on **line 9**.

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

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

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

CONTINUE WITH 22 ON PAGE 7

CONTINUE ON PAGE 7

62405063

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

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

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

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

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

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

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

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

Line 18 - Report revenue from investments, including interest and dividends. Exclude unrealized gains or losses. Report proceeds from the sale of investments and other assets on **line 19**.

Line 19 - Report the net gain (or loss) from the sale or trade of real property and financial assets, such as stocks and bonds. Exclude unrealized gains or losses.

Description of sales, shipments, receipts, or revenue	Census use	2012 Estimates are acceptable			
		$ Bil.	Mil.	Thou.	Dol.
0723	0720	0721			
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				
(4) Other counseling and information services for children, youth, and families - *Describe*	30894				
(5) **Sum lines 1c(1) through 1c(4)**	30890				
d. Other social assistance services for children, youth, and families - *Describe*	31540				
2. Social assistance services for elderly and disabled adults	31560				

CONTINUE WITH 22 ON PAGE 8

CONTINUE ON PAGE 8

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

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

CONTINUE WITH 22 ON PAGE 9

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CONTINUE ON PAGE 9

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

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

Description of sales, shipments, receipts, or revenue	Census use	2012 Estimates are acceptable $ Bil.	Mil.	Thou.	Dol.
0723	0720	0721			
20. All other revenue - *Describe if more than 10 percent of total receipts or revenue*	39983				
21. TOTAL REVENUE - ***For tax-exempt establishments, sum of lines should equal 5, line C1***	39990				

23–25 Not Applicable.

26 SPECIAL INQUIRIES

A. GRANTS, TRANSFERRED CONTRIBUTIONS, AND SIMILAR PAYMENTS OF TAX-EXEMPT ESTABLISHMENTS

(To be completed only by those indicating "Yes" in 5, line A2.)

1. During 2012, did this establishment do **any** of the following:

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

3861 ☐ Yes - *Go to line 2*

3862 ☐ No - *Go to **B***

	2012 $ Bil.	Mil.	Thou.	Dol.
2. Amount of grants, transferred contributions, and similar payments 3865				

B. SOCIAL ASSISTANCE

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

	2012 Percent
1. Government payers 3741	%
2. Private payers 3742	%
3. TOTAL	1 0 0 %

C. FRANCHISE

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

0237 ☐ Yes - franchisee owned establishment

0238 ☐ Yes - franchisor owned establishment

0239 ☐ No

27–29 Not Applicable.

62405097

CONTINUE ON PAGE 10

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 →

	Month	Year		Month	Year
FROM			TO		

Name of person to contact regarding this report	Title

	Area code	Number	Extension		Area code	Number
Tele-phone	-	-	-	Fax	-	-

E-mail address		Month	Day	Year
	Date completed →			

Thank you for completing your 2012 ECONOMIC CENSUS form.

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.

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