## 2006 Annual Services Report Service Annual Survey

**Child and Youth Services** 

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



| FORM<br><b>SA-624TE</b>  | 136 SAS_H<br>624110   |
|--|---|
| REPORT DUE   |   |
|  |   |
|  |   |
| Any questions call <b>1–800–772–7851</b><br>M–F, 8:30 a.m. to 5:00 p.m. EST. |   |
|  | Please correct any error in the name, address, or ZIP Code. |

## YOUR RESPONSE IS REQUIRED BY LAW

Title 13, U.S. Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau.

## YOUR RESPONSE IS CONFIDENTIAL BY LAW

Title 13, U.S. Code, requires that your response may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. The law also provides that copies retained in your files are **immune from legal process**.

## YOUR RESPONSE IS IMPORTANT

The services industries account for nearly 70 percent of all economic activity. We conduct this survey to obtain timely, comprehensive and consistent measures needed by policy-makers, businesses, and the public to accurately assess domestic economic performance.

FORM asr\_a\_06 (11-17-2006)

USCENSUSBUREAU

## **Annual Services Report**

- This report should be completed and returned on or before the due date in the preaddressed envelope provided.
- If filing within the required time frame will cause an undue burden and you would like an extension, or if you have any questions, please write to:

#### U.S. CENSUS BUREAU 1201 East 10th Street Jeffersonville, IN 47132-0001

or call a Census Bureau Representative at 1-800-772-7851, weekdays from 8:30 a.m. to 5:00 p.m., eastern standard time.

#### Report Coverage

1

This report covers all domestic locations operated by your company and its subsidiaries primarily engaged in providing nonresidential social assistance services for children and youth. These locations provide for the welfare of children in such areas as adoption and foster care, drug prevention, life skills training, and positive social development.

Does the above coverage describe this firm's business activity?

### 0001 1 Yes - Go to 2

2 No – Specify the firm's business activity and complete the report where applicable beginning with 12.

0002

## Report Periods

#### What periods of time will this data represent?

- Report data for the 2006 calendar year if possible.
- For locations that were sold or acquired during a year, only report for the periods that this firm operated the locations.

|      |  |      |       | 2006 |      |
|------|--|------|-------|------|------|
|      |  |      | Month | Day  | Year |
|      |  | 0007 |       |      |      |
| 0006 | 2006 calendar year – Go to 3                                       | From |       |      |      |
| 1    | ther than calendar year – Enter the periods this report will cover |      |       |      |      |
|      | (e.g., fiscal years, periods with less than a full calendar        | 0008 |       |      |      |
|      | year).   | То   |       |      |      |

## **Operating Revenue**

#### Report the total revenue for this firm's locations defined in 1 for the following categories.

- Enter "0" where applicable.
  Estimates are acceptable.
  Do not combine data for two or more detail lines.

#### **Tax Status**

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

- 0031 1 Yes Complete lines 1-4
  - 2 🗌 No Go to line 4

|  |          | 2006 Operating Revenue |      |       |      |  |
|--|----------|------------------------|------|-------|------|--|
|  | 17/1     | Bil.                   | Mil. | Thou. | Dol. |  |
| 1. Contributions, gifts, and grants received   | 1741<br> | \$                     |      |       |      |  |
| 2. Investment and property income – Include interest and dividends. Exclude gains (losses) from assets sold  | 1742<br> | \$                     |      |       |      |  |
| 3. Program service and all other revenue – Revenue not reported in lines 1–2.<br>Include capital gains and losses. If this item is greater than 20% of the total reven<br>specify the primary source of the revenue here $\vec{k}$ | ue,      |                        |      |       |      |  |

|                                      | 1798 |    |      |  |
|--------------------------------------|------|----|------|--|
|                                      |      | \$ |      |  |
|                                      | 1800 | -  | <br> |  |
|                                      |      |    |      |  |
| 4. TOTAL REVENUE – Sum of lines 1–3. |      | \$ |      |  |

## Not Applicable

#### **Operating Expenses** 5

Report operating expenses for this firm's locations as defined in 1 for the following categories.

