



# Arts and Economic Prosperity IV

The Economic Impact of  
Nonprofit Arts and Culture Organizations and Their Audiences

This research study is being conducted to provide reliable information about the economic impact of the arts and culture in your Study Region. Your organization (or arts/cultural program) has been identified as eligible to participate. (The definition of your Study Region is in the original survey e-mail message, as well as on the first page of the web-based survey where you downloaded this paper version.)

**Before you begin filling out the survey, we suggest that you review all of the questions and then gather the materials and documents you will need for your fiscal year that ENDED during 2010 (e.g., IRS Form 990, annual report, and/or audit).**

**First, please provide the following contact information for your eligible arts organization or program.**

Formal Name of Organization/Program: \_\_\_\_\_

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

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

County (not country): \_\_\_\_\_

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

Web Address of Home Page: \_\_\_\_\_

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

Chief Staff Executive's Job Title: \_\_\_\_\_

Chief Staff Executive's E-mail Address: \_\_\_\_\_

**If different than the person listed above, please tell us who is completing the survey so we know who to contact in case we have questions. We will only contact you about 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)**

- Private, nonprofit (e.g., a 501c3 or other formal nonprofit organization)
- Public, government (e.g., department of cultural affairs, municipal arts facility or program)
- Unincorporated private or community organization (e.g., an organization without 501c3 status)
- Embedded under the umbrella of a larger organization
- For-profit business
- Other (please specify): \_\_\_\_\_

**2. What was the END DATE of your fiscal year that ENDED during 2010?**

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

Year: 2010

**Important Background Information**

**3. Is your organization or program a college or university arts program, group, facility, or event (or otherwise affiliated with a college or university)?**

- No     Yes —————→ **IF "YES"**, complete this survey based only on the delivery of arts programming and activities to the public. Include performance and visual arts facilities and organizations. Include cultural heritage organizations. Include groups that present programming to the public. Include special events such as festivals. EXCLUDE academic arts programs. As a general rule of thumb: Include where the art happens, and exclude where the teaching happens. **YOUR BEST ESTIMATES ARE FINE.**

**4. Is your organization or program embedded within a NON-ARTS community organization? An example would be an arts program that is operated by a church or community center.**

- No     Yes —————→ **IF "YES"**, complete this survey based only on the budget of your arts and culture programming and activities. Do NOT respond based on the operating budget of the entire non-arts community organization. For example, if your organization is a community center that provides after-school arts activities, respond solely regarding the arts programming. **YOUR BEST ESTIMATES ARE FINE.**

**5. Is your organization or program operated under the umbrella of a larger municipal organization? An example would be a Division of Cultural Affairs or an arts facility that is housed within or operated by a larger municipal department such as Parks & Recreation, Economic Development, or Planning.**

- No     Yes —————→ **IF "YES"**, complete this survey based only on the budget of your arts and culture office, programming, and activities. Do NOT respond based on the operating budget of the entire municipal agency. For example, if your organization is housed within the Parks & Recreation Department, do NOT respond based on the budget and programming of the entire Parks & Recreation Department. Rather, respond based on the budget and programming of your arts and culture office, programming, and activities only. **YOUR BEST ESTIMATES ARE FINE.**

**6. Did your arts organization or program award grants or otherwise provide direct financial support to at least one arts organization during your fiscal year that ended during 2010?**

- No     Yes —————→ **IF "YES"**, when completing this survey, EXCLUDE all dollars that were awarded or otherwise allocated to other arts and culture organizations. Those dollars will be captured on the version of this survey that is completed by those organizations that received the funds. **YOUR BEST ESTIMATES ARE FINE.** (You should include, however, dollars that your organization or program awarded or granted to individual artists.)

## Financial Profile of Your Organization

7. Provide your organization's total **OPERATING EXPENDITURES** for your fiscal year that **ENDED** during 2010. Exclude capital expenditures and asset acquisition (we ask about those on the next page). If exact figures are not available, use your best estimates. Round to the nearest whole number.

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

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

- |  |    |                      |
|--|----|----------------------|
| F. Payments to LOCAL artists (i.e., live <u>within</u> your Study Region)      | \$ | <input type="text"/> |
| G. Payroll taxes and fringe benefits (including FICA) for LOCAL artists        | \$ | <input type="text"/> |
| H. Payments to NON-LOCAL artists (i.e., live <u>outside</u> your Study Region) | \$ | <input type="text"/> |
| I. Payroll taxes and fringe benefits (including FICA) for NON-LOCAL artists    | \$ | <input type="text"/> |
| <b>J. Total Payments to Artists (sum of lines F - I)</b>                       | \$ | <input type="text"/> |

### Overhead & Programmatic Expenses

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

### Facility Expenses

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

**8. Please provide your organization's CAPITAL EXPENDITURES AND ASSET ACQUISITION for your fiscal year that ENDED during 2010. If exact figures are not available, please use your best estimates. Please round to the nearest whole number.**

