



# 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 community. 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?**

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> January 31, 2010  | <input type="checkbox"/> April 30, 2010 | <input type="checkbox"/> July 31, 2010      | <input type="checkbox"/> October 31, 2010  |
| <input type="checkbox"/> February 28, 2010 | <input type="checkbox"/> May 31, 2010   | <input type="checkbox"/> August 31, 2010    | <input type="checkbox"/> November 30, 2010 |
| <input type="checkbox"/> March 31, 2010    | <input type="checkbox"/> June 30, 2010  | <input type="checkbox"/> September 30, 2010 | <input type="checkbox"/> December 31, 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.)

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).

**Operating Expenditures**

**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 and part-time contract staff) \$
- D. Other personnel expenses (*not classified above*): \_\_\_\_\_ \$
- E. **Total Personnel & Payroll Expenses (sum of lines A - D)** \$

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

- F. Payments to LOCAL artists (*i.e.*, live within your Study Region) \$
- G. Payroll taxes and fringe benefits (including FICA) for LOCAL artists \$
- H. Payments to NON-LOCAL artists (*i.e.*, live outside your Study Region) \$
- I. Payroll taxes and fringe benefits (including FICA) for NON-LOCAL artists \$
- J. **Total Payments to Artists (sum of lines F - I)** \$

**Overhead & Programmatic Expenses**

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

**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 (*not classified above*): \_\_\_\_\_ \$
- BB. **Total Facility Expenses (sum of lines W through AA)** \$

**TOTAL OPERATING EXPENDITURES** (*sum of lines E, J, V, & BB*) \$

**8. Please provide your organization's total 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 ( <i>e.g.</i> , computer equipment & upgrades, instruments, sound systems, lighting systems, easels)	\$	
<b>B.</b> Art purchases ( <i>i.e.</i> , 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. Include support and revenue received for capital projects.**

**Organizational Revenues**

<b>A.</b> Earned Revenue ( <i>e.g.</i> , 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 ( <i>e.g.</i> , NEA)	\$	
<b>H.</b> Interest Income	\$	
<b>I.</b> Income from your Endowment	\$	
<b>J.</b> Cash on hand ( <i>i.e.</i> , 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.**

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

		<u>In-Kind Value</u>
A. From arts organizations ( <i>e.g.</i> arts agencies, arts councils, museums, etc.)	\$	
B. From corporations or private businesses	\$	
C. From individuals (exclude volunteer hours — we'll ask about those below)	\$	
D. From local government (city and/or county)	\$	
E. From state government	\$	
F. From other sources ( <i>not classified above</i> ): _____	\$	
<b>G. Total Value of In-Kind Contributions (sum of lines A - F)</b>	<b>\$</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. If exact figures are not available, please use your best estimates.

When considering volunteers, be sure to **include** all of the following:

- A. Professional volunteers (e.g. , executive/program staff, volunteer coordinator, board members)
- B. Artistic volunteers (e.g. , artists, choreographers, designers)
- C. Clerical volunteers (e.g. , administrative support staff)
- D. Service volunteers (e.g. , ticket takers, docents, gift shop volunteers)
- E. Seasonal and other miscellaneous volunteers

**Total VOLUNTEERS**                      **Total HOURS**

F. Total Volunteers and Hours (sum of groups A - E)                      #                       #

**Number of Paid Staff**

15. Provide the total number of **YEAR-ROUND, PAID STAFF** that are employed by your organization.

- |  | <b><u>Number of Paid Staff</u></b>                         |
|--|--|
| A. Full-time paid staff  | # <input style="width: 150px; height: 20px;" type="text"/> |
| B. Part-time paid staff  | # <input style="width: 150px; height: 20px;" type="text"/> |
| C. Contract staff/independent contractors (excluding seasonal staff) | # <input style="width: 150px; height: 20px;" type="text"/> |
| D. Seasonal staff  | # <input style="width: 150px; height: 20px;" type="text"/> |
| E. Other paid staff ( <i>not classified above</i> ): _____           | # <input style="width: 150px; height: 20px;" type="text"/> |
| F. Total Number of Paid Staff ( <i>sum of lines A - E</i> )          | # <input style="width: 150px; height: 20px;" 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 Full-Time Equivalent (FTE) staff currently employed                      #

**THANK YOU FOR GATHERING THIS IMPORTANT ECONOMIC IMPACT INFORMATION !!**

Using this completed paper survey as a reference, please return to the original e-mail you received about this survey, click the link to your unique web-based survey, and fill out the 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 style="margin-left: 100px;">Fax: 202-371-0424</p> <p style="margin-left: 100px;">E-mail: <a href="mailto:bdavidson@artsusa.org">bdavidson@artsusa.org</a></p> | <p>Benjamin Davidson<br/>Senior Director of Research Services<br/>Americans for the Arts<br/>1000 Vermont Avenue NW, 6th Floor<br/>Washington, DC 20005</p> |
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