- Enter "0" where applicable.Estimates are acceptable.

#### Exclude:

- Transfers made within the company •
- Capitalized expenses •
- Interest •
- Bad debt •
- Impairment Income tax •

| Personnel Costs  |          |      | 2006 Operating Expenses |       |      |  |  |
|--|----------|------|-------------------------|-------|------|--|--|
| 1. Gross annual payroll – Total annual Medicare salaries and wages for all employees as reported on your firm's IRS Form 941, Employer's Quarterly Federal Tax Return, line 5(c) for the four quarters that correspond to the survey period. | 1821<br> | Bil. | Mil.                    | Thou. | Dol. |  |  |
| 2. Employer's cost for fringe benefits - Employer's cost for legally required programs and   |          |      |                         |       |      |  |  |

1822

\$ . .

\$

\$

1824

1825 \$

| programs not required by law. <b>Include</b> insurance premiums for hospital plans, medical plans, |
|--|
| and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self- |
| insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans;   |
| defined contribution plans (e.g., profit sharing, 401K and stock option plans); and other fringe   |
| benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state          |
| disability insurance programs, life insurance benefits, Medicare). Exclude employee                |
| contributions  |

| 3. | Temporary staff and leased employee expense – Total costs paid to Professional Employer           | 1823 |
|----|---|------|
|    | Organizations (PEOs) and staffing agencies for personnel. <b>Include</b> all charges for payroll, |      |
|    | benefits, and services.   |      |

## Expensed Materials, Parts and Supplies (not for resale)

| 4. | <b>Expensed equipment</b> – Expensed computer hardware and other equipment (e.g., copiers, |
|----|--|
|    | fax machines, telephones, shop and lab equipment, CPUs and monitors). Report packaged      |
|    | software in line 6. Report leased and rented equipment in line 8.                          |

| 5. | Expensed purchases of other materials, parts, and supplies – Materials and supplies              |
|----|--|
|    | used in providing services to others; materials and parts used in repairs; office and janitorial |
|    | supplies; small tools; containers and other packaging materials; and motor fuels.                |

## **Expensed Purchased Services**

| 6. Expensed purchases of software - Purchases of prepackaged, custom code   |  |
|---|--|
| customized software. <b>Include</b> software developed or customized by others, we  |  |
| services and purchases, licensing agreements, upgrades of software; and mai related to software upgrades and alterations. |  |
|   |  |

| <b>Purchased electricity and fuels (except motor fuels)</b> – If the cost of electricity and heating <sup>1827</sup> fuels (e.g., natural gas, propane, oil, coal) are included in lease or rental payments, report in line <b>8</b> . |  |
|--|--|
|  |  |

| <b>Lease and rental payments</b> – For land, buildings, offices, structures, machinery, equipment, |      |    |  |
|--|------|----|--|
| and other tangible items. <b>Include</b> lease and rental of transportation equipment without      | 1828 |    |  |
| operators; and penalties incurred for broken leases. <b>Exclude</b> capital and financing lease    |      |    |  |
| agreements and licensing/leasing of software.  |      | \$ |  |

## 5 Operating Expenses – (Continued)

#### Report operating expenses for this firm's locations as defined in **1** for the following categories.

- Enter "0" where applicable.Estimates are acceptable.

#### Exclude:

- Transfers made within the company
- Capitalized expenses •
- Interest
- Bad debt
- Impairment Income tax

