



Note: Please use Acrobat Reader version 9 or X to complete this form. Other software options are NOT supported.

Response deadline: February 15, 2013

# 2012 ASTC Statistics Survey

Institution:

City:  State/Province:

Country:

ASTC would like to credit your institution as having participated in the 2012 ASTC Statistics Survey and provide basic data on your institution, along with an analysis of the data collected from all respondents.

Check here  if you do **NOT** want your institution's name and location to be listed in the final report or raw data.

**If you have questions about how to complete this survey, please contact:  
Christine Ruffo, Manager, Research at (202) 783-7200 x125  
or via email at [cruffo@astc.org](mailto:cruffo@astc.org)**

1. Which **ONE** of the following best describes your institution?

- |   |   |
|---|---|
| <input type="checkbox"/> a. Aquarium                          | <input type="checkbox"/> h. Natural History/Anthropology Museum |
| <input type="checkbox"/> b. Arboretum/Botanic Garden          | <input type="checkbox"/> i. Nature Center                       |
| <input type="checkbox"/> c. Art Museum                        | <input type="checkbox"/> j. Planetarium                         |
| <input type="checkbox"/> d. Children's/Youth Museum           | <input type="checkbox"/> k. Zoo                                 |
| <input type="checkbox"/> e. General Museum                    | <input type="checkbox"/> l. Specialized Museum                  |
| <input type="checkbox"/> f. Historic House/Site               | <input type="checkbox"/> m. Science/Technology Center/Museum    |
| <input type="checkbox"/> g. History Museum/Historical Society | <input type="checkbox"/> n. Other: <input type="text"/>         |

2. Which **ONE** of the following best describes your institution's governing authority? (If your institution has a parent organization, please indicate the nature of your parent's governing authority.)

- |  |  |
|--|--|
| <input type="checkbox"/> a. Municipal        | <input type="checkbox"/> f. Private non-profit   |
| <input type="checkbox"/> b. County/Regional  | <input type="checkbox"/> g. For-profit   |
| <input type="checkbox"/> c. State/Provincial | <input type="checkbox"/> h. College/university   |
| <input type="checkbox"/> d. Federal/National | <input type="checkbox"/> i. Dual governance (please indicate governing entities: letter <input type="text"/> and letter <input type="text"/> ) |
| <input type="checkbox"/> e. Tribal           |  |

3. In what year was your institution first open to the public?  OR  Not yet open, will open in 20

4. Please indicate the number of **paid** employees for the following categories as of the end of your most recent fiscal year.

- A. Total paid full-time employees:
- B. Total paid part-time employees:
- C. Total paid full-time equivalent (FTE) employees (SEE BELOW):

**FTEs are generally calculated by the following method:**

- 1) Take the number of part-time employees. Based on the number of hours worked, determine how many full-time employees would be needed to provide the same level of hours.
- 2) **Add the number from step 1** to the number of current full-time employees. **The resulting sum is the FTE number.**

**Based on the number of full- and part-time employees you've noted, your FTE value should be about:**

5. Does your institution have volunteers?  a. Yes  
 b. No [SKIP TO QUESTION 6]

A. How many volunteers did your institution have during its most recent fiscal year?  volunteers

B. How many hours were volunteered in your most recent fiscal year?  total hours volunteered

6. Indicate the square footage (or square meters) for each of the following. Please read the definitions for each before providing the information requested.

A. Gross interior building space . . .  sq. ft. OR  sq. meters

*Gross interior building space refers to total INTERIOR building space. If your institution has more than one building please report the combined size. Include permanent off-site storage, but do not include outdoor exhibit areas.*

B. Total interior exhibit space . . . .  sq. ft. OR  sq. meters

*Total interior exhibit space includes all exhibit space plus any temporary/traveling exhibit space. Do NOT include non-exhibit spaces such as theaters, auditoriums, and classrooms.*

C. Total interior temporary/traveling exhibit space . . . . .  sq. ft. OR  sq. meters

*Note: Please enter a zero if your institution does not have temporary/traveling exhibit space.*

