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

# **Other Gambling Industries**



**FORM** 

**SA-71T** 

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713290

**REPORT DUE** 

Any questions call **1–800–772–7851** M–F, 8:30 a.m. to 5:00 p.m. EST.

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 operating gambling facilities (except casinos or casino hotels) or providing gambling services. Examples include bingo halls, off-track betting, slot machine parlors, card rooms, gambling arcades, and lottery control boards.

|          | Does the above covera                | ge describe this firm's business activity?   |   |
|----------|--------------------------------------|--|---|
| 0001 1 2 | Yes - Go to 2 No - Specify the firm' | s business activity and complete the report where applicable beginning with $lue{2}$ . — | K |
|          | 0002                                 |  |   |

# 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   |       |     |      |
|      |   |      |       |     |      |

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

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

### **Exclude:**

• Transfers made within the company.

Include revenue from the sale of any admissions and/or the use of facilities, excluding state and local sales or admission taxes. Exclude revenue made by operators of concessions, or your share of revenue from vending machines operated by others in this firm's location(s).

|                            |      | 2007 | Operati | ng Revei | nue  |
|----------------------------|------|------|---------|----------|------|
|                            |      | Bil. | Mil.    | Thou.    | Dol. |
|                            | 1800 |      |         |          |      |
| I. TOTAL OPERATING REVENUE |      | \$   |         |          |      |
|                            |      |      |         |          |      |

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 companyCapitalized expenses

- InterestBad debt

| •    | Income tax Impairment   |      |      |           |          |      |
|------|---|------|------|-----------|----------|------|
| Doro | sonnel Costs  |      | 200  | 7 Operati | na Expei | nses |
| reis | Soffiler Costs  |      | Bil. | Mil.      | Thou.    | Dol. |
| 1.   | <b>Gross annual payroll</b> – Total annual Medicare salaries and wages for all employees 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.    | mou.     | 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<br/>pension plans. Pension plans that specify the benefit to be paid to employees upon<br/>retirement, generally either a specific amount or a percentage of compensation.<br/>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 each employee. The employee "benefit" at retirement depends on the amount</li> </ol>  | 1843 |      |           |          |      |
|      | 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)  |      | \$   |           |          |      |
|      |   |      |      |           |          |      |
|      | c. Other – Other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare).  | 1844 | \$   |           |          |      |
|      |   |      |      |           |          |      |
| 3.   | <b>Temporary staff and leased employee expense</b> – Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. <b>Include</b> all charges for payroll, benefits and services.   | 1823 | \$   |           |          |      |
| Ехр  | ensed Materials, Parts and Supplies (not for resale)  |      |      |           |          |      |
|      |   |      |      |           |          |      |
| 1    | Expensed equipment – Expensed computer hardware and other equipment (e.g., copiers,   | 1824 |      |           |          |      |
| ٦.   | fax machines, telephones, shop and lab equipment, CPUs, and monitors). Report packaged software in line <b>6.</b> Report leased and rented equipment in line <b>14.</b>   |      | \$   |           |          |      |
|      |   |      |      |           |          |      |
| 5.   | 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; and motor fuels   | 1825 | \$   |           |          |      |
|      |   |      |      |           |          |      |
|      | ensed Purchased Services  |      |      |           |          |      |
| 6.   | <b>Expensed purchases of software</b> – Purchases of prepackaged, custom coded, or vendor   | 1826 |      |           |          |      |
|      | 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.   |      | \$   |           |          |      |
|      |   |      |      |           |          |      |

# 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 company
- Capitalized expensesImpairment
- Interest
- Bad debt
- Income tax

