Integrated Business Statistics Program (IBSP)

# 2016 Annual Survey of Service Industries: Real Estate Rental and Leasing and Property Management

#### **CONFIDENTIAL** once completed.

Selon nos dossiers votre langue de préférence est l'anglais, si vous préférez recevoir ce document en français, veuillez nous appeler au numéro sans frais suivant : 1-800-972-9692 ou ATS 1-855-382-7745

#### Introduction

#### Survey purpose

This survey collects the financial and operating data needed to develop national and regional economic policies and programs. Your information may also be used by Statistics Canada for other statistical and research purposes. Please access www.statcan.gc.ca/survey-enquete/index-eng.htm for more information on this survey.

Your information may also be used by Statistics Canada for other statistical and research purposes.

### Please return the questionnaire within 21 days.

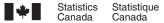
Please mail the completed questionnaire in the enclosed envelope or fax it to Statistics Canada at 1-888-883-7999.

If you are unable to complete within 21 days on if you need help, call us at 1-800-972-9692 or TTY 1-855-382-7745.

Statistics Canada
Operations and Integration Division
150 Tunney's Pasture Driveway
Ottawa, Ontario K1A 0T6

Visit our website, www.statcan.gc.ca

5-3600-4705.1: 2017-01-19





## Reporting instructions

- Please print in ink.
- Report dollar amounts in thousands of Canadian dollars ('000).
- Exclude sales tax.
- Percentages should be rounded to whole numbers.
- When precise figures are not available, please provide your best estimates.
- Consult the reporting guide at www.statcan.gc.ca/guides-e for further information.

В	usiness or organization and contact in	ıformati	ion
1.	Please <b>verify or provide</b> the business or organization <b>Note:</b> Legal name modifications should only be done to correct a sp	_	•
	Legal name		Operating name (if applicable)
2.	Please <b>verify or provide the contact information</b> of questionnaire and correct where needed.	the design	nated business or organization contact person for this
	<b>Note:</b> The designated contact person is the person who should rece completes the questionnaire.	eive this quest	tionnaire. The designated contact person may not always be the one who actually
	First name		Last name
	Title		Preferred language of communication
			English French
	Mailing address (number and street)		
		C	
	City	7	Dravings tawitan or state
	City		Province, territory or state
	Postal code or ZIP code Example: A9A 9A9 or 12345-1234		
	Country		
	Email address Example: user@example.gov.ca		
	Example: ascreexample:gov.ou		
		Extension r if applicabl	
	Fax number (including area code)		
	Example: 123-123-1234		

	verify or provide the current operational status of the business or organization identified by the legal erating name.
B00323	
001	Operational → Go to question 4
002	Not currently operational
6	e.g., temporarily or permanently closed, change of ownership
ر <b>جا</b>	Why is this business or organization not currently operational?
	800309
	Seasonal operations → Go to question 3a.
	Ceased operations → Go to question 3b.
	Sold operations → Go to question 3c.
	Amalgamated with (an) other business(es) or organization(s) → Go to question 3d.
	Temporarily inactive but will re-open → Go to question 3e.
	No longer operating due to other reason(s) → Go to question 3f.
	1 2
3a. Seaso	nal operations
When	did this business or organization close for the season?
	YYYY MM DD
5.	B00217
Date	
When	does this business or organization expect to resume operations?
	YYYY MM DD
Date	→ Go to question 4
3b. Cease	d operations
When	did this business or organization cease operations?
	YYYY MM DD 800211
Date	
-	id this business or organization cease operations?
B00311 001	Bankruptcy
002	
003	Liquidation
	Dissolution → Go to question 4
004	Other reasons — specify:
	B00312

3c.	Sold operations
	When was this business or organization sold?
	YYYY MM DD
	B00212
	Date
	What is the legal name of the buyer?
	800406
	→ Go to question 4
0.1	
3d.	Amalgamated with (an) other business(es) or organization(s)
	When did this business or organization amalgamate?
	YYYY MM DD B00213
	Date
	What is the legal name of the resulting or continuing business or organization?
	800407
	What is (are) the legal name(s) of the other amalgamated business(es) or organization(s)?
	→ Go to question 4
	Go to question 4
3e.	Temporarily inactive but will re-open
	When did this business or organization become temporarily inactive?
	YYYY MM DD
	B00214 Date
	Date
	When does this business or organization expect to resume operations?
	YYYY MM DD
	Date
	Why is this business or organization temporarily inactive?
	900313
	→ Go to question 4
3f.	No longer operating due to other reason(s)
	When did this business or organization cease operations?
	YYYY MM DD
	B00216  Date
	Why did this business or organization cease operations?
	JUUG 14

