# 2007 Annual Services Report Service Annual Survey

## **Blood and Organ Banks**

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



FORM	
SA-62TE	136 SAS_H
	621991
REPORT DUE	
Any questions call <b>1–800–772–7851</b> M–F, 8:30 a.m. to 5:00 p.m. EST. or	
Visit our web site: www.census.gov/econhelp/sas	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\_07 (8-14-2007)

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 collecting, storing, and distributing blood and blood products and storing and distributing body organs.

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

### 1 Yes - Go to 2

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

2 Report Periods

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

- Report data for the 2007 calendar year if possible.
- For locations that were sold or acquired during the year, only report for the periods that this firm operated the locations.

				2007	
			Month	Day	Year
		0007			
0006	2007 calendar year – Go to 3	From			
2	Other than calendar year – Enter the periods this report will cover.				
	(e.g., fiscal years, periods with less than a full calendar	8000			
	year).	То			

# Revenue

Report the total revenue for this firm's locations defined in 11 for the following categories.

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

#### Exclude:

• Transfers made within the company.

## 3A Net Revenue

### Patient Care Revenue

	Using net patient revenues, report your sources of funding in each of the following categor	ipe		2007 Revenue					
	Using her parent revenues, report your sources of randing in each of the following category	100.	Bil.	Mil.	Thou.	Dol.			
		4001A			THOU.	201.			
			\$						
1.	Medicare		Ψ						
		4002A							
_		4002A							
2.	Medicaid – Include funding from the State Children's Health Insurance								
	Program (SCHIP).		\$						
		4003A							
2	Other government (Veterane NIH Indian Affaire etc.) Creative		\$						
з.	Other government (Veterans, NIH, Indian Affairs, etc.) – Specify $\mathbf{k}$	• • • •	Ψ						
1501									
		4004A							
4.	Worker's compensation		\$						
					· · · · · · · · · · · · · · · · · · ·				
5.	Private insurance								
_	Private health incurrence Madical convice plane (Plue Creas/Plue Shield, group heapital								
a	Private health insurance – Medical service plans (Blue Cross/Blue Shield, group hospital	4005A							
	plans, etc.) Include third party direct contract insurers, employer self-insured, and		¢						
	Medicare/Medicaid HMO payments. Report worker's compensation sources in line 4		\$						
		4006A							
		4000A							
h	Drements/Convertex and exterior		\$						
D	Property/Casualty and auto insurance		Ψ		I				
		4007A							
6	Patient (out-of-pocket)		\$						
•					·				
		4008A							
-	All other nations and a leavelow starting to one off		\$						
7.	All other patient care sources not elsewhere classified – Specify $\mathbf{k}$		Ψ						
1502									

<b>3</b> A	Net Revenue – (Continued)					
	Non-Patient Care Revenue					
	Tax Status					
ls	this establishment operated on a not-for-profit basis?					
	Ves – Complete lines 8–11.					
2	■ No – Complete lines 10 and 11.			2007 Re	wonuo	
		4744	Bil.	Mil.	Thou.	Dol.
8	Contributions, gifts, and grants received	1741	\$			
0.			Ψ	<u> </u>		
		1742	¢			
9.	Investment and property income.		\$			
<b>10.</b> 1504	All other non-operating revenue – Include philanthropy, gift shop, cafeteria sales, parking lot receipts, florist receipts, etc. – <i>Specify</i>	1809				
			\$			
		1800		1		
11	TOTAL NET REVENUE – Sum of lines 1–10.	1000	\$			
			Ŷ	1	<u> </u>	
		4012		1		
3B	<b>GROSS PATIENT REVENUE – Include</b> the full-established rates (charges) for all services rendered to inpatients and outpatients		\$			
4	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.
  Do not combine data of two or more detail lines.

