



Dear Nonprofit Leader:

Nonprofit organizations of all types are facing major new challenges and opportunities due to changing government policies and shifting community needs or interests. We ask your help in assessing the impact of these developments on Indiana nonprofits by completing this survey. Your participation will allow us to document the critical role Indiana nonprofits play in communities across the state. It will also help us identify the major challenges Indiana nonprofits now face, so that community leaders can make informed decisions about the importance of competing needs and strategies to address them.

The survey is part of a multi-year project to examine **Indiana Nonprofits: Scope and Community Dimensions** conducted by the Indiana University School of Public and Environmental Affairs in collaboration with the Center on Philanthropy at Indiana University and communities across the state. For more information on the project, please see our web page www.indiana.edu/~nonprof/.

All information will be treated confidentially – in no case will any survey respondent be identified by name. Thank you for participating in this survey. Your thoroughness and your comments are very important if we are to develop sound data on the current state of the nonprofit sector in Indiana.

Special incentive – almost every nonprofit will be able to skip sections of the survey and **complete it in less than 20 minutes**, but as a special incentive to complete the survey, we will send respondents a summary of our findings (see Q30). We will also select at random one nonprofit respondent per 200 responding to the survey and donate \$75 to each winning organization (please verify we have the correct address for your organization, see Q31).

Sincerely,



The Center on Philanthropy
at Indiana University

Kirsten Grønberg, Project Director
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Additional Contact Information

For questions about the survey
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Indiana University Center for Survey Research
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800-258-7691 ; csr@indiana.edu

For questions about your rights as a survey respondent
Indiana University Human Subjects Committee
Bryan Hall 110, Indiana University; Bloomington IN 47405
812-855-3067; iub_hsc@indiana.edu
Refer to Project Number 00-3481

NOTE: This survey is directed at **nonprofit, non-governmental, organizations** of all types. All other organizations should check the appropriate box below and return this letter in the enclosed envelope.

- Check here if your organization is a **for-profit, proprietary, business**, or similar organization
- Check here if your organization is a **government agency, department, authority** or similar entity.



SURVEY OF INDIANA NONPROFITS

All information will be treated confidentially – in no case will any survey respondent be identified by name. Thank you for participating in this survey. Your thoroughness and your comments are very important if we are to develop sound data on the current state of the nonprofit sector in Indiana. **Special incentive** – almost every nonprofit will be able to skip sections of the survey and **complete it in less than 20 minutes**, but as a special incentive to complete the survey, we will send a summary of our findings to respondents (see Q30). We will also select at random one nonprofit survey respondent per 200 responding to the survey and donate \$75 to each winning organization (please verify address information, Q31).

Return address, also for questions about the survey

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NOTE: Please complete all information for your ENTIRE organization, even if the mailing label refers to only one of your programs

- Check here if this is a duplicate copy of a survey you have already completed and returned to us. If so, please do not complete this copy but return it to us in the enclosed envelope.

GENERAL INFORMATION – to learn how Indiana nonprofits are formally structured.

Q1 In what year was your organization founded? _____ (year)

Q2 Is your organization formally incorporated? (Circle best response)

- 1 Yes, you are incorporated in Indiana
- 2 Yes, you are incorporated in another state
- 3 No, you are not incorporated
- 4 Don't know

Q3 Is your organization formally exempt from paying any of the following types of taxes?

Check all that apply

- Federal income tax
- State income tax
- State sales tax
- Local property tax

Q4 Is your organization eligible to receive tax-deductible donations for the purpose of any of the following types of taxes?

Check all that apply

- Federal income tax
- State income tax

Q5 Does your organization make grants or provide financial support to other nonprofits? *(Circle best response)*

- 1 Yes, grant-making is your primary activity
- 2 Yes, but grant-making is only one of your activities
- 3 Yes, you contribute financial support to other nonprofits, but do not make grants
- 4 No, you don't make grants or financial contributions to other nonprofits
- 5 Don't know

Q6 Is your organization affiliated with, or a subsidiary of, any other organization? *(Circle best response)*

- 1 Yes, you are a headquarter organization with local affiliates or subsidiaries *(Please answer Q6.A)*
- 2 Yes, you are a local affiliate or a subsidiary of another organization *(Please answer Q6.A)*
- 3 Yes, you are affiliated with another organization in other ways *(Please describe):* _____
 _____ *(Please answer Q6.A)*
- 4 No, you are not formally affiliated with any other organization *(Please skip to Q7)*
- 5 Don't know *(Please skip to Q7)*

Q6A If you are affiliated in any way, is your affiliation(s) with any of the following types of entities?