## **Expensed Purchased Services (Continued)**

| 7.      | Data processing and other purchased computer services – Include web hosting, computer facilities management services, computer input preparation, data storage,                           |      | 2007 | ' Operati | ng Exper | nses |
|---------|---|------|------|-----------|----------|------|
|         | computer time rental, optical scanning services, and other computer-related advice  |      | Bil. | Mil.      | Thou.    | Dol. |
|         | and services, including training. <b>Exclude</b> expensed integrated systems, repair and  | 1845 |      |           |          |      |
|         | maintenance of computer equipment, payroll processing and credit card transaction fees, and expenses for telecommunication services (e.g., Internet, connectivity, telephone)             |      | \$   |           |          |      |
|         | ices, and expenses for telecommunication services (e.g., internet, connectivity, telephone)   |      |      | J         |          |      |
| Ω       | Purchased communication services – Telephone, cellular, and fax services; computer-   | 1846 |      | 1         |          |      |
| 0.      | related communications (e.g., Internet, connectivity, online), and other wired and wireless   | 1040 |      |           |          |      |
|         | communication services  |      | \$   |           |          |      |
|         |   |      |      |           |          |      |
| 9.      | Purchased repairs and maintenance to machinery and equipment – Expensed repair and  | 1040 |      | 1         | 1 1      |      |
|         | maintenance services to machinery, vehicles, equipment, and computer hardware. <b>Exclude</b> materials, parts, and supplies used for repairs and maintenance performed by this           | 1848 |      |           |          |      |
|         | firm's employees.   |      | \$   |           |          |      |
|         |   |      |      |           |          |      |
| 10.     | 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     | 1849 |      |           |          |      |
|         | this firm's employees. Report janitorial and grounds maintenance services in line 20  |      | \$   |           |          |      |
|         |   | 1850 |      | 1         |          |      |
| 11      | Purchased electricity - If the cost of electricity is included in lease or rental payments,   | 1000 |      |           |          |      |
| • • • • | report in line 15.  |      | \$   |           |          |      |
|         |   |      |      |           |          |      |
| 12.     | 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,   |      | \$   |           |          |      |
|         | report in line 15   |      | Ψ    |           |          |      |
|         |   |      |      |           |          |      |
| 13.     | 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 | 1852 |      |           |          |      |
|         | in line 15.   |      | \$   |           |          |      |
|         |   |      |      |           |          |      |
| 14.     | Lease and rental payments for machinery, equipment, and other tangible items –  |      |      |           |          |      |
|         | <b>Include</b> lease and rental of transportation equipment without operators; and penalties  | 1853 |      |           |          |      |
|         | incurred for broken leases. Exclude capital and financing lease agreements and  |      | \$   |           |          |      |
|         | licensing/leasing of software   |      | Ψ    | <u> </u>  | ]]       |      |
|         |   |      |      |           |          |      |
| 15      | Lease and rental payments for land, buildings, structures, store spaces, and offices –  | 1854 |      |           |          |      |
| 15.     | Include penalties incurred for broken leases  |      | \$   |           |          |      |
|         |   |      |      |           |          |      |
|         |   | 1830 |      |           | 1        |      |
| 16.     | Purchased advertising and promotional services – Include marketing and public relations   |      |      |           |          |      |
|         | services.   |      | \$   |           |          |      |
|         |   |      |      |           |          |      |
| 47      | Dividence dispersional and technical comices all policide management and the  | 1855 |      | -         |          |      |
| 17.     | Purchased professional and technical services – Include management consulting, accounting, auditing, bookkeeping, legal, actuarial, payroll processing, architectural, engineering,       | 1000 |      |           |          |      |
|         | and other professional services. <b>Exclude</b> salaries paid to your own employees for these services  |      | \$   |           |          |      |
|         | ,   |      |      |           |          |      |

| 5   | Operating | Expenses - | (Continued) |
|-----|-----------|------------|-------------|
| O . | 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.

### Exclude:

- Transfers made within the company
- Capitalized expenses Impairment Interest

- Bad debt
- Income tax

| Other Operating Expens |
|------------------------|
|------------------------|

|     |   |      | 2007     | Operati | ng <b>∟</b> xper | ises |
|-----|---|------|----------|---------|------------------|------|
| 18. | Depreciation and amortization charges - Include depreciation charges taken against tangible   |      | 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 intangible assets (e.g., paterils, copyrights). <b>Exclude</b> impairment   | • •  | <b>T</b> |         | ,                |      |
| 10  | Governmental taxes and license fees – Payments to government agencies for taxes and   | 1832 |          |         |                  |      |
| 19. | licenses. <b>Include</b> business and property taxes. <b>Exclude</b> income taxes, and sales and excise   | .002 |          |         |                  |      |
|     | taxes collected from customers.   |      | \$       |         |                  |      |
|     |   |      |          |         |                  |      |
| 20. | All other operating expenses – All other operating expenses not reported above,   | 4050 |          |         |                  |      |
|     | unless specifically excluded in the general instructions at the top of the page. <b>Include</b> office postage and package delivery. <b>Exclude</b> purchases of merchandise for resale | 1859 |          |         |                  |      |
|     | and non-operating expenses.   |      | \$       |         |                  |      |
|     |   | 1900 |          |         |                  |      |
|     |   | 1900 |          |         |                  |      |
| 21. | TOTAL OPERATING EXPENSES – Sum of lines 1–20  |      | \$       |         |                  |      |

