

9. **Name of sponsoring institution/parent organization, if applicable:** \_\_\_\_\_  
(e.g. City of Seattle, Province of Ontario, Smith College)
10. **Name of Head of Institution:** \_\_\_\_\_
11. **Title of Head of Institution:**       Executive Director       President/CEO       Director  
 Other (please specify title): \_\_\_\_\_
12. **Milestone Dates:**  
Year museum incorporated: \_\_\_\_\_  
Year museum first opened or will open to the public: \_\_\_\_\_  
Year museum most recently expanded or moved into a larger facility, if applicable: \_\_\_\_\_
13. **What ages does your museum specifically target?**  
 0-8 yrs       0-10 yrs       0-12 yrs       2-8 yrs  
 2-10 yrs       2-12 yrs       All ages       Other \_\_\_\_\_
14. **What are your general operating hours?** \_\_\_\_\_  
\_\_\_\_\_
15. **What are your admission prices?**      Adult: \_\_\_\_\_      Child: \_\_\_\_\_  
(Non-U.S. Members, please convert to \$U.S.)      Senior: \_\_\_\_\_      Other: \_\_\_\_\_  
"Other" description \_\_\_\_\_
16. **If your museum charges admission, what times is admission free to your museum?** \_\_\_\_\_  
\_\_\_\_\_
17. **Please check the category that best describes your museum's location:**     Urban     Rural     Suburban
18. **How many months or years did your museum plan prior to opening to the public?** \_\_\_\_\_ year(s) \_\_\_\_\_ month(s)
19. **Is your museum located in a mall?**       Yes       No
20. **Is your museum part of a downtown revitalization project?**       Yes       No

**SECTION 2: Museum Finances**

21. **Please check your institution's fiscal year:**       January-December       July-June  
 October-September       Other: \_\_\_\_\_ to \_\_\_\_\_
22. **What was the end date of the most recently completed fiscal year for which you have provided attendance/financial data for this survey?**      Month \_\_\_\_\_      Date \_\_\_\_\_      Year \_\_\_\_\_
23. **Is your institution currently conducting a capital campaign?**       Yes       No
24. **If your museum is currently conducting a capital campaign, please indicate the amount of the campaign goal in U.S. dollars:**  
\$ \_\_\_\_\_

**Income Breakdown**

Please provide a breakdown of your Operating Income for the following sources of income.

<b>25. EARNED INCOME BREAKDOWN</b>	
<b>Admissions</b> Include all general admissions for museum attendance and exhibits; include individuals, families and groups.	\$
<b>Memberships</b> Include all revenue from the sale of memberships, both family memberships and corporate memberships, if applicable.	\$
<b>Gift Shop Sales</b> Gross sales from all stores, less discounts.	\$
<b>Education Program Fees</b> Include fees from in-house and outreach programs, as well as camp-ins/overnights and any other educational programs.	\$
<b>Facility Rentals/Food Service</b> Include all fees from facility rentals during closed or open hours. Include fees from ancillary services such as parking and catering, and also include revenue from food service operations and vending operation. If food service is subcontractual, include revenue received from subcontractual relationship.	\$
<b>Exhibit Rentals</b> Include any income from leasing exhibits to other organizations.	\$
<b>Pre-school/Childcare Services</b> If childcare facility is subcontractual, include revenue received from subcontractual relationship.	\$
<b>Other Fees and Earned Income</b>	\$
Please specify Other sources of Earned income: _____ _____	\$
<b>26. TOTAL EARNED INCOME</b> Sum Admissions, Membership, Gift Shop Sales, Education Program Fees, Exhibit Rentals, Childcare Services and Other Fees and Earned Income.	\$

<b>27. INTEREST INCOME</b>	
<b>TOTAL INTEREST AND ENDOWMENT INCOME</b> Include interest/dividend income on investments or interest on outstanding notes to other organizations. Include any earnings on endowment funds that are not reinvested.	\$