<u>Type of entity you are affiliated with</u>	<u>Check yes or no</u>	
	<u>Yes</u>	<u>No</u>
Religious body (congregation, denomination, or similar entity)	<input type="checkbox"/>	<input type="checkbox"/>
Other religious or faith-based organization	<input type="checkbox"/>	<input type="checkbox"/>
Secular nonprofit service organization	<input type="checkbox"/>	<input type="checkbox"/>
Nonprofit advocacy organization	<input type="checkbox"/>	<input type="checkbox"/>
Nonprofit mutual benefit (membership) organization	<input type="checkbox"/>	<input type="checkbox"/>
Business or other for-profit organization	<input type="checkbox"/>	<input type="checkbox"/>
Government agency, authority or similar organization	<input type="checkbox"/>	<input type="checkbox"/>

NONPROFIT PROGRAMS OR SERVICES – to learn more about what Indiana nonprofits do and how they deliver services or programs to their members and/or the general public.

Q7 Please describe briefly your organization's major purpose or mission:

Q8 Please describe briefly up to three of your organization's most important programs or activities

Most important program/activity: _____

2nd most important program/activity: _____

3rd most important program/activity: _____

Q9 Does your organization keep track of the number of people or other entities that your organization serves? *(Circle best response)*

- 1 Yes *(Please answer Q9.A)*
- 2 No *(Please skip to Q10)*

Q9A If you track how many you serve, how many individuals and/or organizations did you serve during the most recently completed fiscal year? (If unsure whether the count is duplicated or unduplicated, use the “duplicated” column) (Write – 0 – if none)

	<u>Duplicated</u>	<u>Non-duplicated</u>
# of individuals served in most recent fiscal year	_____#	_____#
# of organizations served in most recent fiscal year	_____#	_____#

Q9B If you track how many you serve, **and you serve individuals**, what percent of the people you served during the most recently completed fiscal year live in Indiana? (Write – 0 – if none)

Percent of individuals served that live in Indiana _____ % of individuals served

- Please check here if your organization does not serve people in Indiana
 Please check here, if you can’t estimate the percent in Indiana

Q10 Do the following types of fee structures apply to all, some, or none of the services or programs your organization delivers?

<u>Type of fee structure</u>	<u>Circle best response for each type</u>		
	<u>All programs</u>	<u>Some programs</u>	<u>No program</u>
Programs/services are available at no cost to clients/members	3	2	1
Fees vary by type or amount of programs/services received	3	2	1
Fees vary by the financial capacity of clients/members	3	2	1

Q11 Are your organization’s programs or activities targeted only to your own members, to the general public (or non-members), or both? (Circle best response)

- 1 You serve only your own members
- 2 You serve both your own members and the general public (or non-members)
- 3 You serve only the general public (or non-members)

Q12 Are at least some of your programs/activities targeted to any of the following groups? (Circle best response for each population group)

<u>Type of group you target</u>	<u>No activities</u>	<u>Some/all activities</u>	<u>If some or all of your programs/activities are targeted to this type of group, please specify group(s):</u>
People of a particular gender	1	2	_____
People of a certain age range	1	2	_____
Certain racial, ethnic, cultural groups	1	2	_____
People of a particular income level	1	2	_____
People of a particular religious faith	1	2	_____
A particular geographic area or community	1	2	_____
A particular occupation or industry	1	2	_____
Some other special group (e.g., veterans, refugees)	1	2	_____

Q13 How have demands for your organization’s services or programs changed over the last three years? *(Circle best response)*

- 1 Decreased significantly (by more than 25 percent)
- 2 Decreased moderately (by 10 – 25 percent)
- 3 Stayed more or less the same
- 4 Increased moderately (by 10 – 25 percent)
- 5 Increased significantly (by more than 25 percent)

