



2005 Survey of Service Industries: Heritage Institutions

If necessary, please correct pre-printed information below.



0001	Legal name		0004	Address (number and street)	
0002	Business name		0005	City	
0021	Title of contact		0006	Province/ Territory or State	
0008	First name of contact		0053	Country	0007 Postal code/ Zip code
0028	Last name of contact		0010	Language preference	1 <input type="checkbox"/> English 2 <input type="checkbox"/> French

This information is collected under the authority of the *Statistics Act, Revised Statutes of Canada, 1985, Chapter S19.*

COMPLETION OF THIS QUESTIONNAIRE IS A LEGAL REQUIREMENT UNDER THIS ACT.

A - Introduction

Survey Purpose

This survey collects the financial and operating data needed to develop national and regional economic policies and programs.

Fax or Other Electronic Transmission Disclosure

Statistics Canada advises you that there could be a risk of disclosure during the facsimile or other electronic transmission. However, upon receipt, Statistics Canada will provide the guaranteed level of protection afforded all information collected under the authority of the *Statistics Act*.

Data-sharing Agreements

In an effort to reduce reporting burden, Statistics Canada has entered into agreements with provincial and territorial statistical agencies for the sharing of data. The data are kept confidential and used for statistical purposes only. Please see the enclosed reporting guide for details of these agreements.

Reporting Instructions

- Report for **all** operation(s) and/or location(s) pre-printed in the above address area. If it is not possible to report for the above business unit(s), please explain the reason(s) in the **Comments** section at the end of the questionnaire.
- When precise values are not available from your records, estimates are acceptable.
- For further information about this survey and definitions, please consult the enclosed reporting guide.

Confidentiality

The *Statistics Act* protects the confidentiality of information collected by Statistics Canada. Please see the enclosed reporting guide for more information.

Please return the questionnaire within 30 days.

**Please mail the completed questionnaire in the enclosed envelope
or fax it to Statistics Canada at 1 888 883-7999.**

Lost the return envelope or need help? Call us at 1 888 881-3666 or mail to:

Statistics Canada, Operations and Integration Division, 120 Parkdale Avenue, Ottawa, Ontario K1A 0T6



B - Main Business Activity

1. Indicate the organization/park's primary heritage activity. *Check one only.*

- 712119 ⁰³⁹⁷ 1 Museum (except art museum and gallery)
- 712120 2 Historic site, building, park or community
- 712111 3 Art museum and gallery, non-commercial
- 712190 4 Nature park or conservation area
- 519122 5 Archives
- 712119 6 Exhibition centre
- 712119 7 Planetarium
- 712119 8 Observatory
- 712130 9 Aquarium
- 712130 10 Zoo
- 712130 11 Botanical garden, arboretum, or conservatory
- 712190 12 Other heritage activity (please specify) : ⁰³⁹⁸ _____
- 13 **None of the above** - please call **1 888 881-3666** for further instructions.

Skip to question 3

2. Indicate the type of museum, or historic site, building, park or community. *Check one only.*

- ⁰³⁹⁹ 1 Community (local interest)
- 2 Fort or military
- 3 Maritime or marine
- 4 Human history, archaeology, anthropology, or ethnology
- 5 Science and technology
- 6 Natural history or natural science
- 7 Sport or hall of fame
- 8 Transportation
- 9 Multidisciplinary
- 10 Other (please specify) : ⁰⁴⁰⁰ _____

3. Indicate if the organization/park has **additional or secondary heritage activities**. If this organization/park has more than one heritage activity or site location, include all activities in all further questions. *Check all that apply.*

- ⁰⁴⁰² 1 No secondary activity
- 2 Museum (except art museum and gallery)
- 3 Art museum and gallery, non-commercial
- 4 Nature park or conservation area
- 5 Historic site, building, park, or community
- 6 Archives
- 7 Other (please specify) : ⁰⁴⁰³ _____

4. Indicate the **governing authority** of the organization/park. This question does not refer to the major source of funding but to whom the organization/park reports. *Check one only.*

- ⁰⁴⁰⁴ 1 Not applicable
- 2 Federal government
- 3 Provincial or territorial government
- 4 Municipal government (**include** region/county government)
- 5 Educational organization (**include** all elementary, secondary and post-secondary level institutions)
- 6 Religious organization
- 7 For profit institution or business
- 8 Other

C - Reporting Period Information

1. Please report information for your **fiscal year** (normal business year) ending between April 1, 2005 and March 31, 2006. Please indicate below the period covered by this questionnaire.

