

2011 ANNUAL SERVICES REPORT

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Due	Date			
Need help or	have questions?			
Call 1-80	00-772-7851			
(8:30 a.m 5:	00 p.m. ET, M-F)			
	or			
Visit census.g	gov/econhelp/sas			
only by persons the confidential Bureau informa	r LAW. Title es Code, esses and other nat receive ire to answer nd return the S. Census same law, S REPORT IS LL. It may be seen s sworn to uphold ity of Census tition and may be tatistical purposes. retained in es are immune		(Please correct any errors in nam	ne, address, and ZIP Code.)
Return via Ir	nternet:		Return via Mail:	To view Survey Results:
census.gov/ed	conhelp/sas		U.S. Census Bureau	census.gov/services
	-		1201 East 10th Street	
Username:			Jeffersonville, IN 47134-0001	
Password:				

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 To.
- 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 -

	В	il.		Mil.		1	hοι	ı.		Dol.	
•		1	0	3	0	2	8	0	4	5	6

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.



Form SA-48300E (11-22-2011)

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1	SURVEY C	OVERAGE			
	Did this fir	m provide the business activities described below?			
	Ye	S			
	□ No	- Specify this firm's business activity			
		,			
2	FEDERAL E	MPLOYER IDENTIFICATION NUMBER (EIN)			
		irm report payroll under EIN			
	Ye				
			EIN (9 digits)		
	□ No	- Enter current 9-digit EIN AND date payroll was first reported for this EIN	-		
			Month	Day	Year
			Wionth	Day	I Cai

orm	ı SA	A-48300E (11-22-2011)							Page 3
3	OR	GANIZATIONAL CHANGE							
	A.	Did this firm experience any acquisitions, sales, merger	s, and/	or dive	stitures	in 20)11 or :	2010?	
		Yes							
		No - Go to 4							
		Which of the following organizational changes occurred Check all that apply. If more than one organizational change o				orting	period,	explai	n in ① .
							Month	Day	Year
		Acquisition Date of organizational change							
		Sale Sale							
		> AND							
		Merger							
		Enter detailed information below							
		Divestiture							
		Name of company				EIN (9	digits)		
							_		
		Address (Number and street, P.O. Box, etc.)							
		Address (Names) and street, 1161 Boxy ster)							
					0: :	=====			
		City, town, village, etc.			State	ZIP Co			
								-	
	Wh	at time period is covered by the data provided in this re	port?	201	11			20	10
		Calendar year		Beginnin	g Date				ng Date
		Fiscal or partial year - Report beginning and ending	Month	Day	Year		Month	Day	Year
		dates			1 1				1 1 1
				Ending				Ending	
			Month	Day	Year		Month	Day	Year
					1 1				1 1 1
5	Not	t Applicable.							
	110								

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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).

			2	2011			2	2010	
		\$ Bil.	Mil.	Thou.	Dol.	\$ Bil.	Mil.	Thou.	Dol.
1.	Water Transportation Revenue								
	a. Transportation of freight and cargo by water								
	b. Towing services by water								
	c. Tugboat services								
2.	Passenger Transportation by Water								
	a. Coastal, fixed-route, passenger transportation by water	'						' '	
	b. Cruises								
	c. Participatory recreational services by water craft, except overnight cruises								
	with cabin accomodation								
	d. Sightseeing by water								
	e. Other transportation of passengers by water	'		' '				' '	
3.	All other operating revenue - Revenue not reported in lines 1a through 2e. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below								
								1 1	1 1
4.	TOTAL OPERATING REVENUE Sum of lines 1a through 3								