Q14 Does your organization currently provide any health or human services (or do you have plans to begin providing such services over the next two years)? *(Health services include: health care/health treatment; treatment for diseases/disorders, health research/prevention; and mental health/crisis intervention. Human services include: social services/counseling; public safety/disaster relief; crime/legal services; employment/job training; housing; food/nutrition; youth development; and recreation).* *(Circle best response)*

- 1 Yes, you currently provide some type(s) of health or human services
- 2 No, but you plan to begin providing some health or human services over the next two years
- 3 No, you are interested in providing some health or human services, but have no definite plans
- 4 No, you are not interested in providing any health or human services

Q15 Does your organization operate programs or deliver services in more than one location or outpost? *(Circle best response)*

- 1 Yes, in _____ different locations (or outposts)
- 2 No

IMPACT OF COMMUNITY AND POLICY CHANGES – to understand better how Indiana nonprofits are being affected by changes in community conditions and public policy.

Q16 Over the last three years, has the geographic area, in which your organization carries out most of your activities, experienced increases or decreases in any of the following types of community conditions? *(Circle best response in first three columns)* **Also, have any of these changes impacted your organization?** *(Check all that apply in last column)*

Circle best response for each condition

<u>Community condition</u>			<u>Type of community change over the last three years</u>	<u>Check all that have impacted your organization</u>
<u>Has Decreased</u>	<u>Has not Changed</u>	<u>Has Increased</u>		
1	2	3	Employment and/or business opportunities	<input type="checkbox"/>
1	2	3	Family/household income	<input type="checkbox"/>
1	2	3	Ethnic/racial diversity	<input type="checkbox"/>
1	2	3	Crime and violence	<input type="checkbox"/>
1	2	3	Tension or conflict among community groups	<input type="checkbox"/>
1	2	3	Population size	<input type="checkbox"/>
1	2	3	Other community changes <i>(Please specify below):</i>	<input type="checkbox"/>

Q17 Over the last three years, have any of the following types of government policies become stricter or more relaxed for nonprofit organizations like yours? (Circle best response in first three columns) Also, have any of these policies impacted your organization? (Check all that apply in last column)

Circle best response for each policy area

<i>Public policy has become</i>			<u>Type of public policy change over the last three years</u>	<i>Check all that have impacted your organization.</i>
<i>More Relaxed</i>	<i>Not Changed</i>	<i>More Strict</i>		
1	2	3		
1	2	3	Client eligibility for government programs	<input type="checkbox"/>
1	2	3	Professional licensing requirements	<input type="checkbox"/>
1	2	3	Health and safety regulations (e.g. OSHA)	<input type="checkbox"/>
1	2	3	Personnel/legal regulations (e.g., family leave)	<input type="checkbox"/>
1	2	3	Other public policy changes (Please specify below):	<input type="checkbox"/>

RELATIONSHIPS WITH OTHER ORGANIZATIONS – to understand better how Indiana nonprofits collaborate or interact with one another and with other types of organizations.

Q18 Is your organization currently involved in formal collaborations (legal, fiscal, administrative, or programmatic exchanges) or in informal networks (cooperating, coordinating, or working together in other ways)? (Circle best response)

- 1 Yes, involved in one or more formal collaborations (legal, fiscal, administrative, or programmatic exchanges) with other organizations (Please answer Q18A)
- 2 Yes, involved in one or more informal networks (cooperation, coordination, working together) with other organizations (Please answer Q18A)
- 3 Yes, involved in both formal collaborations and informal networks (Please answer Q18A)
- 4 No, you are not involved in any collaborations or informal networks (Please skip to Q19)

Q18A If currently involved in collaborations or networks, please describe briefly the purpose of the one that is most important to your organization

Q18B If involved in collaborations or networks, are any of the following types of organizations involved in your most important network or collaboration?

<u>Type of organization involved in relationship</u>	<i>Check yes or no for each type</i>	
	<u>Yes</u>	<u>No</u>
Religious body (congregation, denomination, or similar entity)	<input type="checkbox"/>	<input type="checkbox"/>
Other religious or faith-based organizations	<input type="checkbox"/>	<input type="checkbox"/>
Secular nonprofit service organizations	<input type="checkbox"/>	<input type="checkbox"/>
Nonprofit advocacy organizations	<input type="checkbox"/>	<input type="checkbox"/>
Nonprofit mutual-benefit (membership) organizations	<input type="checkbox"/>	<input type="checkbox"/>
Business or other for-profit organizations	<input type="checkbox"/>	<input type="checkbox"/>
Government agencies or authorities	<input type="checkbox"/>	<input type="checkbox"/>

Q18C If involved in collaborations or networks, how many different organizations are

members of your most important network or collaborations?

