# **2007 Annual Services Report Service Annual Survey**

# **Continuing Care Retirement Communities**



**FORM** 

**SA-623TE** 

136 SAS\_H

623311

**REPORT DUE** 

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

2007

## **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 a range of residential and personal care services with on-site nursing care facilities for the elderly and other persons who are unable to fully care for themselves and/or the elderly and other persons who do not wish to live independently. Individuals live in a variety of residential settings with meals, housekeeping, social, leisure, and other services available to assist residents in daily living. Assisted-living facilities with on-site nursing care facilities are included.

es the above coverage describe this firm's business activity?
es – Go to 2 o – Specify the firm's business activity and complete the report where applicable beginning with 2.
0002
ΠY

# 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.

			Month	Day	Year
		0007			
0006	1 2007 calendar year – Go to 3	From			
0000	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).	To			

# 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

_				_			
_	o ti	iont .	Care	ш	CV	ODI	10

uti	ent Oate Hevenue						
Using net patient revenues, report your sources of funding in each of the following categories.					2007 Revenue		
		4001A	Bil.	Mil.	Thou.	Dol.	
1.	Medicare		\$		<u> </u>		
2.	Medicaid – Include funding from the State Children's Health Insurance Program (SCHIP)	4002A	\$				
		4003A					
<b>3.</b> 501	Other government (Veterans, NIH, Indian Affairs, etc.) – Specify <sub>▼</sub>		\$				
		4004A		ı			
4.	Worker's compensation		\$				
	Private insurance						
а	<ul> <li>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.</li> </ul>	4005A	\$				
b	. Property/Casualty and auto insurance	4006A	\$				
	Patient (out-of-pocket)						
		4071A					
a.	Payment from patients and their families	 4072A	\$				
b.	Patients' assigned Social Security benefits		\$				
		4008A					
7.	All other patient care sources not elsewhere classified – $Specify_{\not k}$		\$				
1502							

ЗА	Net Revenue – (Continued)					
	Non-Patient Care Revenue					
	Tax Status					
Is	this establishment operated on a not-for-profit basis?					
	☐ Yes – Complete lines 8–11. ☐ No – Complete lines 10 and 11.					
			Bil.	2007 Re	evenue Thou.	Dol.
		1741	DII.	IVIII.	mou.	Doi.
8.	Contributions, gifts, and grants received		\$			
		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. – Specify	1809	\$			
11.	TOTAL NET REVENUE – Sum of lines 1–10	1800	\$			
ЗВ	GROSS PATIENT REVENUE – Include the full-established rates (charges) for all services rendered to inpatients and outpatients	4012	\$			
	Not Applicable					

# **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.
  Do not combine data of two or more detail lines.

#### Exclude:

- Transfers made within the company
- Capitalized expenses
- ImpairmentInterest
- Bad debt

•	Income tax					
Pers	sonnel Costs		200	7 Operati	na Expei	nses
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 quarters that correspond to the survey period.	1821		IVIII.	THOU.	DOI.
2.	Employer's cost for fringe benefits – Employer's cost for legally required programs and programs not required by law:					
	a. Health insurance – Insurance premiums on hospital plans, medical plans, and single service plans such as dental, vision, prescription drugs plan. Include premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs). Exclude 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 upon 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.		\$			
	2. Defined contribution plans – Costs under defined contribution plans. Pension plans that define the employer contributions to a separate account provided for each employee. The employee "benefit" at retirement depends on the amount contributed and the results of the account's activity. Examples include profits sharing plans, money purchase (e.g., 401k, 403b) and stock bonus plans (e.g., ESOPs)	1843	\$			
	p.a.i.s,s, parionaes (e.g., 10, 1002) and ottom serials plants (e.g., 2001 o).					
	c. Other – Other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare).	1844	\$			
3.	Temporary staff and leased employee expense – Total costs paid to Professional Employee Organizations (PEOs) and staffing agencies for personnel. Include all charges for payroll, benefits and services.	1823	\$			
Exp	ensed Materials, Parts and Supplies (not for resale)	4011				
4.	<b>Medical supplies</b> – 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,	1824				
	fax machines, telephones, shop and lab equipment, CPUs, and monitors). Report packaged software in line 7. Report leased and rented equipment in line 15		\$			
6.	<b>Expensed purchases of other materials, parts, and supplies</b> – 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	\$			
Ехр	ensed Purchased Services					
7.	Expensed purchases of software - Purchases of prepackaged, custom-coded, or vendor					
	customized software. <b>Include</b> 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	\$			

# 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.
  Do not combine data of two or more detail lines.

- Transfers made within the companyCapitalized expenses
- Impairment
- InterestBad debt
- Income tax