4.			e current main activity of the business or organization identified by the lesigned using the North American Industry Classification System (NAICS).	gal and operating name.
	B05002 001	#{NAICS_Title_E.Pre	efill}	
				<b>↓</b> Go to next section
	002	Other main activity	Please provide a brief but precise description of this business or orga e.g., breakfast cereal manufacturing, shoe store, software development B05003	nization's <b>main activity</b> .
			of 08.	
			COXCO	
			ank 15t	
			EORWATION CORPT OR THE ORIGINATION OF THE ORIGINATI	
		15	Who Mo	

Re	porting period information	
1.	For this survey, please report information for this business or or <b>Note:</b> For this survey, the <b>End date</b> should fall between April 1,	
	YYYY MM DD	YYYY MM DD
	Start date End da	ate
2.	If the reporting period <b>does not cover a full year</b> , please check (mark all that apply):	the reason(s) below
	B00301_r1	B00301_r5
	seasonal operations	ceased operations
	B00301_r2	B00301_r6
	new business	temporarily inactive
	B00301_r3	800301 r7
	change of ownership	other reason — please specify:
	B00301_r4	B00301_r8
	change of fiscal year	
3.	Please indicate below, any changes or events that may have aff compared to the last reporting period (mark all that apply):	fected the reported values for this business or organization
	800302_t1	B00302_t10
	strike or lockout	sold business units
	B00302_t2	B00302_t11
	exchange rate impact	expansion
	800302_13	B00302_112
	price changes in goods or services sold  B00302_14  contracting out	new/lost contract
	B00302_t4	800302_t13
		plant closures
	800302_t5	800302_t14
	organizational change	acquisition of business units
	B00302_t6	800302_t15
	price changes in labour or raw materials	other change or event — please specify:
	800302_17	
	natural disaster	
	800302_18	B00302_t17
	recession	no change or event
	800302_19	
	change in product line	

# Revenue Notes: • A detailed breakdown may be requested in other sections. · These questions are asked of many different industries. Some questions may not apply to this business. Refer to the reporting guide for detailed instructions. Please report all amounts in thousands of Canadian dollars. What was this business's revenue from each of the following sources? **CAN\$ '000** F43008 Sales of goods and services Include: sales, commissions, rental and leasing revenue F45801 Rental and leasing (report only if this is a secondary revenue source; if rental and leasing are your primary revenue source report in question 1) ...... F45701 (report only if this is a secondary revenue source; F47101 THO MOTOR CORP. F47201 Royalties, rights, licensing and franchise fees .... E51101 F51201 7. Other revenue - please specify: Include: intracompany transfers F51301 \$ F40000 **Total revenue** (sum of questions 1 to 8) . .

E	Cor	nmerce		
1.		this reporting period, what was this business's total revenue? ase report all amounts in <b>thousands of Canadian dollars.</b>		CAN\$ '000
	gran	ude: sales of goods and services; rental, leasing and property management; comm nts, donations, fundraising and sponsorships; royalties; rights; licensing and franchi rest and other revenue.	ise fees; dividends,	F40000PF1 ,000
2.	Did	this business have any e-commerce revenue in this reporting period?		
	Inclu can	ommerce revenue: sale of goods and services conducted over the Internet with or ude: all revenue for which an order is received and the commitment to purchase is be made by other means, such as orders made on Web pages, an extranet, mobile lude: orders made by telephone, facsimile or email.	made via the Internet, althou	
	1	Yes → Go to question 3		
	3	No → Go to question 6		<b>CAN\$ '000</b>
3.		at was the total e-commerce revenue in this reporting period? ecise figures are not available, please provide your best estimate	\$	,000
4.	of th	ing this reporting period, did this business make sales over the Internet the following methods? ect all that apply.	arough any	
	a.	Via a mobile app	B05/64_m2	
	b.	Via your company website	B05164_m3	
	C.	Via a third-party website	B05164_m4	
	d.	Via Electronic Data Interchange (EDI)	B05164_m5	
	e.	Other methods — please specify:		
5.	Doe B20052		ed to e-commerce?	
	3	Yes		
	3	No		
6.	sale	ou answered No at question 2, please identify the reasons why this busine as over the Internet: act all that apply.	ess did not make	
	a.	Goods and services do not lend themselves to online sales	B05165_r1	
	b.	Prefer to maintain current business model	B05165_r2	
	C.	Lack of skilled workers to implement and maintain	B05165_r3	
		e-commerce infrastructure	B05165_r4	
	d.	Cost of development is too high	B05165_r5	
	e.	Security concerns	B05165_r6	
	f.	Other reasons — please specify:		