Number of different organizations (including your own organization) _____#

Q18D If involved in collaborations or networks, in general do these relationships make it easier or harder to maintain key organizational capacities?

Circle best response for each type of resource

<u>Impacts your capacity to</u>	<u>Harder</u>	<u>No impact</u>	<u>Easier</u>	<u>Not applicable</u>
Obtain funding	1	2	3	9
Recruit/keep staff	1	2	3	9
Recruit/keep board members	1	2	3	9
Recruit/keep volunteers	1	2	3	9
Meet client/member needs	1	2	3	9
Enhance your visibility/reputation	1	2	3	9

Q19 Does your organization currently compete with other nonprofits, for-profits or government agencies for any of the following reasons?

Check all that apply for each type of competitor

<u>You currently compete for purposes of</u>	<u>Religious nonprofits</u>	<u>Secular nonprofits</u>	<u>Businesses</u>	<u>Government</u>
Obtaining financial resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recruiting staff/volunteers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recruiting board members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attracting clients/members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivering programs/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEMBERSHIP AND MUTUAL-BENEFIT ACTIVITIES – to learn more about how nonprofits (including congregations) respond to the needs of their members.

Q20 Does your organization currently have any members (other than board members) that pay dues or fees? (Circle best response)

- 1 Yes, you have members and some pay dues or membership fees *(Please answer Q20A)*
- 2 Yes, you have members, but none pay dues or membership fees *(Please skip to Q20B)*
- 3 No, your only members are your board members *(Please skip to Q21)*

Q20A If your organization has members, what types of dues/fees does your organization require members to pay?

Check all that apply

All members pay the same flat dues/fees	<input type="checkbox"/>
Your dues/fees vary according to the level of services members receive	<input type="checkbox"/>
Your dues/fees vary according to the capacity of members to pay	<input type="checkbox"/>
You have some other type of dues/fee structure	<input type="checkbox"/>

Q20B If your organization has members, approximately how many members does your organization currently have of each of the following types? (Write – 0 – if none)

Total number of members who are individuals _____# *individuals*
 Total number of members who are organizations _____# *organizations*

Q20C If your organization has **individual members**, approximately what percent of the individual members reported in Q20B live in Indiana? (*Write – 0 – if none*)

Percent of individual members that live in Indiana _____% of individuals

- Please check here if your organization has no individual members
- Please check here if your organization has no members in Indiana
- Please check here, if you cannot estimate the percent that live in Indiana

Q20D If your organization has **individual members**, how has the number of members in your organization changed over the last three years? (*Circle best response*)

- 1 Decreased significantly (by more than 25 percent)
- 2 Decreased somewhat (by 10 – 25 percent)
- 3 Stayed more or less the same
- 4 Increased somewhat (by 10 – 25 percent)
- 5 Increased significantly (by more than 25 percent)

FAITH-BASED ORGANIZATIONS -- to learn more about the religious affiliations of Indiana nonprofits.

Q21 Is your organization a religious congregation (church, synagogue, temple, mosque) or is it some other type of religious organization? (*Circle best response*)

- 1 No, you are not a religious congregation (church, synagogue, temple, mosque) or a religious organization of any type (*Please skip to Q22*)
- 2 Yes, you are a religious congregation (church, synagogue, temple, mosque) (*Please answer Q21.A*)
- 3 Yes, you are some other type of religious organization (*Please describe briefly below, then answer Q21.A*)

Type of religious organization: _____

Q21A If your organization is a religious congregation or some other type of religious organization, is your organization affiliated with a particular religious group or denomination? (*Circle best response*)

- 1 No, you are not affiliated with religious group or denomination
- 2 Yes, you are affiliated with a religious group or denomination (*please specify below*)