#### Exclude:

- Transfers made within the company
- Capitalized expenses •
- ImpairmentInterest

FORM asr\_62\_gv1\_07 (8-30-2007)

- Bad debt
- Income tax

Personnel Costs		200	7 Operati	ng Exper	ises
1. Gross annual payroll - Total annual Medicare salaries and wages for all employees,		Bil.	Mil.	Thou.	Dol.
(including worksite employees of professional employer organizations) as reported on your firm's IRS Form 941, Employer's Quarterly Federal Tax Return, line 5(c) for the four quarte that correspond to the survey period.	1821 rs 	\$			
<ol> <li>Employer's cost for fringe benefits – Employer's cost for legally required programs and programs not required by law:</li> </ol>					
a. Health insurance – Insurance premiums on hospital plans, medical plans, and single service plans such as dental, vision, prescription drugs plan. Include	1044				
premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs). <b>Exclude</b> employee contributions.	1841 	\$			
b. Pension plans:					
<ol> <li>Defined benefit pension plans – Costs for both qualified and unqualified defined pension plans. Pension plans that specify the benefit to be paid to employees upor retirement, generally either a specific amount or a percentage of compensation. Employer contributions are based on actuarial computations that include the</li> </ol>	1842				
employee's compensation and years of service and are not allocated to specific accounts maintained for employees.		\$			
<ol> <li>Defined contribution plans – Costs under defined contribution plans. Pension plans that define the employer contributions to a separate account provided for</li> </ol>					
each employee. The employee "benefit" at retirement depends on the amount	1843				
contributed and the results of the account's activity. Examples include profits sharin plans, money purchase (e.g., 401k, 403b) and stock bonus plans (e.g., ESOPs).	g 	\$			
	1844				
c. Other – Other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medical	e)	\$			
<ol> <li>Temporary staff and leased employee expense – Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. Include all charges for payroll,</li> </ol>	oyer 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. Medical supplies – Materials and supplies used in providing medical services to others.	4011				
Report medical equipment in line 5.		\$			
5. Expensed equipment – Expensed computer hardware and other equipment (e.g., copiers	1824				
fax machines, telephones, shop and lab equipment, CPUs, and monitors). Report package software in line <b>7.</b> Report leased and rented equipment in line <b>15</b> .	d	\$			
6. Expensed purchases of other materials, parts, and supplies – Materials and supplies	1825				
used in providing services to others; materials and parts used in repairs; office and janitori supplies; small tools; containers and other packaging materials; and motor fuels	al 	\$			
Expensed Purchased Services					
<ol> <li>Expensed purchases of software – Purchases of prepackaged, custom-coded, or vendo customized software. Include software developed or customized by others, web-design</li> </ol>	1826				
services and purchases, licensing agreements, upgrades of software; and maintenance fees related to software upgrades and alterations.		\$			

#### Operating Expenses - (Continued) 5

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

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

#### Exclude:

- Transfers made within the company
  Capitalized expenses
- Impairment
- Interest ٠
- Bad debt
- Income tax