#### **Expenses Notes:** • A detailed breakdown may be requested in other sections. These questions are asked of many different industries. Some questions may not apply to this business. Refer to the reporting guide for detailed instructions. Please report all amounts in thousands of Canadian dollars. What were this business's expenses for the following items? **CAN\$ '000** Cost of goods sold F61206 opening inventories ...... purchases Include: raw materials, goods purchased for resale and non-returnable containers Exclude: change in inventories ...... F61406 **CAN\$ '000** F61101 cost of goods sold (opening inventories plus purchases minus closing inventories) Employment costs and expenses Include: all employees who were issued a T4 Exclude: commissions paid to non-employees (report at question 3) F61501 salaries, wages and commissions F61502 employee benefits (please refer to the reporting guide for the list of inclusions and exclusions) F62503 Include: commissions paid to non-employees Exclude: research and development . . F62504 Research and development fees Exclude: in-house research and developmen F62601 5. Professional and business fees F61801 6. Utilities (e.g., electricity, water and gas) F62505 Office and computer related expenses (e.g., office supplies, postage and computer upgrades) F61802 Telephone, Internet and other telecommunication ..... F61901 Business taxes, licenses and permits F62001 10. Royalties, franchise fees and memberships Exclude: Crown royalties ..... F62506 Crown charges (for logging, mining and energy industries only)

			<b>CAN\$ '000</b> F62101	
12.	Rental and leasing	ф	F02101	
	Include: land, buildings, equipment and vehicles	\$	F62201	,000
13.	Repair and maintenance	Φ	102201	000
	Include: buildings, equipment and vehicles	\$	F61601	,000
		Φ	F01001	000
14.	Amortization and depreciation	\$	F62301	,000
		ф	F02301	
15.	Insurance	\$	F62507	,000
4.0		Φ	102307	000
16.	Advertising, marketing, promotion, meals and entertainment	\$	F62508	,000
		Φ	102300	000
17.	Travel, meetings and conventions	\$	F62401	,000
18.	Financial services	Φ	102401	000
	(e.g., bank charges and transaction fees)	\$	F69101	,000
40	CO	\$		000
19.	Interest expense	φ	F62509	,000
20.	Other non-production-related costs and expenses	\$		,000
21.	Include: bad debts, loan losses, donations, political contributions and inventory write-down  All other costs and expenses — please specify:	Ψ		,000
	Includes intracompany expanses		F00544	
	F62512	Φ.	F62511	
		\$	F60000	,000
22.	Total expenses	\$		000
	(sum of questions 1 to 21)	Ф		,000

Inc	dustry characteristics			
Sa	les			
Wh	at were this business's sales for the following goods and services? se report all amounts in <b>thousands of Canadian dollars</b> .		CAN\$ '000	
			F45832	
1.	Rental income – residential properties	\$		.000
			F45833	,
2.	Rental income – commercial/non-residential properties	\$		,000
۷.	Tierital income – commercial/non-residential properties	Ψ	F45834	,000
3.	Rental income – mini-warehouses and self-storage units	\$		,000
3. 4.	Other residential real estate rental	Ψ	F45835	,000
٦.	Include: rental or leasing of land for residential use (e.g., trailer and mobile home parks)	\$		,000
5.	Other commercial/non-residential real estate rental		F45836	
	Include: rental and leasing of land for commercial/non-residential use, (e.g., land for commercial or industrial use and agricultural land)	\$		,000
			F45166	
6.	Revenue from property management services	\$		,000
			F43003	
7.	Revenue from goods purchased for resale as is (e.g., drinks, food, games)	\$		,000
8.	Other related sales — please specify:			
	F43175		F43005	
		\$		,000
9.	Total sales of goods and services		F43000	
٠.	(sum of questions 1 to 8)	\$		,000
	Percentage			
	F51306			
10.	Percentage of total revenue from real estate investment trusts			
Sal	ected expenditure information			
	ase provide selected expenditure information.		CAN\$ '000	
1 100	ass provide eclested experialitation.		F62604	
11.	Property management fees	\$		,000
			F62514	
12.	Real estate commissions	\$		,000
			F62515	,
12	Value of inducements to tenants	\$		,000
13.	value of inducements to tenants	Ψ	F61902	,000
	<del>-</del>	Φ		000
14.	Transfer taxes and lot levies	\$	F61903	,000
			101903	
15.	Property taxes	\$		,000
			F69102	
16.	Mortgage interest	\$		.000

Property information		Commercial/
Please provide property information.	Residential Number	non-residential Number
	B20012	B20013
17. Number of buildings owned and/or managed at year end	B20014	B20015
18. Number of rental units owned and/or managed at year end		
19. Square feet rented or leased (commercial / non-residential only)		B20016
	AL ORY	

Contact person
Name of person to contact about this questionnaire:
First name
Last name
Title
Email address
Telephone number  Extension number  Fax number  hours minutes
How long did you spend collecting the data and completing the questionnaire?
We invite your comments below. If necessary, please attach a separate sheet Please be assured that we review all comments with the intent of improving the survey.

#### **General information**

MEORNATION COPPERORY

NEORNATION COPPERORY

NOON COPPERORY

NO

Thank you for completing this questionnaire.

Please retain a copy for your records.

Visit our website, www.statcan.gc.ca