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7	SALES TAX							•	
	A. Did this firm collect any sales taxes in 2	2011 o	r 2010?						
	Yes								
	□ No - <i>Go to</i> 3								
				2011			2	2010	
	B. What were the total sales taxes collected in 2011 and 2010?	\$ Bil.	Mil.	Thou.	Dol.	\$ Bil.	Mil.	Thou.	Dol.
	Exclude excise taxes			1 1			1 1	1 1	1 1
8	E-COMMERCE								
•		ubara t	ha huuar i		andan an th			a of the	
	E-commerce is the sale of goods and services we sale are negotiated, over an Internet, mobile de	evice (N	1-Commer	ce), extran	et, EDI net	twork, e	electronic	s or the mail, or	
	other comparable online system. Payment may	or ma	y not be n	nade onlin	e.				
	A. Did this firm have any e-commerce reve	enue in	2011 or	2010?					
	Yes								
	□ No - Go to 🕜								
			-	2011			-	2010	
		\$ Bil.	Mil.	Thou.	Dol.	\$ Bil.	Mil.	Thou.	Dol.
	B. What was the total e-commerce revenue in 2011 and 2010?								
9	Not Applicable.								
14	OPERATING EXPENSES								
	What were the operating expenses for this	firm i	n 2011 ar	nd 2010?					
	• Transfers made within the company.								
	Capitalized expenses.								
	• Interest.								
	Bad debt.Impairment.								
	• Income tax.								
	Gross annual payroll	:					t- Ci-l	C:	
	Include salaries and wages, commissions, disr tax withholding, union dues, group insurance p	remiun	ns, saving	s bonds, c	ash equiva	alent in-	-kind, allow	wances, ho	oliday
	pay, vacation pay, sick leave, stock purchase pleased employees, employer's cost for fringe be								
	unincorporated businesses, exclude profit or o	ther co	mpensatio	on of prop	rietors or p	partners	S.	1010 301 110	.00. 1 01
	All other operating expenses								
	Include travel and entertainment; postage, ship	opina o	r deliverv	services: v	warehousir	ng and	storage se	ervices: ro	valties:
	security services; janitorial and grounds mainte								
	expenses not reported elsewhere.		2	2011				2010	
		\$ Bil.	Mil.	Thou.	Dol.	\$ Bil.	Mil.	Thou.	Dol.
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								
	CON	ITINUE I	WITH 🐠 ON	I PAGE 6					

	OPERATING EXPENSES - Continued									
		4 D.1		2011		A D''		2010		
_		\$ Bil.	Mil.	Thou.	Dol.	\$ Bil.	Mil.	Thou.	Dol.	
1.	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. 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 						1 1		1 1	
	b. 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. Report the cost of motor fuels in line 3f								1 1	
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		1 1				1 1	1 1		
	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		1 1		1 1					
	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									

		\$ Bil.	Mil.	Thou.	Dol.	\$ Bil.	Mil.	Thou.	Dol.	
		φ DII.	IVIII.	rnou.	DOI.	φ DII.	IVIII.	i nou.	וסט	
	d. Purchased freight transportation - Contract payments to railroads, airlines, waterborne, and other motor carriers. Report the cost of leased and rented transportation equipment without operators in line 3c. Report travel expenses in line 4d		1 1		1 1		1 1	1 1		
	e. Purchased repair and maintenance - Expensed repair and maintenance services to motor vehicles, vessels, aircraft and other transportation equipment; machinery, equipment, and computer hardware; integral parts of building (e.g., elevators, heating systems, etc.). Exclude materials, parts and supplies used for repairs and maintenance performed by this firm's employees. Report janitorial and grounds maintenance services in line 4d									
	f. Purchased fuels for transportation equipment - Gasoline and fuels purchased for trucks, truck-tractors, and									
	g. Purchased advertising and promotional services - Include				1 1					
	marketing and public relations services . Other Operating Expenses									
	a. Cost of Insurance - Premiums for bonding and insurance not included in line 1b		1 1		1 1		1 1			
	b. 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									
	c. 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									
	d. 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. If this item is greater than 20% of the total operating expenses, specify the primary source of the expenses below									
	TOTAL OPERATING EXPENSES Sum of lines 1a through 4d									
)	and 16 Not Applicable.									
ſ	To Not Applicable.									

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D	REMARKS - P data were estir	lease use nated.	this space	e to explain any s	ignificant year	r-to-year change:	s, to cl	arify re	espons	ses, o	r indi	icate v	vhere
4	CONTACT IN		ON										
18	Name of person			this report (Please	print)	Title							
	riamo er percen	10 00111401	roguranig	and report in reads	······								
	Address (Number	er and stree	et)		City		State ZIP Code						
											_		
		Area code		Number	Extension		Are	ea code)		Numb	er	
	Telephone			-		Fax					-		
	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.