<b>28. CONTRIBUTIONS/PRIVATE FUNDS BREAKDOWN</b>	
<b>Project/Program Grants-Private</b> Include any contributions, gifts, or grants from private sources (individuals, corporations, or foundations) for specific projects or programs. Usually these would be classified as temporarily restricted grants.	\$
<b>Annual Giving (other than Memberships)</b> Include any unrestricted gifts from individuals, corporations or foundations. Often this is listed as general operating support.	\$
<b>29. TOTAL CONTRIBUTIONS/PRIVATE FUNDS</b>	\$

<b>30. PUBLIC FUNDS/GOVERNMENT SOURCES BREAKDOWN</b>	
<b>Federal (Unrestricted)</b> Include all contributions from Federal sources for unrestricted operations or programs, such as IMLS operating grants.	\$
<b>State (Unrestricted)</b> Include all state funds for operations such as appropriations or grants.	\$
<b>Local (Unrestricted)</b> Include all funding from local sources, such as county or city appropriations or grants. Include any direct tax support from local initiatives used to support the museum.	\$
<b>Project/Program Grants-Public (Restricted)</b> Include any federal, state, or local grants from specific projects or programs. NSF program grants for projects should be included here.	\$
<b>31. TOTAL PUBLIC FUNDS/GOVERNMENTAL SOURCES</b>	\$

<b>32. TOTAL CONTRIBUTED INCOME</b>  [Sum of Contributed/Private (29) and Public/Governmental (31)]	\$
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<b>33. TOTAL OPERATING INCOME</b>  [Sum of Total Earned Income (26), Interest Income (27), Total Contributed Income (32)]	\$
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## Expenses Breakdown

Please provide a breakdown of your Operating Expenses for the following expenses in U.S. dollars.

**Please note this change from previous years' surveys—please answer in dollar amounts and not percentages.**

34. OPERATING EXPENSES BREAKDOWN	
<b>Exhibits/Gallery/Theater Maintenance</b> Include costs for exhibit maintenance and repair for permanent exhibits or leased exhibits, as well as routine costs for operating large-screen theaters. DOES NOT include expenditures on new exhibits—see section on capital expenditures. (EXCLUDE personnel costs)	\$
<b>Exhibit Rental</b> Include the lease cost for renting traveling exhibitions. Include exhibit shipping costs. (EXCLUDE personnel costs)	\$
<b>Other Visitor Services and Exhibit/Gallery Costs</b> Include all other costs to operate exhibit and galleries that are related to general admission and include costs for visitor services. (EXCLUDE personnel costs)	\$
<b>Gift Shop</b> Include all costs related to producing the revenue. (EXCLUDE personnel costs)	\$
<b>Personnel Costs</b> Include all salaries, taxes and benefits for all staff members.	\$
<b>Development/Fundraising</b> Include all costs related to development and fundraising for ongoing operations. (EXCLUDES personnel costs)	\$
<b>Public Relations/ Advertising/Marketing</b> Include the direct expense of purchasing media advertising, such as television, radio and print. Also include all marketing costs such as design and printing of brochures and promotional events. (EXCLUDE personnel costs)	\$
<b>Membership Program</b> Include all costs for generating membership revenue, such as administrative costs, telemarketing expenses, mailing costs, etc. (EXCLUDE personnel costs)	\$
<b>Grant-Funded Program Costs</b> Include costs related to private and public grant-funded programs or projects. (EXCLUDE personnel costs)	\$
<b>Other Program Costs</b> Include costs for any programs or projects not listed elsewhere. (EXCLUDE personnel costs)	\$
<b>Administrative Costs</b> Include all administrative costs, such as executive, financial, human resources, information services. Also includes insurance costs. (EXCLUDE personnel costs)	\$
<b>Ancillary Expenditures</b> Include all costs related to special events/facility rentals, operating of food service operations and parking operations. (EXCLUDE personnel costs)	\$
<b>Facility Operations/Maintenance</b> Include all costs for facilities, such as security, custodial, building maintenance, utility and costs. (EXCLUDE personnel costs)	\$
<b>Education Programs</b> Include costs relating to in-house and outreach education programs. Also include costs associated with camp-ins/overnights. (EXCLUDE personnel costs)	\$
<b>Rent or Mortgage</b>	\$\$
<b>Other Operating Expenses</b> Include any other expenses not included in the other lines. (EXCLUDE personnel costs)	\$\$
<b>35. TOTAL OPERATING EXPENSES</b> Sum all of the above operating expenses.	\$\$
36. DEPRECIATION	
<b>Depreciation</b> Include the depreciation of any fixed assets, which are capitalized, including buildings and equipment.	\$
37. CAPITAL INVESTMENTS	
<b>Capital Expended on Exhibits</b> Include total cost of construction of new exhibits, both PERMANENT and TRAVELING in the past year.	\$\$
<b>Capital Expended on Building Renovations and Expansions</b> Include total cost of capital building renovations and theater renovations, excluding exhibit construction in the past year.	\$
<b>38. TOTAL Capital Expenditures</b>	\$
39. ENDOWMENT	
<b>Value of Endowment at Close of Fiscal Year</b>	\$