		YYYY	MM	DD		YYYY	MM	DD
	0011	<input type="text"/>	<input type="text"/>	<input type="text"/>		0012	<input type="text"/>	<input type="text"/>
From					To			

2. If you **did not operate** this business unit for a **full year**, please check the reason(s) below:

- 0031 1 Seasonal operations 2 New business 3 Change of fiscal year 4 Change of ownership 5 Ceased operations 6 Temporarily inactive

**Please complete only the questions that are applicable to your business.
When precise values are not available from your records, estimates are acceptable.**

D - Revenue

		CAN\$
1. Sales (a detailed sales breakdown will be requested in Section F) {if applicable}	2299	
2. Grants and subsidies	2068	
3. Royalties, rights, licensing and franchise fees	2022	
4. Investment income (dividends and interest)	2097	
5. Other revenue (please specify): ²⁰⁰¹	2077	
6. Total revenue (sum of questions 1 to 5)	2098	

FOR
INFORMATION
ONLY

E - Expenses

		CAN\$
1.	Salaries and wages of employees who have been issued a T4 statement	3010
2.	Employer portion of employee benefits (include employer contributions to pension, medical/life insurance plans, employment insurance, etc.)	3040
3.	Commissions paid to non-employees	4466
4.	Professional and business service fees (e.g., legal, accounting)	4315
5.	Outsourcing (include work contracted out, freelancers, payments to personnel suppliers, etc.)	3060
6.	Payments for services provided by your head office	4555
7.	Cost of goods sold – if applicable (purchases plus opening inventory minus closing inventory)	5721
8.	Office supplies	3301
9.	Rental and leasing (include rental of premises, equipment, motor vehicles, etc.)	4115
10.	Repair and maintenance (include janitorial services, equipment, motor vehicles, etc.)	4178
11.	Insurance (include professional liability, motor vehicles, etc.)	4350
12.	Advertising, marketing and promotions (report charitable donations at question 22)	4365
13.	Travel, meals and entertainment	4370
14.	Utilities (include gas, heating, hydro, water)	4066
15.	Telephone and other telecommunication expenses	4101
16.	Property and business taxes, licences and permits	4410
17.	Royalties, rights, licensing and franchise fees	4440
18.	Delivery, warehousing, postage and courier	4179
19.	Financial services fees (e.g., bank and credit card charges)	4325
20.	Interest expenses	4630
21.	Amortization of tangible and intangible assets	4520
22.	Charitable donations	4521
23.	Bad debts	4542
24.	All other expenses ⁴⁵³¹ (please specify):	4569
25.	Total expenses (sum of questions 1 to 24)	4699
26.	Corporate taxes (if applicable)	4600
27.	Gains (losses) and other items (include write-offs, foreign exchange, share of partnership income, etc.)	4601
28.	Net profit/loss after tax and other items	2304

F - G - H - I - J - K - Not applicable

L - Certification

I certify that the information contained herein is complete and correct to the best of my knowledge.

Signature of authorized person 0014	Title 0014	0015	Date	
		YYYY	MM	DD
		<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of person to contact for further information: 0026	0013	First name <input type="text"/>
1 <input type="checkbox"/> Mr. 2 <input type="checkbox"/> Mrs. 3 <input type="checkbox"/> Miss 4 <input type="checkbox"/> Ms	0054	Last name <input type="text"/>

E-mail address 0018	Web site address 0020
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Telephone number 0017	Extension number 0027	Fax number 0016
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How long did you spend collecting the data and completing this questionnaire?	9910	Hour(s) <input type="text"/>	9909	Minutes <input type="text"/>
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M - Comments

We invite your comments below. Please be assured that we review all comments with the intent to improve the survey.

9920 _____

9913 _____

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9915 _____

9916 _____

Thank you for completing this questionnaire. Please retain a copy for your records.

Statistics Canada's publications are available for use in all major libraries.
As well, please visit our Web site at www.statcan.ca.

If you need help, please contact us at **1 888 881-3666**.