



1997 ECONOMIC CENSUS

MUSEUMS, ART GALLERIES, BOTANICAL AND ZOOLOGICAL GARDENS

DUE DATE ▶ **FEBRUARY 12, 1998**

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

SV-8400

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

Please read the accompanying instructions before answering the questions.

Census use

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

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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. EMPLOYER IDENTIFICATION NUMBER
Is the Employer Identification Number (EIN) shown in the label the same as the one used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No – Report current EIN below

(9 digits)

Item 2. PHYSICAL LOCATION
a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 Yes 2 No – Report physical location below

Number and street

City, town, village, etc.

State

ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes 3 No legal boundaries
2 No 4 Do not know

c. In what type of municipality is this establishment physically located?

096 1 City, village, or borough
2 Town or township
3 Other – Specify
4 Do not know

d. In what county (e.g., Dade County) is this establishment physically located?

Item 3. OPERATIONAL STATUS Number of months
a. How many months during 1997 was this establishment actively operated? 002

b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box.

001 1 In operation
2 Temporarily or seasonally inactive
3 Ceased operation – Give date at right
4 Sold or leased to another operator – Give date at right AND enter name, etc., below

Figures only

Month Year

Name of new owner or operator

Number and street

City

State

ZIP Code

Item 4. LEGAL FORM OF ORGANIZATION AND TAX STATUS

a. LEGAL FORM OF ORGANIZATION

Which of the following best describes this establishment's legal form of organization during 1997?

Mark (X) only ONE box.

003 1 Individual owner (sole proprietorship)

2 Partnership – Mark (X) this box if you file a partnership Federal income tax form.

5 Government – Specify

0 Corporation – Mark (X) this box if you file a corporate Federal income tax form, including Form 990 series of returns.

9 Other – Specify

b. TAX STATUS

(1) Is this establishment operated on a not-for-profit basis?

005 1 Yes

2 No – Skip to item 5

(2) Was all or part of the income of this establishment or organization exempt from Federal income taxes under section 501 of the Internal Revenue Code?

004 1 Yes

2 No

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

Example: If a figure is \$1,125,628.79

• Preferred

report

Acceptable

Mil- lions (000)	Thou- sands (000)	Dol- lars (000)
1	126	
1	125	629

Item 5. DOLLAR VOLUME

If the answer to item 4b(2) was "Yes," skip to part b; otherwise, complete part a and skip to item 6.

a. OPERATING RECEIPTS of this (taxable) establishment in 1997

010

b. REVENUE AND EXPENSES of this (tax-exempt) establishment in 1997

010

(1) REVENUE

040

(2) EXPENSES (including payroll)

Item 6. PAYROLL

Payroll in 1997, BEFORE DEDUCTIONS

a. Annual

Mil. Thou. Dol.

030

031

b. First quarter (January–March)

Item 7. EMPLOYMENT
Number of paid employees for pay period including March 12, 1997
(Include both full- and part-time employees)

Number

032

SV

Item 8. KIND OF BUSINESS OR ACTIVITY

Mark (X) the ONE box which best describes the business or activity that accounted for the MAJOR portion of this establishment's receipts or revenue in 1997.

Museums and art galleries 070

Museum 8412101

Art gallery or exhibitor with receipts primarily from admissions, contributions, and/or grants 8412102

Art gallery with receipts primarily from sales or commissions on sales of artwork 5999401

Botanical and zoological gardens

Arboretum and botanical gardens 8422101

Zoo/zoological gardens 8422102

Aquarium 8422103

Other attractions or exhibits

Planetaria and observatories 8412103

Other attractions or exhibits - Continued 070

Historic and heritage sites 8412201

Wildlife park 8422201

Conservation area/nature park/preserve (including bird sanctuaries). 8422202

Caverns, natural wonders and similar tourist attractions 7999021

Other - Describe. 7777776

Other kind of business or activity - Describe 7777777

Item 9. SOURCES OF RECEIPTS OR REVENUE

Report receipts or revenue by source in dollar figures (see example for item 5).

Please do **not** combine data for two or more receipts or revenue lines.

NOTE — Both taxable and tax-exempt establishments should complete **all** applicable lines.