**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 (e.g. 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.</b> Other Capital Expenditures ( <i>not classified above</i> ):	\$	
<b>G. Total Capital Expenditures (sum of lines A - F)</b>	\$	

**9. Please provide your organization's total REVENUE and SUPPORT for your fiscal year that ENDED during 2010. If exact figures are not available, please use your best estimates. Please round to the nearest whole number.**

**Organizational Revenues**

<b>A.</b> Earned Revenue (e.g., admissions, sales, tuition, 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 only)	\$	
<b>F.</b> State Government Grants and Support	\$	
<b>G.</b> Federal Government Grants and Support (e.g., NEA)	\$	
<b>H.</b> Interest Income	\$	
<b>I.</b> Income from your Endowment	\$	
<b>J.</b> Cash on hand (i.e., existing cash reserves used to pay FY2010 expenses)	\$	
<b>K.</b> All Other Revenues and Support ( <i>not classified above</i> ): _____	\$	
<b>L. Total Organizational Revenues (sum of lines A through L)</b>	\$	

## Attendance Figures for Your Organization

10. Please provide the **TOTAL ATTENDANCE** figures for your organization during your fiscal year that ENDED during 2010. These figures should include attendance to all cultural events that your organization produces or presents. If exact figures are not available, use your best estimates.

	<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"/>
<b>E. Total Attendance (sum of lines A - D)</b>	<b># <input type="text"/></b>

11. Estimate the percentage of the total attendance (that you provided in Q.10) that was represented by attendees who are **NOT residents of your Study Region**. We recognize that it is difficult to provide an exact figure. *Give us your best estimate.*

A. Percentage (%) of total attendance represented by NON-RESIDENTS  %

12. Estimate the percentage of the total attendance (that you provided in Q.10) that was represented by **CHILDREN younger than 18 years of age**. We recognize that it is difficult to provide an exact figure. *Give us your best estimate.*

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

## Value of In-Kind Contributions to Your Organization

13. Please provide the estimated dollar value of the **IN-KIND CONTRIBUTIONS** received by your organization during your fiscal year that ENDED during 2010. If exact figures are not available, use your best estimates. Please round to the nearest whole number.

**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).

	<b>In-Kind Value</b>
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 ( <i>not classified above</i> ): _____	\$ <input type="text"/>
<b>G. Total Value of In-Kind Contributions (sum of lines A - F)</b>	<b>\$ <input type="text"/></b>

**Volunteers and Volunteer Hours Dedicated to Your Organization**

14. Please provide the total number of VOLUNTEERS who donated time to your organization, and the total number of VOLUNTEER HOURS they donated, during your fiscal year that ENDED during 2010. Include time donated by board members, docents, ushers, etc. If exact figures are not available, please use your best estimates.

	<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 ( <i>not classified above</i> ): _____	# <input type="text"/>	# <input type="text"/>
<b>F. Total Volunteers and Hours (sum of lines A - E)</b>	# <input type="text"/>	# <input type="text"/>

**Number of Paid Staff**

15. Please provide the total number of PAID STAFF that are employed by your organization.

	<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 (excluding seasonal staff)	# <input type="text"/>
D. Seasonal staff	# <input type="text"/>
E. Other paid staff ( <i>not classified above</i> ): _____	# <input type="text"/>
<b>F. Total Number of Paid Staff (sum of lines A - E)</b>	# <input type="text"/>

16. Based on the itemized staff information that you provided above, what is the total number of FULL-TIME EQUIVALENT (FTE) staff currently employed by your organization? Full-time equivalent employees equal (the number of employees on full-time schedules) plus (the number of employees on part-time schedules converted to a full-time basis). Therefore, one FTE can equal one full-time employee, OR two half-time employees, OR one half-time employee and two quarter-time employees, etc. If an exact figure is not available, provide your best estimate.

A. Total Number of FTE staff currently employed	# <input type="text"/>
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**THANK YOU FOR GATHERING THIS IMPORTANT ECONOMIC IMPACT INFORMATION !!**

Using this completed paper survey, please return to the original e-mail you received about this survey, click the link to your unique web-based survey form, and fill out the web-based form. Keep this paper copy for your records.

Or, if you prefer, feel free to make a copy of this paper survey for your records, and then:

<p>(1) Mail, (2) Fax, or (3) Scan and E-mail Your Completed Survey to:</p> <p><b>Fax:</b> 202-371-0424</p> <p><b>E-mail:</b> <a href="mailto:bdavidson@artsusa.org">bdavidson@artsusa.org</a></p>	<p>Benjamin Davidson Senior Director of Research Services Americans for the Arts 1000 Vermont Avenue NW, 6th Floor Washington, DC 20005</p>
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