



2011 ANNUAL SERVICES REPORT

FORM

SA-62150E

(11-22-2011)

Due Date

Need help or have questions?

Call 1-800-772-7851
(8:30 a.m. - 5:00 p.m. ET, M-F)
or

Visit census.gov/econhelp/sas

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.

(Please correct any errors in name, address, and ZIP Code.)

Return via Internet:

census.gov/econhelp/sas

Username:

Password:

Return via Mail:

U.S. Census Bureau
1201 East 10th Street
Jeffersonville, IN 47134-0001

To view Survey Results:

census.gov/services

GENERAL INSTRUCTIONS

Throughout this survey, any reference to **"this firm"** is referring to the EIN that is printed in the mailing address area or the new EIN that was provided as a response in 2. Any responses related to "this firm" should only include data for the EIN referenced.

- Any significant change in this firm's operations should be noted in 17.
- For establishments sold or acquired in 2011 or 2010, report data only for the period the establishments were operated by this firm.
- Estimates are acceptable if book figures are not available.
- Enter "0" where applicable.
- Do not combine data for two or more detailed lines.
- 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

Include:

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operating under the EIN printed in the mailing address area.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

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1 SURVEY COVERAGE

Did this firm provide the business activities described below?

Yes

No - Specify this firm's business activity ↴

2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)

Does this firm report payroll under EIN

Yes

No - Enter current 9-digit EIN **AND** date payroll was first reported for this EIN

EIN (9 digits)								
					-			
Month			Day			Year		

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3 ORGANIZATIONAL CHANGE

A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2011 or 2010?

Yes

No - Go to **4**

B. Which of the following organizational changes occurred in 2011 or 2010?

Check all that apply. If more than one organizational change occurred during the reporting period, explain in **17**.

Acquisition

Sale

Merger

Divestiture

Date of organizational change

Month	Day	Year

AND

Enter detailed information below ↴

Name of company		EIN (9 digits)		
			-	
Address (Number and street, P.O. Box, etc.)				
City, town, village, etc.		State	ZIP Code	
				-

4 REPORTING PERIOD

What time period is covered by the data provided in this report?

Calendar year

Fiscal or partial year - Report beginning and ending dates

2011			2010		
Beginning Date			Beginning Date		
Month	Day	Year	Month	Day	Year
Ending Date			Ending Date		
Month	Day	Year	Month	Day	Year

5 Not Applicable.

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6 SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2011 and 2010?

Include:

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

Exclude:

- Transfers made within the company.
- Taxes collected directly from customers or clients and paid directly to a local, state, or federal tax agency.
- 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).

1. NET REVENUE - Patient Care Revenue -
Using net patient revenues, report your sources of funding in each of the following categories

2011				2010			
\$ Bil.	Mil.	Thou.	Dol.	\$ Bil.	Mil.	Thou.	Dol.
a. Health practitioners							
b. Hospitals							
c. Outpatient care facilities							
d. All other health care providers - Include nursing and residential care facilities and other ambulatory health care services (e.g., blood banks, etc.)							
e. Government (includes Medicare, Medicaid, Other Government, and Workers Compensation) - Report revenue from worker's compensation and all government entities. Include fee-for-service revenue from Medicare parts A, B, and D (exclude part C); fee-for-service revenue from Medicaid (exclude Medicaid managed care plans); funding from the State Children's Health Insurance Program (SCHIP); and all other government entities (e.g., state and local medical assistance, Civilian Health and Medical Programs of the Department of Veteran's Affairs (CHAMPVA), Department of Defense, TRICARE, Substance Abuse and Mental Health Services Administration (SAMHSA), Indian Health Services (IHS), etc.)							
f. Private insurance (includes Health, Property, and Auto) - Report health benefits paid for by property/casualty insurance and auto insurance; and benefits paid for by employers and/or individuals and financed by insurance premiums, such as group or self-insured plans; HMO; Federal, State, and Local government health insurance; Medicare Part C and Supplemental Insurance; and Medicaid managed care plans							

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6 SALES, RECEIPTS, OR REVENUE - Continued