7. Which of the following facilities are present in your institution? (Check all that apply.)

Facility	Facility features
<input type="checkbox"/> a. Giant-screen (e.g., IMAX) . . . . .	Number of seats = <input type="text"/>
<input type="checkbox"/> b. Digital dome theater . . . . .	Number of seats = <input type="text"/>
<input type="checkbox"/> c. Other paid, ticketed theater	
<input type="checkbox"/> d. Live animal exhibits	
<input type="checkbox"/> e. Planetarium	
<input type="checkbox"/> f. Simulator	
<input type="checkbox"/> g. Cafeteria/restaurant	
<input type="checkbox"/> h. Gift shop	
<input type="checkbox"/> i. Outdoor interactive exhibit area/science park . . . . .	Total size: <input type="text"/> sq. ft. OR <input type="text"/> sq. meters
<input type="checkbox"/> j. Outdoor exploration space . . . . . (e.g., hiking trails, gardens, etc.)	<input type="checkbox"/> a. Up to 5 acres or 20,000 sq. meters
	<input type="checkbox"/> b. Greater than 5 acres or 20,000 sq. meters
<input type="checkbox"/> k. Branch facilities . . . . .	Describe: <input type="text"/>

8. Which of the following programs/activities are currently offered by your institution?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> a. After-school programs      | <input type="checkbox"/> f. School outreach                   | <input type="checkbox"/> k. Programs for home schoolers        |
| <input type="checkbox"/> b. Camp-in programs           | <input type="checkbox"/> g. Science kits                      | <input type="checkbox"/> l. Programs targeting senior citizens |
| <input type="checkbox"/> c. Classes and demonstrations | <input type="checkbox"/> h. Science camps                     | <input type="checkbox"/> m. Programs targeting adult audiences |
| <input type="checkbox"/> d. Curriculum materials       | <input type="checkbox"/> i. Youth employment programs         | <input type="checkbox"/> n. Citizen science projects           |
| <input type="checkbox"/> e. Field trips                | <input type="checkbox"/> j. Workshops/institutes for teachers |  |

9. Does your institution charge a general admission fee?  a. Yes  
 b. No **[SKIP TO QUESTION 12]**
10. Please indicate your: A. Adult basic admission fee: \$  (do NOT include combination tickets)  
 B. Child basic admission fee: \$  (do NOT include combination tickets)
11. Does your institution offer a combination ticket for admission?  a. Yes  
 b. No **[SKIP TO QUESTION 12]**

IF YES: Which of the following options are available as part of a combination ticket?

- a. Giant-screen theater  
 b. Planetarium  
 c. Other ticketed theater/simulator  
 d. Special exhibits  
 e. Other:

12. Does your institution offer memberships?  a. Yes  
 b. No **[SKIP TO QUESTION 13]**

A. Please indicate the number of paid, active memberships as of the end of your most recent fiscal year.  
 (Count family memberships as ONE membership. Do not include corporate memberships.)

paid, active memberships

B. What was your membership renewal rate as of the end of your most recent fiscal year?  %

13. Please indicate the month and year of your most recently CLOSED fiscal year. Month:  Year:

14. Indicate your institution's **total attendance** for the following time periods. Please read the definition before answering.

**Total attendance** = paid visits, free visits, attendance at events and programs, facility rentals, and students in school groups.  
 Do NOT include visits to your website or exhibits you rent to other institutions. Do NOT double count people attending programs in exhibit halls or buying a combination ticket to exhibits and theaters or other venues.

	Most recent fiscal year	Previous fiscal year
A. <b>On-site</b> attendance:	<input type="text"/>	<input type="text"/>
B. <b>Off-site</b> attendance:	<input type="text"/>	<input type="text"/>

15. How many of your total attendance visits reported above are **paid ticketed/gate on-site** visits?

**Paid ticketed/gate attendance** = general public admissions, group admissions (e.g., school or bus tours), members paid admission, and members pre-paid admission (members who visit using membership for free admission). Do NOT double count people attending programs in exhibit halls or buying a combination ticket to exhibits and theaters or other venues.

(Enter the number of PEOPLE, not the revenue generated.)

	Most recent fiscal year	Previous fiscal year
A. <b>Paid</b> ticketed/gate on-site attendance:	<input type="text"/>	<input type="text"/>
B. What percentage of your total paid ticketed/gate on-site attendance are member visits? (If you do not have members, please leave blank)	<input type="text"/> %	<input type="text"/> %

16. Please indicate the number of students served in school groups for the following time periods. **Do NOT** include visits to your website and **do NOT** double count students attending programs.

