2007 Annual Services Report Service Annual Survey

Fitness and Recreational Sports Centers



FORM

SA-71TE

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713940

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 operating fitness and recreational sports facilities featuring exercise and other active physical fitness conditioning or recreational sports activities, such as swimming, skating, or racquet sports.

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

| 3 F | Revenue | | | | | |
|------|---|--------|-----------|--------|-------|------|
| R | eport the total revenue for this firm's locations defined in 🚺 for the following categ | ories | 3. | | | |
| • | Enter "0" where applicable. Estimates are acceptable. | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | Tax Status | | | | | |
| | Is this establishment operated on a not-for-profit basis? | | | | | |
| | 1 ☐ Yes - Complete lines 1-4. Line 4 is sum of lines 1-3. | | | | | |
| 0031 | 2 ☐ No − Go to line 4. | | | 2007 R | | |
| | | 1741 | Bil. | Mil. | Thou. | Dol. |
| 1. | Contributions, gifts, and grants received | | \$ | | | |
| 2 | Investment and property income – Include interest and dividends. Exclude gains | 1742 | | | | |
| ۷. | (losses) from assets sold | | \$ | | | |
| 3. | Program service and all other revenue – Revenue not reported in lines 1–2. Include ca | apital | | | | |
| | gains and losses. If this item is greater than 20% of the total revenue, specify the p source of the revenue here $_{\overline{\nu}}$ | rima | ry | | | |
| 1001 | Source of the foreing more g | 1798 | | | | |
| | | | \$ | | | |
| | | 1800 | | | | |
| 4. | TOTAL REVENUE | | \$ | | | |
| | | | | | | |

4 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
- Interest
- Bad debt

| • | Income tax Impairment | | | | | |
|------|--|------|------|----------|--|------|
| Pers | onnel Costs | | 2007 | Operati | ng Expe | nses |
| | Gross annual payroll - Total annual Medicare salaries and wages for all employees as | 1821 | Bil. | Mil. | Thou. | Dol. |
| | 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. | | \$ | | | |
| 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: | | | | | |
| | 1. 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. | 1842 | | 1 | | |
| | Employer contributions are based on actuarial computations that include the employee's compensation and years of service and are not allocated to specific accounts maintained for employees | | \$ | | | |
| | 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 | 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 | \$ | | | |
| | | | | 1 | | |
| 3. | Temporary staff and leased employee expense – Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. Include all charges for payroll, benefits and services. | | \$ | | | |
| Ехре | ensed Materials, Parts and Supplies (not for resale) | | | | | |
| 4. | Expensed equipment – Expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, and monitors). Report packaged | 1824 | \$ | | | |
| | software in line 6. Report leased and rented equipment in line 14 | | Φ | <u> </u> | | |
| 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 | \$ | | | |
| Ξхр | ensed Purchased Services | | | | | |
| 6. | Expensed purchases of software – Purchases of prepackaged, custom coded, or vendor customized software. Include 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 | \$ | | | |
| | Telateu to software upgraues and alterations | | .* | <u>I</u> | <u>, </u> | |

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 | ⁷ Operati | ng Exper | nses |
|-----|---|------|------|----------------------|----------|------|
| | 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 maintenance of computer equipment, payroll processing and credit card transaction | 1845 | | | | |
| | fees, and expenses for telecommunication services (e.g., Internet, connectivity, telephone) | | \$ | | | |
| | | | | | | |
| 8. | Purchased communication services – Telephone, cellular, and fax services; computer- | 1846 | | | | |
| | related communications (e.g., Internet, connectivity, online), and other wired and wireless | | \$ | | | |
| | communication services | | Ψ | | | |
| 9. | Purchased repairs and maintenance to machinery and equipment – Expensed repair and | | | | | |
| | maintenance services to machinery, vehicles, equipment, and computer hardware. Exclude | 1848 | | | | |
| | materials, parts, and supplies used for repairs and maintenance performed by this | | \$ | | | |
| | firm's employees. | | ΙΨ | | | |
| 10. | Purchased repairs and maintenance to buildings, structures, and offices – Include | | | | | |
| | repair and maintenance to integral parts of buildings (e.g., elevators, heating systems). Exclude 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, | | l . | | | |
| | report in line 15 | | \$ | | | |
| | | | | | | |
| 12. | Purchased fuels (except motor fuels) – Fuel for heating, power or generating electricity (e.g., natural gas, propane, oil, coal). If the costs are included in lease or rental payments, | 1851 | | | | |
| | report in line 15. | | \$ | | | |
| | | | | | | |
| 13. | 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 15 | | Ψ | <u></u> | <u> </u> | |
| 1/ | Lease and rental payments for machinery, equipment, and other tangible items – | | | | | |
| 14. | Include 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 | | Φ | | <u> </u> | |
| | | 1854 | | , | | |
| 15 | Lease and rental payments for land, buildings, structures, store spaces, and offices - | 1004 | | | | |
| 10. | Include penalties incurred for broken leases. | | \$ | | | |
| | | | | | | |
| 40 | | 1830 | | | | |
| 16. | Purchased advertising and promotional services – Include marketing and public relations services. | | \$ | | | |
| | | | | | | |
| | | | | | | |
| 17. | Purchased professional and technical services – Include management consulting, | 1855 | | | | |
| | accounting, auditing, bookkeeping, legal, actuarial, payroll processing, architectural, engineering, and other professional services. Exclude salaries paid to your own employees for these services. | | \$ | | | |
| | paragraphic for the p | | | | | |