Religious group/denomination: _____

Q21B If your organization is a religious congregation or some other type of religious organization, are you aware of a national initiative that would make it easier for religious organizations to apply for government money to support their human service programs? (*Circle best response*)

- 1 Yes
- 2 No

Q21C If your organization is a religious congregation or some other type of religious organization, how certain is it that your organization will seek to obtain government funding for your programs or activities over the next two years? *(Circle best response)*

- 1 You already receive government funding
- 2 You definitely will seek government funding
- 3 You probably will seek government funding
- 4 You probably will not seek government funding
- 5 You definitely will not seek government funding
- 6 Don't know

ADVOCACY AND POLITICAL ACTIVITIES – to learn more about the advocacy activities of Indiana nonprofits.

Q22 Does your organization promote certain positions on policy issues or on issues related to the interests of certain groups?

Check all that apply

- Yes, you seek to promote positions on certain policy issues
- Yes, you seek to promote positions relevant to the interests of certain groups
- Yes, you seek to promote certain political groups
- No, you are not involved in any of those activities *(Please check here and skip to Q23)*

Q22A If your organization promotes certain positions or interests, please describe the issues or groups with which your organization is most extensively involved:

Q22B If your organization promotes certain positions or interests, to what extent does your organization currently devote the following types of resources to this type of work?

Circle best response for each type of resource

<u>Proportion of overall resources</u>	<u>None</u>	<u>Some</u>	<u>Most</u>	<u>Not applicable</u>
Staff time	1	2	3	9
Volunteer time	1	2	3	9
Financial resources	1	2	3	9

HUMAN RESOURCES – to understand the staffing and volunteer profiles of Indiana nonprofits.

Q23 Does your organization currently have any paid employees? *(Circle best response)*

- 1 Yes *(Please answer Q23A)*
- 2 No *(Please skip to Q24)*

Q23A Does your organization currently have a paid executive director or similar person with executive responsibilities? *(Circle best response)*

- 1 Yes
- 2 No

Please check here if the position of paid executive is currently vacant

Q23B If your organization has paid employees, how many people were employed full-time

or part-time on September 30? (Please *exclude* vacant positions) (Write – 0 – if none)

Employed full time as of Sept. 30 _____ # of employees (not counting vacancies)

Employed part-time as of Sept. 30 _____ # of employees (not counting vacancies)

Q23C If your organization has paid employees, approximately how much did your organization spend on salaries, wages, and benefits during the most recently completed fiscal year? (Write – 0 – if none)

\$ _____ Spent on salaries, wages, and benefits

Q24 During the most recently completed fiscal year, did your organization use any volunteers, other than those that serve on the board of directors? (Circle best response)

- 1 Yes, you used volunteers (other than board members) (Please answer Q24A)
- 2 No, you used no volunteers (other than board members) (Please skip to Q25)

Q24A If your organization used volunteers, approximately how many people did volunteer work for your organization during the most recently completed fiscal year (not including board members)?

Number of volunteers _____ #

Please check here if you don't know how many volunteers

Q24B If your organization used volunteers, how important are volunteers – other than board members – to the work of your organization? (Circle best response)

- 1 Not at all important, you could carry out your mission without using volunteers
- 2 Not very important, you depend on volunteers for only non-essential tasks
- 3 Important, you depend on volunteers for several key tasks
- 4 Very important, you depend on volunteers for a wide range of tasks, but not all
- 5 Essential, you depend entirely on volunteers to carry out your mission

Q25 Does your organization have its own board of directors? (Circle best response)

- 1 Yes, you have your own board of directors (Please answer Q25A)
- 2 No, you are governed by another organization (Please skip to Q26)
- 3 No, you have some other governance structure (Please specify: _____
_____ and then skip to Q26)

Q25A If your organization has a board of directors, how many board members did your organization have on September 30, and how many other board positions were vacant? (Write – 0 – if none)

Number of board members as of September 30 _____ #

Number of vacant board positions as of September 30 _____ #

Q25B If your organization has a board of directors, does the board use a committee structure in carrying out its activities? (Circle best response)

- 1 Yes, your board uses on-going committees to carry out some or all of its work
- 2 Yes, your board uses committees or task forces, but only for short-term tasks
- 3 No, your board of directors does not use committees or task forces

MANAGEMENT INFORMATION – to understand the management constraints that Indiana nonprofits may be facing.