Not Applicable

|   |          |          | Р        | age 7 |
|---|----------|----------|----------|-------|
| 7 Not Applicable  |          |          |          |       |
|   |          |          |          |       |
|   |          |          |          |       |
| O E Commerce Devenue  |          |          |          |       |
| 8 E-Commerce Revenue  |          |          |          |       |
| E-commerce includes sales, receipts, and contributions from any transaction completed over an Inter network, electronic mail or other online system. Transactions are agreements between buyers and se ownership of, or rights to use, goods or services. Payment for these goods and services may or may online. | llers to | transfer | :DI      |       |
| Did the revenue reported in 3 include any e-commerce  |          |          | erce Rev |       |
| revenue?  | Bil.     | Mil.     | Thou.    | Dol.  |
|   | \$       |          |          |       |
| 0011<br>2 ☐ No – Go to 11   |          |          |          |       |
|   |          |          |          |       |
|   |          |          |          |       |
|   |          |          |          |       |
| 9 Not Applicable  |          |          |          |       |
|   |          |          |          |       |
| 10 Not Applicable   |          |          |          |       |
|   |          |          |          |       |
|   |          |          |          |       |
|   |          |          |          |       |
|   |          |          |          |       |
|   |          |          |          |       |
|   |          |          |          |       |

| Did you have an Employer Identific   |                                  |                  |                |         |                   |                    |                   |               |        |                      |                     |                       |                      |
|--|----------------------------------|------------------|----------------|---------|-------------------|--------------------|-------------------|---------------|--------|----------------------|---------------------|-----------------------|----------------------|
|  | 0015                             |                  | $\top$         |         |                   |                    |                   | T             |        |                      |                     |                       |                      |
| Yes – Enter the new EIN  |                                  | EIN              |                |         |                   |                    |                   |               |        |                      |                     |                       |                      |
| 2 ☐ No – <b>Continue</b>   |                                  |                  |                |         |                   |                    |                   |               |        |                      |                     |                       |                      |
| Was there a change in ownership of the change in ownership ow  |                                  | firm's           | inform         | matio   | un.               |                    |                   |               |        | 0018                 | Month               | Year                  |                      |
| (for multiple mergers, provid  | e each firm's                    | informa          | ation as       | s an a  | attachi           | ment t             | o this            | repor         | t)     |                      |                     |                       |                      |
| 2 No – <b>Go to 12</b>   | 0017                             | Name o           | of compa       | ny acq  | uired or          | merged             | l with            |               |        |                      |                     |                       |                      |
| 2 No – <b>Go to</b> 12   |                                  |                  |                |         |                   |                    |                   |               |        |                      |                     |                       |                      |
|  |                                  | Street a         | ddress         |         |                   |                    |                   |               |        |                      |                     |                       |                      |
|  |                                  |                  |                |         |                   |                    |                   |               |        |                      |                     |                       |                      |
|  |                                  | City, St         | ate, ZIP       | Code    |                   |                    |                   |               |        |                      |                     |                       |                      |
|  |                                  |                  |                |         |                   |                    |                   |               |        |                      |                     |                       |                      |
|  |                                  | 019              |                | _       |                   |                    |                   |               |        |                      |                     |                       |                      |
|  |                                  | EIN L            |                |         |                   |                    |                   |               |        |                      |                     |                       |                      |
| Specify the nature of this change he   | ere ———                          | K                |                |         |                   |                    |                   |               |        |                      |                     |                       |                      |
|  |                                  |                  |                |         |                   |                    |                   |               |        |                      |                     |                       |                      |
| 35   |                                  |                  |                |         |                   |                    |                   |               |        |                      |                     |                       |                      |
| Remarks — Please provide an e<br>For any separate co<br>address label area a   | rrespondence                     | e pertai         | ining to       | stent ( | or inco<br>report | ompleto<br>, pleas | e data<br>se incl | that ude th   | would  | d aid ii<br>entifica | n undei<br>ation nu | rstandinç<br>ımber sl | g this re<br>nown in |
| Remarks — Please provide an e<br>For any separate co<br>address label area a   | rrespondence                     | e pertai         | ining to       | stent o | or inco           | ompleto, pleas     | e data<br>se incl | that dude the | would  | d aid ii             | n under             | rstanding<br>Imber si | g this re            |
| Remarks — Please provide an erea and and and and and and and and and an  | rrespondence<br>at the top of th | e pertai         | ining to page. | o this  | report            | , pleas            | se incl           | ude ti        | ne ide | entifica             | ation nu            | mber si               | g this re            |
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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.

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