## Expensed Purchased Services – (Continued)

| 9.  | Purchased repair and maintenance - Include expensed repair and maintenance to   | 2          | nses    |       |      |
|-----|---|------------|---------|-------|------|
|     | buildings and integral building components (e.g., elevators, heating and cooling systems), structures, offices, machinery, vehicles, equipment, and computer hardware. <b>Exclude</b> materials, parts, and supplies used for repair and maintenance performed by this firm's employees. Report janitorial and grounds maintenance services in line <b>13</b> .                     | Bi         | l. Mil. | Thou. | Dol. |
| 10. | Purchased advertising and promotional services – Include marketing and public relations services.   | 1830<br>\$ |         |       |      |
| Oth | ner Operating Expenses  |            |         |       |      |
| 11. | <b>Depreciation and amortization charges – Include</b> depreciation charges taken against tangible assets owned and used by your firm, tangible assets and improvements owned by your firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). <b>Exclude</b> impairment. | 1831<br>\$ |         |       |      |
| 12. | <b>Governmental taxes and license fees</b> – Payments to government agencies for taxes and licenses. <b>Include</b> business and property taxes. <b>Exclude</b> income taxes, and sales and excise taxes collected from customers.  | 1832<br>\$ |         |       |      |
| 13. | All other operating expenses – Report all other operating expenses not reported above, unless specifically excluded in the general instructions at the top of the page. Exclude purchases of merchandise for resale and non-operating expenses.   | 1899<br>\$ |         |       |      |
| 14. | TOTAL OPERATING EXPENSES – Sum of lines 1–13.   | 1900       |         |       |      |

#### Interest Expense 6

#### Report interest expense for all this firm's locations as defined in 1 for the following category.

- Enter "0" where applicable.Estimates are acceptable.

#### Exclude:

- Transfers made within the company
  Capitalized interest

| • Odpitalized interest   | 200  | 06 Intere | est Exper | ise  |   |
|--|------|-----------|-----------|------|---|
|  | Bil. | Mil.      | Thou.     | Dol. |   |
| 1. Interest expense – Interest expenses incurred in the financing of operations and long lived as used in continuing operations. | \$   |           |           |      |   |
|  |      |           |           |      | l |

## Z Sales Tax

Were sales taxes or other taxes (i.e., amusement occupancy, use, etc.) collected from customers and forwarded directly to taxing authorities?

|   |     | 2006 Sales Taxes |      |       |      |
|---|-----|------------------|------|-------|------|
|   |     | Bil.             | Mil. | Thou. | Dol. |
| 2   | 200 |                  |      |       |      |
| 1 🗌 Yes – What was this firm's sales taxes? |     | \$               |      |       |      |
| $_{2}$ No – Go to $\underline{8}$           | _   |                  |      |       |      |

## 8 E-Commerce Revenue

E-commerce includes sales and receipts from any transaction completed over an Internet, extranet, EDI network, electronic mail or other online system. Transactions are agreements between buyers and sellers to transfer ownership of, or rights to use, goods or services. Payment for these goods and services may or may not be made online.

| Did the revenue reported in Q include any a commerce                 |      | 2006 | E-Comm | erce Rev | venue |
|--|------|------|--------|----------|-------|
| Did the revenue reported in <b>3</b> include any e-commerce revenue? |      | Bil. | Mil.   | Thou.    | Dol.  |
|  | 2000 |      |        |          |       |
| 1 Ves - What was this firm's e-commerce revenue?                     |      | \$   |        |          |       |
| 0011 2 No – Go to 11   |      |      |        |          |       |
| 2 No Co to Month 0010  | Year | -    |        |          |       |
| 0010   |      |      |        |          |       |
| When did this firm begin e-commerce sales?.                          |      |      |        |          |       |