## Expensed Purchased Services (Continued)

-^pc	chisca i dichasca Scriticas (Scritinaca)								
8.	Data processing and other purchased computer services – Include web hosting, computer facilities management services, computer input preparation, data storage,			2007 Operating Expenses					
	computer time rental, optical scanning services, and other computer-related advice		Bil.	Mil.	Thou.	Dol.			
	and services, including training. Exclude expensed integrated systems, repair and	1845							
	maintenance of computer equipment, payroll processing and credit card transaction fees,		φ.						
	and expenses for telecommunication services (e.g., Internet, connectivity, telephone)		\$						
9.	Purchased communication services - Telephone, cellular, and fax services; computer-	1846							
	related communications (e.g., Internet, connectivity, online), and other wired and wireless		φ.						
	communication services		\$						
10.	Purchased repairs and maintenance to machinery and equipment – Expensed repair and maintenance services to machinery, vehicles, equipment, and computer hardware.	1848		ı					
	<b>Exclude</b> materials, parts, and supplies used for repairs and maintenance performed								
	by this firm's employees.		\$						
	-,								
44	Provide and consider and considerance to building a structure and office a limited								
11.	Purchased repairs and maintenance to buildings, structures, and offices – Include	1849							
	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	1010							
	by this firm's employees. Report janitorial and grounds maintenance services in line 22		\$						
	by this infinite employees. The port jamitorial and grounds maintenance services in line 22		· ·						
		1850							
12.	Purchased electricity - If the cost of electricity is included in lease or rental payments,		¢						
	report in line <b>16</b>		\$	<u> </u>					
13.	Purchased fuels (except motor fuels) - Fuel for heating, power or generating electricity	1851							
	(e.g., natural gas, propane, oil, coal). If the costs are included in lease or rental payments,		l .						
	report in line 16.		\$						
14.	Water, sewer, refuse removal, and other utility payments – Include the cost of hazardous	1852							
	waste removal. If the costs of these utilities are included in a lease or rental payment, report in line 16.		\$						
	III IIII e 10		ĮΨ						
45	I am and wanted normante for machinemy any imment, and ather to make items								
15.	Lease and rental payments for machinery, equipment, and other tangible items – Include lease and rental of transportation equipment without operators; and penalties	1853		1					
	incurred for broken leases. <b>Exclude</b> capital and financing lease agreements and	1000							
	licensing/leasing of software		\$						
		1854							
16.	Lease and rental payments for land, buildings, structures, store spaces, and offices -								
	Include penalties incurred for broken leases		\$						
		1830							
17.	Purchased advertising and promotional services – Include marketing and public relations		_						
	services.		Φ						
18.	Purchased professional and technical services – Include management consulting, accounting,	1855							
	auditing, bookkeeping, legal, actuarial, payroll processing, architectural, engineering, and other								
	professional services. Exclude salaries paid to your own employees for these services		\$						
		4010							
19.	Professional liability insurance - The cost of professional liability insurance. Include professional		\$						
	liability insurance premiums and amounts set aside for self-insurance		Ψ						

5	Operating	Expenses -	(Continued)
	Operating		(Continuou)

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.

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

## Other Operating Expenses

			2007	Operati	ng Exper	nses
20.	Depreciation and amortization charges - Include depreciation charges taken against tangible	е	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		¢			
	charges against mangible assets (e.g., patents, copyrights). Exclude impairment		Ψ			
21.	Governmental taxes and license fees – Payments to government agencies for taxes and	1832				
	licenses. <b>Include</b> business and property taxes. <b>Exclude</b> income taxes, and sales and excise taxes collected from customers.		\$			
	taxes collected from customers.		T			
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. <b>Include</b>	1859				
	office postage and package delivery. <b>Exclude</b> purchases of merchandise for resale		φ.			
	and non-operating expenses		Ф			
		1900				
			Ф			
23.	TOTAL OPERATING EXPENSES – Sum of lines 1–22		Ψ			

# 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 expensesImpairment
- Bad debt
- Income tax

2007 Interest Exper	nses
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	Bil.	Mil.	Thou.	Dol.
1856				
	\$			

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

			P	age 9		
7 Not Applicable						
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 revenue reported in 3 include any e-commerce	<b>2007</b> Bil.	E-Comm Mil.	erce Rev			
revenue?	DII.	IVIII.	Thou.	Dol.		
0011	\$					
2  No − Go to 11						
9 Not Applicable						
10 Not Applicable						

Did you have an Employer Identification Num	ımber (EIN) change in 2007?
001	0015
3 1 Yes – Enter the new EIN	EIN
2 No – Continue	
Was there a change in ownership or control?	ol? Month Year
1 ☐ Yes – <b>Provide the date of the change and</b> to (for multiple mergers, provide each firm	d the firm's information
001 2	Name of company acquired or merged with
	Street address
	City, State, ZIP Code
	0019 — — — — — — — — — — — — — — — — — — —
Specify the nature of this change here ———	
0035	·
027	
3 Certification — This report is substantially	ly accurate and has been prepared in accordance with the instructions.
<del></del> -	ly accurate and has been prepared in accordance with the instructions.    0024   Title   0025   Date
Name of person completing this report – Please print	
Name of person completing this report – <i>Please print</i> O21 Address (Street address, City, State, ZIP Code)	0024 Title 0025 Date
Name of person completing this report – <i>Please print</i> Outline Address (Street address, City, State, ZIP Code)  Outline Outli	0024 Title 0025 Date

"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.

or fax to: 1-800-447-4613

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