### Expensed Purchased Services (Continued)

8.	<b>Data processing and other purchased computer services – Include</b> web hosting, computer facilities management services, computer input preparation, data storage,		200	7 Operat	ing Expe	nses
	computer time rental, optical scanning services, and other computer-related advice and services, including training. <b>Exclude</b> expensed integrated systems, repair and maintenance of computer equipment, payroll processing and credit card transaction fees, and expenses for telecommunication services (e.g., Internet, connectivity, telephone)	1845 	Bil.	Mil.	Thou.	Dol.
9.	<b>Purchased communication services</b> – Telephone, cellular, and fax services; computer- related communications (e.g., Internet, connectivity, online), and other wired and wireless communication services	1846 	\$			
10.	Purchased repairs and maintenance to machinery and equipment – Expensed repair and maintenance services to machinery, vehicles, equipment, and computer hardware. <b>Exclude</b> materials, parts, and supplies used for repairs and maintenance performed by this firm's employees.	1848 	\$			
11.	Purchased repairs and maintenance to buildings, structures, and offices – Include repair and maintenance to integral parts of buildings (e.g., elevators, heating systems). <b>Exclude</b> materials, parts, and supplies used for repairs and maintenance performed by this firm's employees. Report janitorial and grounds maintenance services in line <b>22</b>	1849 	\$			
12.	Purchased electricity – If the cost of electricity is included in lease or rental payments, report in line 16.	1850 	\$			
13.	<b>Purchased fuels (except motor fuels)</b> – Fuel for heating, power or generating electricity (e.g., natural gas, propane, oil, coal). If the costs are included in lease or rental payments, report in line <b>16</b> .	1851 	\$			
14.	Water, sewer, refuse removal, and other utility payments – Include the cost of hazardous waste removal. If the costs of these utilities are included in a lease or rental payment, report in line 16.		\$			
15.	Lease and rental payments for 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.	1853	\$			
16.	Lease and rental payments for land, buildings, structures, store spaces, and offices – Include penalties incurred for broken leases	1854 	\$			
17.	Purchased advertising and promotional services – Include marketing and public relations services.	1830 	\$			
18.	<b>Purchased professional and technical services – Include</b> management consulting, accounting, auditing, bookkeeping, legal, actuarial, payroll processing, architectural, engineering, and other professional services. <b>Exclude</b> salaries paid to your own employees for these services		\$			
19.	<b>Professional liability insurance</b> – The cost of professional liability insurance. <b>Include</b> professional liability insurance premiums and amounts set aside for self-insurance.	4010	\$			

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

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

#### Exclude:

- Transfers made within the company Capitalized expenses •
- ٠
- Impairment •
- Interest
- Bad debt ٠
- Income tax

### Other Operating Expenses

		2007	Operati	ng Exper	nses
20. Depreciation and amortization charges - Include depreciation charges taken against tangib		Bil.	Mil.	Thou.	Dol.
assets owned and used by your firm, tangible assets and improvements owned by your firm	1831				
within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). <b>Exclude</b> impairment.	\$	5			
21. Governmental taxes and license fees – Payments to government agencies for taxes and	1832				
licenses. Include business and property taxes. Exclude income taxes, and sales and excise					
taxes collected from customers.	🛽	5			
22. All other operating expenses – All other operating expenses not reported above, unless specifically excluded in the general instructions at the top of the page. Include	1859 🗆				
office postage and package delivery. Exclude purchases of merchandise for resale					
and non-operating expenses.	😫	5			
	1900				
23. TOTAL OPERATING EXPENSES – Sum of lines 1–22	\$	)			

#### 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 expenses
  Impairment

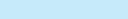
- Bad debtIncome tax

		2007	Interest	Expense	es	
		Bil.	Mil.	Thou.	Dol.	
<b>1. Interest expense</b> – Interest expenses incurred in the financing of operations and long lived assets used in continuing operations.	1856	\$				

### 8 E-Commerce Revenue

E-commerce includes sales, receipts, and contributions 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 very several in Q include only a commerce		2007 E-Commerce Revenue						
	Did the revenue reported in <b>3</b> include any e-commerce revenue?		Bil.	Mil.	Thou.	Dol.			
		2000							
001	1 🗌 Yes – What was this firm's e-commerce revenue?	[	\$						
001	2 🗌 No – Go to 1								





## 10 Not Applicable

Page 10
11 Change in Structure
Did you have an Employer Identification Number (EIN) change in 2007?
0015
2 No – Continue
Was there a change in ownership or control?
1 Ves – 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
EIN EIN EIN
0035
<b>12 Remarks</b> – Please provide an explanation for any inconsistent or incomplete data that would aid in understanding this report. 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.
<b>13</b> Certification – This report is substantially accurate and has been prepared in accordance with the instructions.
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
Name of person completing this report – <i>Please print</i>
0021 Address (Street address, City, State, ZIP Code)
0022     Telephone number     0023     Fax number     0026     E-mail address
Area code     Number     Extension     Area code     Number
Return Completed form to: Public reporting burden for this collection of information is estimated to average 4.0 hours per response, including the time for
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Jeffersonville, IN 47132-0001 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
or fax to: 1-800-447-4613 "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.

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