| 0 | Not Applicable |  |
|---|----------------|--|
| 9 | Not Applicable |  |

10 Not Applicable

| Page 8   |
|--|
| 11 Change in Structure   |
| Did you have an Employer Identification Number (EIN) change in 2006?   |
| 0015   |
| 1 Yes – Enter the new EIN EIN  |
|  |
| Was there a change in ownership or control?  |
| 1 Yes – Provide the date of the change and the firm's information.   |
| 0016       (for multiple mergers, provide each firm's information as an attachment to this report)         0017       Name of company acquired or merged with  |
| 2 No – Go to 12  |
| Street address   |
| City, State, ZIP Code  |
|  |
| 0019   |
| Specify the nature of this change here   |
| 0033   |
|  |
| 12 Romarks - Disconstruction for any inconsistent or incomplete data that would aid in understanding this report   |
| 12 Remarks – Please provide an explanation for any inconsistent or incomplete data that would aid in understanding this report.<br>For any separate correspondence pertaining to this report, please include the identification number shown in the address label area at the top of the first page. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| 13 Certification – This report is substantially accurate and has been prepared in accordance with the instructions.  |
| 0020     Name of person completing this report - Please print     0024     Title     0025     Date   |
|  |
| Address (Street address, City, State, ZIP Code)  |
| O022         Telephone number         O023         Fax number         O026         E-mail address           Area code         Number         Extension         Area code         Number         Extension  |
|  |
| Return Completed form to: Public reporting burden for this collection of information is estimated to average 3.0 hours per response, including the time for  |
| U.S. CENSUS BUREAU<br>1201 East 10th Street<br>information, including suggestions for reducing this burden, to: Paperwork Project 0607-0422, U.S. Census Bureau, 4700  |
| Jeffersonville, IN 47132-0001 Silver Hill Road, Stop 1500, Washington, DC 20233-1500. You may e-mail comments to Paperwork@census.gov; use<br>"Paperwork Project 0607-0422" as the subject. Please include form name and number in all correspondence. Respondents                                   |
| or fax to: 1–800–447–4613 are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the top right corner on the front of this form.  |

To see aggregate industry results of previous Service Annual Surveys, go to the following website: www.census.gov/econ/www/servmenu.html

## 2006 Annual Services Report

#### **General Instructions**

- Report data on an accrual basis, except for payroll.
- Dollars should be rounded to the nearest dollar.
- If a figure is \$1,030,280,456 it should be reported as

## Item Specific Instructions – All Firms

#### Item 3 – Operating Revenue

#### Include:

- Report gross billings, **except** where noted elsewhere on the form.
- Dues and assessments from members and affiliates.

#### Exclude from operating revenue:

Taxes collected directly from customers or clients and paid directly to a local, state, or federal tax agency.

## **Instructions for Taxable Firms**

#### Item 3 – Operating Revenue

#### Include:

- Amounts received for work subcontracted to others.
- For locations that were sold or acquired during a year, only report for the periods that this firm operated the locations.
- Revenue from services performed by domestic locations of foreign parent firms, subsidiaries, branches, etc.

#### Exclude:

- Rents from and revenue of separately operated departments, concessions, etc., which are leased to others.
- · Commissions from vending machine operators.
- Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, District of Columbia, U.S. Commonwealth Territories, or U.S. Possessions).

## Item Specific Instructions – All Firms

#### Item 5 – Operating Expenses

#### Line 1 – Gross annual payroll

**Include** salaries and wages, commissions, dismissal pay, bonuses, employee contributions to Social Security, income tax withholding, union dues, group insurance premiums, savings bonds, cash equivalent in-kind, allowances, holiday pay, vacation pay, sick leave, stock purchase plans, and employee contributions to pension plans. **Exclude** the cost of leased employees, employer's cost for fringe benefits, temporary staff obtained from temporary help services. For unincorporated businesses, **exclude** profit or other compensation of proprietors or partners.

#### All other operating expenses

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**Include** travel and entertainment; postage, shipping or delivery services, warehousing, and storage services; royalties; security services; janitorial and grounds maintenance services; purchased transportation with operators; and other expenses not reported elsewhere.

FORM asr\_w\_06 (12-28-2006)

# Bil. Mil. Thou. Dol. 1 030 280 456

## Instructions for Tax-Exempt Firms

## Item 3 – Operating Revenue

#### Include:

- Program service revenue for services provided in 2006, whether or not payment was received in 2006.
- Gross sales of merchandise minus returns and allowances.
- Income from interest, dividends, gross rents (including display space rentals and share of receipts from departments operated by other companies), royalties, and other investments.
- Gross contributions, gifts, and grants (whether or not restricted for use in operations).
- Commissions earned from the sale of merchandise owned by others (including commissions from vending machine operators).
- Gross receipts from fundraising activities.

#### **Exclude:**

- Gross receipts of departments or concessions operated by other companies
- Amounts transferred to operating funds from capital or reserve funds.