Line a — Report amounts received from the sale of general or specific exhibit admissions, exclusive of any State or local taxes.

Line c — Include amounts received from the sale of food, refreshments, and beverages. Exclude all sales taxes. This establishment's share of sales of concessions operated by others should be reported on line e.

Line e — Include amounts received from the use of facilities; fees from parking; income from operation of schools, classes, training facilities, etc.; income from concessions or coin-operated machines operated by others on these premises; income from advertising and endorsement; income from rental of facilities; other receipts from patrons and customers; and contract fees not reported on lines a, b, c, or d. Do **not** include items listed in lines g, h, i, or j.

Line g — Report grants, contributions, and other support, whether or not restricted against use for operations. Include funds received from benefits, performances, and other fundraising events, as well as any donations made for admissions. Report membership dues and fees on line b.

Line i — Report amounts received from interest and dividends. Exclude amounts transferred to operating funds from capital or reserve funds, and proceeds from the sale of investments, real estate, or other assets.

Sources of receipts or revenue	Census use	ESTIMATES are acceptable		
		Mil.	Thou.	Dol.
	400	401		
a. Admissions (do not include admission taxes)	5500			
b. Membership dues and fees	3450			
c. Sales of food and beverage				
(1) Sales of food and nonalcoholic beverages	8501			
(2) Sales of alcoholic beverages	8502			
d. Sales of other merchandise	8634			
e. All other receipts - Describe if more than 10 percent of total receipts or revenue.				
076 <input type="text"/>	8977			
f. OPERATING RECEIPTS - For taxable establishments, sum of lines a through e should equal item 5a.	8990			
g. Contributions, gifts, grants				
(1) Government	9000			
(2) Private	9050			
h. Amounts received from royalties, residual fees, and subsidiary rights	9250			
i. Investment income, including interest and dividends	9100			
j. All other revenue - Describe if more than 10 percent of total receipts or revenue.				
077 <input type="text"/>	9509			
k. TOTAL REVENUE - For tax-exempt establishments, sum of lines a through e and g through j should equal item 5b(1).	9990			

Item 10. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero?

- 1 Yes - Complete this item
- 2 No - Skip to item 11

b. Is this company owned or controlled by another company?

- 097 1 Yes →
- 2 No

Enter name, address, and EIN of the owning or controlling company

EIN (9 digits)

c. Does this company own or control any other company or companies?

- 098 1 Yes →
- 2 No

Enter name, address, and EIN of the owned or controlled company

EIN (9 digits)

ITEM 10 CONTINUED ON PAGE 3

Census File Number

If not shown, please enter your 11-digit Census File Number from the address label on page 1

Item 10. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION – Continued

Number

079

d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1997?

If more than one, provide the **physical location** address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.

Estimates are acceptable if book figures are not available.

1	Name			1997	Mil.	Thou.	Dol.
	Number and street			Receipts or revenue	081		
	City	State	ZIP Code	Annual payroll	082		
	Kind-of-business description			Paid employees for pay period including March 12			
				083			
			Census use 088				
2	Name			1997	Mil.	Thou.	Dol.
	Number and street			Receipts or revenue	081		
	City	State	ZIP Code	Annual payroll	082		
	Kind-of-business description			Paid employees for pay period including March 12			
				083			
			Census use 088				
3	Name			1997	Mil.	Thou.	Dol.
	Number and street			Receipts or revenue	081		
	City	State	ZIP Code	Annual payroll	082		
	Kind-of-business description			Paid employees for pay period including March 12			
				083			
			Census use 088				
4	Name			1997	Mil.	Thou.	Dol.
	Number and street			Receipts or revenue	081		
	City	State	ZIP Code	Annual payroll	082		
	Kind-of-business description			Paid employees for pay period including March 12			
				083			
			Census use 088				

REMARKS – Please use this space for any explanations that may be essential in understanding your reported data.

Item 11. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.

Period covered by this report	FROM: Mo. Year	TO: Mo. Year	Name of person to contact regarding this report – <i>Print or type</i>		
	Telephone	Area code	Number	Extension	Title
Signature of authorized person					Date

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS

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