	2011				2010			
	\$ Bil.	Mil.	Thou.	Dol.	\$ Bil.	Mil.	Thou.	Dol.
1. NET REVENUE - Patient Care Revenue - Using net patient revenues, report your sources of funding in each of the following categories - Continued g. Patient out-of-pocket - Include all deductibles and co-insurance from private health insurance, Medicare, Medicaid, and other public programs paid by beneficiary								
2. NET REVENUE - Non-Patient Care Revenue - Include all non-operating revenue, such as grants, subsidized funds, contributions, philanthropy, gift shop sales, cafeteria sales, parking lot receipts, florist receipts, etc. - <i>Specify</i> ↴								
3. TOTAL NET REVENUE <i>Sum of lines 1a through 2</i>								
4. GROSS PATIENT REVENUE - Include the full-established rates (charges) for all services rendered to inpatients and outpatients								

7 SALES TAX

A. Did this firm collect any sales taxes in 2011 or 2010?

- Yes
- No - Go to **8**

B. What were the total sales taxes collected in 2011 and 2010?

Exclude excise taxes

2011				2010			
\$ Bil.	Mil.	Thou.	Dol.	\$ Bil.	Mil.	Thou.	Dol.

8 E-COMMERCE

E-commerce is the sale of goods and services where the buyer places an order, or the price and terms of the sale are negotiated, over an Internet, mobile device (M-Commerce), extranet, EDI network, electronic mail, or other comparable online system. Payment may or may not be made online.

A. Did this firm have any e-commerce revenue in 2011 or 2010?

- Yes
- No - Go to **12**

B. What was the total e-commerce revenue in 2011 and 2010?

2011				2010			
\$ Bil.	Mil.	Thou.	Dol.	\$ Bil.	Mil.	Thou.	Dol.

9-13 Not Applicable.

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14 OPERATING EXPENSES

What were the operating expenses for this firm in 2011 and 2010?

Exclude:

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

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, and 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.

1. Personnel Costs

a. Gross annual payroll - Total annual Medicare salaries and wages for all employees as reported on this firm's IRS Form 941, Employer's Quarterly Federal Tax Return, line 5(c) for the four quarters that correspond to the survey period or IRS Form 944 Employer's Annual Federal Tax Return, line 4(c). **Include** the spread on stock options that are taxable to employees as wages

b. 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; defined contribution plans (e.g., profit sharing, 401K, 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

c. 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

2. Expensed Materials, Parts, and Supplies (not for resale)

a. Medical supplies - Materials and supplies used in providing medical services to others. Report medical equipment in line **2b**

b. Expensed equipment - Expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Report packaged software in line **3a**. Report leased and rented equipment in line **3c**

2011				2010			
\$ Bil.	Mil.	Thou.	Dol.	\$ Bil.	Mil.	Thou.	Dol.

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14 OPERATING EXPENSES - Continued

	2011				2010			
	\$ Bil.	Mil.	Thou.	Dol.	\$ Bil.	Mil.	Thou.	Dol.
2. Expensed Materials, Parts, and Supplies (not for resale) - Continued								
c. 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 . . .								
3. Expensed Purchased Services								
a. 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								
b. 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 3c								
c. 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								
d. 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 4c								
e. Purchased advertising and promotional services - Include marketing and public relations services								
f. Professional liability insurance - The cost of professional liability insurance. Include professional liability insurance premiums and amounts set aside for self-insurance								
4. Other Operating Expenses								
a. Depreciation and amortization charges - Include depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). Exclude impairment								
b. 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								

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14 OPERATING EXPENSES - Continued

4. Other Operating Expenses - Continued
c. All other operating expenses - All other operating expenses not reported above, unless specifically excluded in the general instructions. **Include** office postage paid and package delivery. **Exclude** purchases of merchandise for resale and non-operating expenses - *Specify* ↴

2011				2010			
\$ Bil.	Mil.	Thou.	Dol.	\$ Bil.	Mil.	Thou.	Dol.

5. TOTAL OPERATING EXPENSES
Sum of lines 1a through 4c

15 and 16 Not Applicable.

17 REMARKS - Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

18 CONTACT INFORMATION

Name of person to contact regarding this report (<i>Please print</i>)				Title			
Address (Number and street)				City		State	ZIP Code
Telephone		Area code	Number	Extension	Fax		Area code
E-mail address		Website address					

Public reporting burden for this collection of information is estimated to average 3-6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0422, U.S. Census Bureau, 4600 Silver Hill Road, AMSD-3K138, Washington, DC 20233. You may e-mail comments to Paperwork@census.gov; use "Paperwork Project 0607-0422" as the subject. Please include form name and number in all correspondence. Respondents 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.

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