40. **Has your institution received grant support from the following federal agencies/programs in the last fiscal year?**

- National Science Foundation
- Institute of Museum and Library Services
  - General Operating Support/Learning Opportunities Grant
  - Leadership Grant
  - Museum Assessment Program
  - Other Program: \_\_\_\_\_
- Other Agency/Program: \_\_\_\_\_

41. **Does your institution collect any information about economic impact of your museum on the local economy?**

- Yes  No If **yes**, please provide the following information:  
Individual responsible for tracking/compiling information: \_\_\_\_\_

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### SECTION 3: **Building and Facilities**

42. **What is the total gross space of the interior of the museum's facilities?** \_\_\_\_\_ square feet  
(Non-U.S. museums: 1 meter =3.281 square feet. Please convert to square feet for your response.)

43. **Interior Space Breakdown**

Please note change from previous years' surveys — please answer in square feet and NOT in percentages.

- Total **exhibit** space square footage \_\_\_\_\_ sq. ft.  
Total **public** space square footage (**excluding** exhibit space) \_\_\_\_\_ sq. ft.  
Total **administrative** space square footage \_\_\_\_\_ sq. ft.  
Total **storage** space square footage \_\_\_\_\_ sq. ft.

44. **How many buildings make up your museum?** \_\_\_\_\_

45. **Do you have any satellite facilities?**  No  Yes, we have \_\_\_\_\_ satellite facilities

46. **Does your museum have parking available for its visitors?**  Yes, museum provides free parking  
 Yes, museum provides parking for a fee  
 No, visitors have access to parking meters/commercial lots

47. **Was your museum building and/or land donated to you?**  Yes  No

48. **Does your museum have a free lease?**  Yes  No

49. **Does your museum have a joint lease agreement?**  Yes  No

50. **Is your museum accessible by public transportation?**  Yes  No

51. **Is building LEED certified/undergoing LEED certification?**  Yes  No

52. **What facilities or services does your institution have to offer?**

- Auditorium
- Computer Lab
- Large-screen Theater (answer below question 53 for more info)
- Performance Theater (answer below question 54 for more info)
- Motion Simulator
- Planetarium
- Outdoor Exhibit (answer below question 55 for more info)
- Outdoor Garden
- Public Library Branch
- Childcare/ Preschool Facility
- Eating Facility (answer below question 57 for more info)
- Gift Shop (answer below questions 58-59 for more info)

53. **If you answered Yes to having a Large-Screen Theater, how many seats does it contain?** \_\_\_\_\_ seats

54. **If you answered Yes to having a Performance Theater, how many seats does it have?** \_\_\_\_\_

How often are performances held? \_\_\_\_\_