

2006 Annual Services Report Service Annual Survey

Homes for the Elderly

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



FORM

SA-623TE

136 SAS_H
623312

REPORT DUE

Any questions call **1-800-772-7851**
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.

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.

1 Report Coverage

This report covers all domestic locations operated by your company and its subsidiaries primarily engaged in providing residential and personal care services (i.e., without on-site nursing care facilities) for the elderly or other persons who are unable to fully care for themselves and/or the elderly or other persons who do not wish to live independently. The care typically includes room, board, supervision, and assistance in daily living, such as housekeeping services.

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

- 0001 Yes – Go to **2**
- 2 No – Specify the firm's business activity and complete the report where applicable beginning with **2**. →
- 0002

2 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.

- 0006 2006 calendar year – Go to **3**
- 2 Other than calendar year – Enter the periods this report will cover.
 (e.g., fiscal years, periods with less than a full calendar year).

		2006		
		Month	Day	Year
0007	From			
0008	To			

3A Revenue

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

- Using net patient revenues, report your sources of funding in each of the following categories.
- Enter "0" where applicable.
- Estimates are acceptable.

Exclude:

- Transfers made within the company.

Net Patient Care Revenue

2006 Revenue

Bil.	Mil.	Thou.	Dol.
------	------	-------	------

4001	\$		
------	----	--	--

1. Medicare

4002	\$		
------	----	--	--

2. Medicaid – Include funding from the State Children's Health Insurance Program (SCHIP)

4003	\$		
------	----	--	--

3. Other government (Veterans, NIH, Indian Affairs, etc.) – Specify ↴

1501

4004	\$		
------	----	--	--

4. Worker's compensation

5. Private insurance

a. Private health insurance – Medical service plans (Blue Cross/Blue Shield, group hospital plans, etc.) Include third party direct contract insurers, employer self-insured, and Medicare/Medicaid HMO payments. Report worker's compensation sources in line 4.

4005	\$		
------	----	--	--

4006	\$		
------	----	--	--

b. Property/Casualty and auto insurance

6. Patient (out-of-pocket)

a. Payment from patients and their families

4071	\$		
------	----	--	--

4072	\$		
------	----	--	--

b. Patients' assigned Social Security benefits

7. All other patient care sources not elsewhere classified – Specify ↴

4008	\$		
------	----	--	--

1502

Non-Patient Care Revenue

4009	\$		
------	----	--	--

8. All other sources – Include grants, subsidized funds, contributions, philanthropy, gift shop, cafeteria sales, parking lot receipts, florist receipts, etc. – Specify ↴

1503

1800	\$		
------	----	--	--

9. TOTAL REVENUE – Sum of lines 1–8.

4012	\$		
------	----	--	--

10. GROSS PATIENT REVENUE – Include the full-established rates (charges) for all services rendered to inpatient and outpatients

3B Tax Status

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

- 1 Yes – Complete lines 1–3
- 2 No – Go to 5

1. Contributions, gifts, and grants received

2006 Revenue

Bil.	Mil.	Thou.	Dol.
------	------	-------	------

1741	\$		
------	----	--	--

2. Investment and property income

1742	\$		
------	----	--	--

3. All other non-operating revenue

1809	\$		
------	----	--	--

4 Not Applicable

5 Operating Expenses

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				
		Bil.	Mil.	Thou.	Dol.	
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	\$			
2. Employer's cost for fringe benefits	– Employer's cost for legally required programs and programs not required by law. Include 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; and 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). Do not include employee contributions.	1822	\$			
3. Temporary staff and leased employee expense	– Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. Include all charges for payroll, benefits and services.	1823	\$			

Expensed Materials, Parts and Supplies (not for resale)

4. Medical supplies	– Materials and supplies used in providing medical services to others. Report medical equipment in line 5	4011	\$			
5. Expensed equipment	– Expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, and monitors). Report packaged software in line 7. Report leased and rented equipment in line 9.	1824	\$			
6. 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.	1825	\$			

Expensed Purchased Services

7. Expensed purchases of software	– Purchases of prepackaged, custom coded, or vendor customized software. Include software developed or customized by others, web-design services and purchases, licensing agreements, upgrades of software; and maintenance fees related to software upgrades and alterations.	1826	\$			
8. Purchased electricity and fuels (except motor fuels)	– If the cost of electricity and heating fuels (e.g., natural gas, propane, oil, coal) are included in lease or rental payments, report in line 9.	1827	\$			
9. Lease and rental payments	– For land, buildings, offices, structures, machinery, equipment, and other tangible items. Include lease and rental of transportation equipment without operators; and penalties incurred for broken leases. Exclude capital and financing lease agreements and licensing/leasing of software.	1828	\$			

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)

		2006 Operating Expenses			
		Bil.	Mil.	Thou.	Dol.
10. Purchased repair and maintenance – Include expensed repair and maintenance to buildings and integral building components (e.g., elevators, heating and cooling systems), structures, offices, machinery, vehicles, equipment, and computer hardware. Exclude materials, parts, and supplies used for repair and maintenance performed by this firm’s employees. Report janitorial and grounds maintenance services in line 15	1829	\$			
11. Purchased advertising and promotional services – Include marketing and public relations services.	1830	\$			
12. Professional liability insurance – The cost of professional liability insurance. Include professional liability insurance premiums and amounts set aside for self-insurance.	4010	\$			

Other Operating Expenses

13. Depreciation and amortization charges – Include 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). Exclude impairment.	1831	\$			
14. Governmental taxes and license fees – Payments to government agencies for taxes and licenses. Include business and property taxes. Exclude income taxes, and sales and excise taxes collected from customers.	1832	\$			
15. 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	\$			
16. TOTAL OPERATING EXPENSES – Sum of lines 1–15	1900	\$			

6 Interest Expense

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

2006 Interest Expense

Bil. Mil. Thou. Dol.

1856				
	\$			

1. **Interest expense** – Interest expenses incurred in the financing of operations and long lived assets used in continuing operations.

7 Sales Tax

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

- 1 Yes – What was this firm’s sales taxes?
- 2 No – Go to **8**

2006 Sales Taxes				
	Bil.	Mil.	Thou.	Dol.
2200				
\$				

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 **3** include any e-commerce revenue?

- 1 Yes – What was this firm’s e-commerce revenue?
- 2 No – Go to **11**

2006 E-Commerce Revenue				
	Bil.	Mil.	Thou.	Dol.
2000				
\$				

0010

Month	Year

When did this firm begin e-commerce sales?

9 Not Applicable

10 Not Applicable

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 →

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

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).

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.

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

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.