



# Arts and Economic Prosperity II

The Economic Impact of Nonprofit Arts Organizations and Their Audiences

**First, please provide contact information for your organization.**

**Organization Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Name of Chief Staff Executive:** \_\_\_\_\_

**We request the name of the individual completing the survey so we know who to contact in case we have questions about your responses. We will only contact you if we have questions pertaining to the survey.**

**Your Name:** \_\_\_\_\_

**Your Job Title:** \_\_\_\_\_

**Your E-mail Address:** \_\_\_\_\_

**Please provide the following background information about your organization.**

**1. Which of the following best characterizes the legal status of your organization? (Check only one)**

- |   |  |
|---|--|
| <input type="checkbox"/> Private, nonprofit                     | <input type="checkbox"/> Embedded arts program (e.g., church arts program) |
| <input type="checkbox"/> Public, government                     | <input type="checkbox"/> For-profit business                               |
| <input type="checkbox"/> Community organization (e.g., theater) | <input type="checkbox"/> Other ( <i>please specify</i> ): _____            |

**2. During what month did your 2005 fiscal year end? (VERY IMPORTANT -- Americans for the Arts defines fiscal year 2005 as your fiscal year that ended between January 1, 2005 and December 31, 2005.)**

**Month:** \_\_\_\_\_

**Year:** 2005

## Financial Profile of Your Organization

**3. Please provide your organization's itemized expenditures for your 2005 fiscal year (identified in Q.2).** Exclude capital expenditures and asset acquisition (we ask about those on the next page). If exact figures are not available, please use your best estimates. Please round to the nearest whole number. *(If your organization is a municipality, college, university, or non-arts organization, remember to respond based only on the portion of your budget that pertains to your arts activities and events.)*

**One important caveat:** Do NOT include dollars that your organization granted to other organizations. (Grant dollars will be captured on the surveys that are completed by the organizations that received the grants).

### Personnel & Payroll Expenses (excluding payments to artists)

A. Total organizational payroll (including both full-time and part-time staff)	\$	
B. Total payroll taxes and fringe benefits (including FICA)	\$	
C. Contractors (i.e., full-time contract staff)	\$	
D. Other personnel expenses ( <i>not classified above</i> ): _____	\$	
<b>E. Total 2005 Personnel &amp; Payroll Expenses</b> ( <i>sum of lines A - D</i> )	\$	

### Payments to Artists (e.g., performances, commissions, etc.)

F. Payments to LOCAL artists (i.e., <u>within</u> your geographic region)	\$	
G. Payroll taxes and fringe benefits (including FICA) for LOCAL artists	\$	
H. Payments to NON-LOCAL artists (i.e., <u>outside</u> your geographic area)	\$	
I. Payroll taxes and fringe benefits (including FICA) for NON-LOCAL artists	\$	
<b>J. Total 2005 Payments to Artists</b> ( <i>sum of lines F - I</i> )	\$	

### Overhead & Programmatic Expenses

K. Contract services (part-time or seasonal, including accounting and legal)	\$	
L. Advertising, marketing, and other promotional costs	\$	
M. Publications, videos, CDs	\$	
N. Postage	\$	
O. Travel costs	\$	
P. Office machinery (excluding capital expenditures) and equipment rental	\$	
Q. Insurance	\$	
R. Communication costs (e.g., phone, fax, Internet)	\$	
S. Supplies and materials	\$	
T. Programming and production expenses	\$	
U. Other ( <i>not classified above</i> ): _____	\$	
<b>V. Total 2005 Overhead &amp; Programmatic Expenses</b> ( <i>sum of lines K - U</i> )	\$	

### Facility Expenses

W. Rental and/or lease costs	\$	
X. Mortgage costs	\$	
Y. Property taxes	\$	
Z. Utilities (e.g., electric, water, and refuse)	\$	
AA. Other facility costs ( <i>not classified above</i> ): _____	\$	
<b>BB. Total 2005 Facility Expenses</b> ( <i>sum of lines W through AA</i> )	\$	
<b>TOTAL OPERATING EXPENDITURES</b> ( <i>sum of lines E, J, V, &amp; BB</i> )	\$	

**4. Please provide your organization's capital expenditures and asset acquisition for your 2005 fiscal year (identified in Q.2).** If exact figures are not available, please use your best estimates. Please round to the nearest whole number. *(If your organization is a municipality, college, university, or non-arts organization, remember to respond based only on the portion of your budget that pertains to your arts activities and events.)*

**Capital expenditures** are payments to buy, build, replace, improve, or expand a facility or equipment which will last for more than one year and which, under generally accepted accounting principles, are not properly chargeable as an expense of operation or maintenance. In other words, they are capitalized and may be depreciated or amortized.