Q26 To what extent do the following types of activities currently pose a major, minor, or not a challenge for your organization?

<i>Management challenges your organization is currently facing</i>	<i>Circle best response for each type of challenge</i>			
	<i>Not a challenge</i>	<i>Minor challenge</i>	<i>Major challenge</i>	<i>Not applicable</i>
Strategic planning for your organization	1	2	3	9
Delivering high quality programs/services	1	2	3	9
Evaluating or assessing program outcomes or impact	1	2	3	9
Meeting the needs/interests of current members/clients	1	2	3	9
Communicating with members/clients	1	2	3	9
Attracting new members/clients	1	2	3	9
Enhancing the visibility/reputation of your organization	1	2	3	9
Forming/maintaining good relations with other entities	1	2	3	9
Recruiting/keeping effective board members	1	2	3	9
Recruiting/keeping qualified staff	1	2	3	9
Recruiting/keeping qualified and reliable volunteers	1	2	3	9
Managing human resources (staff and volunteers)	1	2	3	9
Managing or improving board/staff relations	1	2	3	9
Obtaining funding or other financial resources	1	2	3	9
Financial management and accounting	1	2	3	9
Managing the facilities or space your organization uses	1	2	3	9
Using information technology effectively	1	2	3	9

Q27 Does your organization have any of the following organizational components?

<i>Organizational components</i>	<i>Check yes or no</i>	
	<i>Yes</i>	<i>No</i>
A web site for your organization (<i>please list address: _____</i>)	<input type="checkbox"/>	<input type="checkbox"/>
An email address for your organization	<input type="checkbox"/>	<input type="checkbox"/>
Computers available for key staff/volunteers	<input type="checkbox"/>	<input type="checkbox"/>
Direct internet access for key staff/volunteers	<input type="checkbox"/>	<input type="checkbox"/>
Computerized financial records	<input type="checkbox"/>	<input type="checkbox"/>
Computerized client/member/program records	<input type="checkbox"/>	<input type="checkbox"/>
Written governance policies or by-laws	<input type="checkbox"/>	<input type="checkbox"/>
Written conflict of interest policy	<input type="checkbox"/>	<input type="checkbox"/>
Written personnel policies	<input type="checkbox"/>	<input type="checkbox"/>
Written job descriptions	<input type="checkbox"/>	<input type="checkbox"/>
Formal volunteer recruitment program	<input type="checkbox"/>	<input type="checkbox"/>
Formal volunteer training program	<input type="checkbox"/>	<input type="checkbox"/>
Reserves dedicated to capital improvement	<input type="checkbox"/>	<input type="checkbox"/>
Reserves dedicated to maintenance/equipment	<input type="checkbox"/>	<input type="checkbox"/>
A recent audited financial statement	<input type="checkbox"/>	<input type="checkbox"/>
An annual report produced within the last year	<input type="checkbox"/>	<input type="checkbox"/>
An evaluation or assessment of program outcomes/impact within the past 2 years	<input type="checkbox"/>	<input type="checkbox"/>

FINANCIAL INFORMATION – to understand the fiscal constraints Indiana nonprofits may be facing.

Q28 During the most recently completed fiscal year, did your organization have any revenues or expenses?

1. Yes, you had revenues and/or expenses *(Please answer Q28.A)*
2. No, you had neither revenues nor expenses *(Please skip to Q29)*

Q28A If your organization had revenues and/or expenses, for the most recently completed fiscal year please estimate the following:

	<i>Write -0- if none</i>
Total revenues during most recently completed fiscal year	\$ _____
Total expenses during most recently completed fiscal year	\$ _____
Total assets at the end of most recently completed fiscal year	\$ _____
Total liabilities at the end of most recently completed fiscal year	\$ _____

Q28B If your organization had revenues or expenses, to what extent have your organization’s financial indicators changed over the last three years? *(Please consider changes of 25 percent or more to be “significant” and changes of 5-25 percent to be “moderate”)*