	Most recent fiscal year	Previous fiscal year
A. Students served in school groups <b>on-site</b> :		
B. Students served in school groups <b>off-site</b> :		

**NOTE: Please provide all financial data for the remainder of this survey in U.S. dollars. If this is not possible or convenient, please specify the currency used here:**

17. Please provide the following financial data for your most recent fiscal year.

**A. Total earned income**      \$       Include admission revenue, education fees, ancillary services, memberships, other fees, and non-endowment interest. **Do NOT** include endowment earnings here (see item D).

What % of the total earned income listed above is from **admissions**?

%

**B. Total public funds**      \$       Include contributions from Federal sources for unrestricted operations or programs (e.g., IMLS operating grants); funding from state funds and/or local sources for operations (e.g., appropriations or grants); revenue from local tax initiatives used to support the museum; and federal, state, or local grants from specific projects or programs (including NSF grants). **Include restricted funds only if they have been released in this fiscal year.**

Please indicate the percentage of public funds listed above that came from:

- a. Federal/National sources:  %
- b. State/Provincial sources:  %
- c. Local sources:  %
- d. Tribal/other sources:  %

*The total should be 100% →*      %

**C. Total private funds**      \$       Include any contributions/gifts/grants from private sources (individuals, corporations, or foundations) for specific projects or programs; any unrestricted gifts from individuals, corporations, or foundations; corporate memberships; and proceeds from fundraising events. **Include restricted funds only if they have been released in this fiscal year.**

**D. Endowment income**      \$       Include endowment earnings that are applied to operations.

**E. Total operating revenue**      \$       Sum of A + B + C + D. **Do NOT** include in-kind contributions.

**F. Total operating expenses**      \$       Include expenses related to admissions, education, exhibits, programs, membership, ancillary income, and overhead. **Do NOT** include depreciation, capital expenditures, or expenses covered by in-kind contributions.

18. What were your institution's total personnel expenses in your last fiscal year? Please include salaries, wages, benefits, and regularly contracted services (such as security and janitorial) in your total.

Total personnel expenses: \$

19. Which, if any, of the following activities will occur between January 1, 2013 and January 1, 2016? **Please limit your responses to ONLY THAT TIME PERIOD.**

- a. Open a new museum (e.g., a completely new physical plant or relocation of an existing museum)
- b. Begin a museum expansion
- c. Begin a facility renovation
- d. Begin an exhibit renewal (e.g., a redevelopment of one or more exhibit halls or exhibitions)
- e. Implement a major reorganization
- f. None of the above

### **Thank you for your participation in the 2012 ASTC Statistics Survey!**

To help us continue to improve this survey and focus it on the areas of greatest value for our members, we would appreciate your input on the following issues.

A. Which questions in this survey will provide you and your institution with the greatest benefits/assistance? (Check all that apply.)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Q1 (institution type)       | <input type="checkbox"/> Q8 (programs/activities offered) | <input type="checkbox"/> Q15 (total paid attendance) |
| <input type="checkbox"/> Q2 (governance)             | <input type="checkbox"/> Q9 (admission fee presence)      | <input type="checkbox"/> Q16 (students served)       |
| <input type="checkbox"/> Q3 (year open)              | <input type="checkbox"/> Q10 (admission fees charged)     | <input type="checkbox"/> Q17 (financial data)        |
| <input type="checkbox"/> Q4 (number of staff)        | <input type="checkbox"/> Q11 (combo tickets)              | <input type="checkbox"/> Q18 (personnel expenses)    |
| <input type="checkbox"/> Q5 (volunteers)             | <input type="checkbox"/> Q12 (memberships)                | <input type="checkbox"/> Q19 (future activities)     |
| <input type="checkbox"/> Q6 (building/exhibit space) | <input type="checkbox"/> Q13 (fiscal year dates)          |  |
| <input type="checkbox"/> Q7 (facilities present)     | <input type="checkbox"/> Q14 (total attendance)           |  |

B. Please describe any additional questions you would like us to consider adding for future surveys, and how you/your institution would use the information. (Please feel free to attach an additional sheet if necessary.)

Add this question:

We will use the results to:

Add this question:

We will use the results to:

**Please provide a contact person in case we have questions regarding your responses.**

Name:

Phone:

Email:

**Thank you!** Please return your completed survey via:

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FAX: (202) 783-7207  
E-mail: cruffo@astc.org