**Capital Expenditures**

<b>A.</b> Equipment purchases & improvements (i.e. computer equipment & upgrades, instruments, sound systems, lighting systems, easels)	\$	
<b>B.</b> Art purchases (i.e., additions to a collection)	\$	
<b>C.</b> Real estate purchases	\$	
<b>D.</b> Construction of new facilities	\$	
<b>E.</b> Renovation and/or improvement of existing facilities	\$	
<b>F. Total 2005 Capital Expenditures</b> <i>(sum of lines A - E)</i>	\$	

**5. Please provide your organization's itemized sources of revenue for your 2005 fiscal year (identified in Q.2).** If exact figures are not available, please use your best estimates. Please round to the nearest whole number. *(If your organization is a municipality, college, university, or non-arts organization, remember to respond based only on the portion of your budget that pertains to your arts activities and events.)*

**Organizational Revenues**

<b>A.</b> Earned Revenue (e.g., admissions, fees for services)	\$	
<b>B.</b> Corporate Support	\$	
<b>C.</b> Foundation Support	\$	
<b>D.</b> Individual Support	\$	
<b>E.</b> Local government grants and support (city and/or county)	\$	
<b>F.</b> State government grants and support	\$	
<b>G.</b> Federal government grants and support	\$	
<b>H.</b> Cash on hand (i.e., existing cash reserves used to pay for 2004 expenses)	\$	
<b>I.</b> Other revenues <i>(not classified above)</i> : _____	\$	
<b>J. Total 2005 Organizational Revenues</b> <i>(sum of lines A through I)</i>	\$	

## Value of In-Kind Contributions to Your Organization

6. Please provide the estimated dollar value of the in-kind contributions received by your organization during your **2005** fiscal year (identified in Q.2). If exact figures are not available, use your best estimates. Please round to the nearest whole number. (If your organization is a municipality, college, university, or non-arts organization, remember to respond based only on the portion of your budget that pertains to your arts activities and events.)

**In-kind contributions** are non-cash donations such as materials (e.g., office supplies from a local retailer), facilities (e.g., rent), and services (e.g., printing costs from a local printer).

	<u>In-Kind Value</u>
A. From arts organizations (e.g. arts agencies, arts councils, museums, etc.)	\$ <input type="text"/>
B. From corporations or private businesses	\$ <input type="text"/>
C. From individuals (exclude volunteer hours — we'll ask about those below)	\$ <input type="text"/>
D. From local government (city and/or county)	\$ <input type="text"/>
E. From state government	\$ <input type="text"/>
F. From other sources (not classified above): _____	\$ <input type="text"/>
<b>G. Total Value of 2005 In-Kind Contributions (sum of lines A - F)</b>	\$ <input type="text"/>

## Number of Paid Staff

7. Please provide the total number of **paid** staff were employed by your organization on December 31, 2005.

	<u>Number of Paid Staff</u>
A. Full-time paid staff	# <input type="text"/>
B. Part-time paid staff	# <input type="text"/>
C. Contract staff/independent contractors	# <input type="text"/>
D. Other paid staff (not classified above): _____	# <input type="text"/>
<b>E. Total Number of Paid Staff (sum of lines A - D)</b>	# <input type="text"/>

## Volunteers and Volunteer Hours Dedicated to Your Organization

8. Please provide the total number of volunteers who donated time to your organization, and the total number of hours they donated, during your **2005** fiscal year (identified in Q.2). Include time donated by board members, docents, ushers, etc. If exact figures are not available, please use your best estimates. (If your organization is a municipality, college, university, or non-arts organization, remember to respond based only on the portion of your volunteerism that pertains to your arts activities)

	<u>Total Volunteers</u>	<u>Total Hours</u>
A. Professional (e.g., executive & program staff, board members)	# <input type="text"/>	# <input type="text"/>
B. Artistic (e.g., artists, choreographers, designers)	# <input type="text"/>	# <input type="text"/>
C. Clerical (e.g., administrative support staff)	# <input type="text"/>	# <input type="text"/>
D. Service (e.g., ticket takers, docents, gift shop volunteers)	# <input type="text"/>	# <input type="text"/>
E. Other volunteers (not classified above): _____	# <input type="text"/>	# <input type="text"/>
<b>F. Total 2005 Volunteers and Hours (sum of lines A - E)</b>	# <input type="text"/>	# <input type="text"/>

**Attendance Figures for Your Organization**

**9. Please provide the total attendance figures for your organization during your 2005 fiscal year (identified in Q.2).** These figures should include attendance to all cultural events that your organization produces. If exact figures are not available, use your best estimates. *(If your organization is a municipality, college, university, or non-arts organization, remember to respond based only on the portion of your attendance that pertains to your arts activities and events.)*

	<b>Total Attendance</b>
A. Performances	# <input type="text"/>
B. Exhibitions (including museum and gallery attendance)	# <input type="text"/>
C. Festivals and special events	# <input type="text"/>
D. Other events <i>(not classified above)</i> : _____	# <input type="text"/>
E. <b>Total 2005 Attendance</b> <i>(sum of lines A - D)</i>	# <input type="text"/>

**10. Please estimate the percentage of the total attendance (that you provided in Q.9) that was represented by children younger than 18 years of age.** Give us your best estimate.

A. Percentage (%) of total attendance represented by children younger than 18 years of age  %

**THANK YOU FOR YOUR PARTICIPATION !!**

**Mail, Fax, or E-mail Your Completed Survey to:**

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