<u><i>Financial Indicator</i></u>	<u><i>Circle best response for each financial indicator</i></u>				
	<u><i>Decreased significantly</i></u>	<u><i>Decreased moderately</i></u>	<u><i>Stayed the same</i></u>	<u><i>Increased moderately</i></u>	<u><i>Increased significantly</i></u>
Total revenues	1	2	3	4	5
Total expenses	1	2	3	4	5
Total assets	1	2	3	4	5
Total liabilities	1	2	3	4	5

Q28C If your organization had revenues, during the most recently completed fiscal year what percentage of your organization's revenues came from the following sources:

<u><i>Type of revenues</i></u>	<i>(Write -0- if none)</i> % of revenues
Government or public agencies <i>(e.g., grants, fees, sales, appropriations)</i>	_____ %
Donations and gifts <i>(e.g., United Way, foundations, individuals, corporations)</i>	_____ %
Special events <i>(net of expenses)</i>	_____ %
Dues/membership fees	_____ %
Private sale of goods and services <i>(non-government)</i>	_____ %
Other sources <i>(including endowment, interest)</i>	_____ %
TOTAL <i>(should add to 100%)</i>	100%

Q28D If your organization had revenues, to what extent has the amount of revenues your organization received changed over the last three years? *(Please consider changes of 25 percent or more to be “significant” and changes of 5-25 percent to be “moderate”)*

<u><i>Revenue Source</i></u>	<u><i>Circle best response for each revenue source</i></u>				
	<u><i>Decreased significantly</i></u>	<u><i>Decreased moderately</i></u>	<u><i>Stayed the same</i></u>	<u><i>Increased moderately</i></u>	<u><i>Increased significantly</i></u>
Government/public agencies	1	2	3	4	5
All donations and gifts	1	2	3	4	5
Special events (net)	1	2	3	4	5
Dues, membership fees	1	2	3	4	5
Private sale of goods/services	1	2	3	4	5
Other (incl. endowment)	1	2	3	4	5

Q28E If your organization had revenues, during the most recently completed fiscal year, did your organization receive any income from any of the following revenue sources?

<i>A source of revenue during the last fiscal year</i>	<i>Check yes or no</i>	
	<i>Yes</i>	<i>No</i>
Donations from individuals	<input type="checkbox"/>	<input type="checkbox"/>
Trusts or bequests from individuals	<input type="checkbox"/>	<input type="checkbox"/>
Donations from businesses or corporations	<input type="checkbox"/>	<input type="checkbox"/>
Grants from community foundations	<input type="checkbox"/>	<input type="checkbox"/>
Grants from other foundations	<input type="checkbox"/>	<input type="checkbox"/>
Grants/support from United Way organizations	<input type="checkbox"/>	<input type="checkbox"/>
Grants/support from religious federated funders	<input type="checkbox"/>	<input type="checkbox"/>
Grants/support from other federated funders (<i>like, a women's fund</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Government grants	<input type="checkbox"/>	<input type="checkbox"/>
Government contracts or fee for service payments	<input type="checkbox"/>	<input type="checkbox"/>
Fees/charges/sales (from individuals or non-governmental entities)	<input type="checkbox"/>	<input type="checkbox"/>
Fees/charges from private third parties (<i>like insurance programs</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Income (or loss) from joint ventures	<input type="checkbox"/>	<input type="checkbox"/>
Income (or loss) from for-profit subsidiary	<input type="checkbox"/>	<input type="checkbox"/>
Income (or loss) from corporate sponsorships or marketing fees	<input type="checkbox"/>	<input type="checkbox"/>
Income (or loss) from any unrelated business activities	<input type="checkbox"/>	<input type="checkbox"/>

Q29 Please provide your name and contact information, in case we need to clarify answers:

Name _____ Position _____
 Phone _____ (*include area code*) Email _____

Q30 Would you like to receive a summary of the results of this survey?

- 1 Yes (*Please make sure we have your correct address, see Q31*)
- 2 No

Q31 Is your organization's name and address correct on the mailing label? (*In case you win our drawing*)

- 1 Yes
 - 2 No (*Please note correct information here*)
- Organization Name _____
 Street address _____
 City, State, zip code _____

Q32 Would you be willing to talk to us later about some of your organization's achievements or major challenges?

- 1 Yes
- 2 No

Q33 Do you have any comments on this survey? _____

THANK YOU – please return survey in the enclosed envelope or to address on front