

The Abbreviated Organizational Survey

Formal Name of Organization/Program: _____

City, State, and ZIP Code: _____

County (not country): _____

1. Which of the following best characterizes the LEGAL STATUS of your organization/cultural program?

- | | |
|---|---|
| <input type="checkbox"/> 501(c)3 nonprofit organization | <input type="checkbox"/> Program or department within a parent organization |
| <input type="checkbox"/> Other nonprofit organization | <input type="checkbox"/> Government agency, department, program or facility |
| <input type="checkbox"/> Unincorporated or fiscally sponsored | <input type="checkbox"/> For-profit business |

2. What is the END DATE of your organization's fiscal year?

3. For which FISCAL YEAR will you complete this survey? 2015 2016 Other

4. Provide your organization's total EARNED REVENUE. _____

5. Provide ALL OTHER INCOME and SUPPORT to your organization. _____

6. Provide the value of IN-KIND DONATIONS received by your organization. _____

7. Provide your organization's total OPERATING expenditures. _____

8. Provide your organization's total CAPITAL expenditures. _____

9. Complete the table below to provide your organization's WORKFORCE and VOLUNTEERS.

Full-time, permanent employees....._____

Full-time, seasonal employees....._____

Part-time employees (permanent and seasonal)....._____

Independent contractors....._____

Full-time volunteers....._____

Part-time volunteers....._____

Board/commission members....._____

10. Provide your organization's total physical ATTENDANCE. (*Include physical attendance only; exclude virtual attendance such as website visits, social media, online gallery views, or viewership/listenership.*)

Free Attendance....._____

Paid Attendance....._____

THANK YOU!!!

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RETURN COMPLETED SURVEY TO:

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