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

- Exclude:

 Transfers made within the company
 Capitalized expenses
 Impairment
 Interest

- Bad debt
- Income tax

| \sim | | | 4.5 | _ | |
|--------|-------|-----|--------|-------------|---------|
| / It | nor (| Inc | vratin | $r \perp v$ | penses |
| Oι | nei v | ノレモ | :1au11 | ᆚᅜ | nellaea |
| | | | | | |

| and the second of the second | | 2007 Operat | ing Exper | nses |
|---|-------------------|-------------|-----------|------|
| 18. Depreciation and amortization charges - Include depreciation charges taken against | | Bil. Mil. | Thou. | Dol. |
| tangible assets owned and used by your firm, tangible assets and improvements owned your firm within leaseholds, tangible assets obtained through capital lease agreements, a | | | | |
| amortization charges against intangible assets (e.g., patents, copyrights). Exclude impair | ment <u>.</u> \$_ | | | |
| | | | | |
| 19. Governmental taxes and license fees - Payments to government agencies for taxes a | nd 1832 | | | |
| licenses. Include business and property taxes. Exclude income taxes, and sales and extaxes collected from customers. | | | | |
| | | | | |
| 20. All other operating expenses – All other operating expenses not reported above, | 1950 | | | |
| unless specifically excluded in the general instructions at the top of the page. Include office postage and package delivery. Exclude purchases of merchandise for resale | 1859 | | | |
| and non-operating expenses. | | | | |
| | 1900 | | | |
| 21. TOTAL OPERATING EXPENSES – Sum of lines 1–20 | \$ | | | |
| 41. IVIAL OFLIANING EXPLINALS — JUIII VI IIIICS 1-20 | | | | |

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 expenses Impairment
- Bad debt
- Income tax

| 2007 | Interest | Expenses |
|------|----------|-----------------|
| 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 8 |
|---|-----------------------------|------------------------------|----------|-------|
| 7 Not Applicable | | | | |
| | | | | |
| | | | | |
| Commerce Davenue | | | | |
| 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. | net, extellers to not be | ranet, E transfei made | DI , | |
| Did the verseus venerated in O include any a commerce | 2007 | E-Comm | erce Rev | enue/ |
| Did the revenue reported in include any e-commerce revenue? | Bil. | Mil. | Thou. | Dol. |
| 2000 | | | | |
| 1 — Yes – What was this firm's e-commerce revenue? | \$ | | | |
| 2 □ No – Go to 111 | | | | |
| | | | | |
| | | | | |
| | | | | |
| 9 Not Applicable | | | | |
| 10 Not Applicable | | | | |
| | | | | |
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| Did you have an Employer Identific | | | | | | | | | | | | | |
|--|----------------------------------|------------------|----------------|---------|-------------------|--------------------|-------------------|---------------|--------|----------------------|---------------------|-----------------------|----------------------|
| | 0015 | | \top | | | | | T | | | | | |
| Yes – Enter the new EIN | | EIN | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | |
| 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 – Go to 12 | 0017 | Name o | of compa | ny acq | uired or | merged | l with | | | | | | |
| 2 No – Go to 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 For any separate co address label area a | rrespondence | e pertai | ining to | stent (| or inco report | ompleto , pleas | e data se incl | that ude th | would | d aid ii entifica | n undei ation nu | rstandinç ımber sl | g this re nown in |
| Remarks — Please provide an e For any separate co address label area a | rrespondence | e pertai | ining to | stent o | or inco | ompleto, pleas | e data se incl | that dude the | would | d aid ii | n under | rstanding Imber si | g this re |
| Remarks — Please provide an erea and and and and and and and and and an | rrespondence 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 |
| Remarks — Please provide an erection and separate considered and separate cons | orrespondence at the top of the | e pertai | ining to page. | o this | report | , pleas | se incl | ude ti | ne ide | entifica | e instru | mber si | g this re |
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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