IMLS National Museum Survey (NMS)

Attachment A: NMS Questionnaire

ICF
7-23-2026

Prepared by ICF for IMLS

IMLS National Museum Survey

NOTES FOR REVIEWERS:

Following the initial welcome screen, the survey will open with a series of eligibility questions and basic museum information questions. Eligibility questions ensure that respondent institutions meet the following:

A unit of Federal, State, local, or tribal government, or a non-profit institution (Q1-9) that:

- Has a fixed physical location from which it serves the public (Q2-7);
- Is open to the public 90 days or more per year through specific hours of operation and/or by appointment (Q2-8);
- Has at least one staff member, or the full-time equivalent, whether paid or unpaid (Q2-10);
- Provides exhibitions and programs (Q2-3); and
- Primarily functions to house, display, and care for animate or inanimate objects that form the core of its exhibitions, programs, and research (Q2-4).

Museums will screen out from the survey based on not meeting the criteria above.

Throughout this document, programming notes and other instructional information not shown to respondents are included in *[BRACKETED, ITALICIZED TEXT AS SHOWN HERE]*.

Certain questions throughout the survey include prefilled information based on previous answer responses (such as which discipline type selected) to give each respondent a personalized experience. This is shown in **[BRACKETED, BOLDED TEXT AS SHOWN HERE]**.

All questions are shown as one item per screen unless otherwise noted.

All questions are soft validated unless specifically indicated as required.

Format of questions is subject to change based on programming capabilities.

Initial Welcome Screen

Thank you for participating in the National Museum Survey (NMS)!

Your contribution is vital! The NMS, conducted by the Institute of Museum and Library Services (IMLS), focuses on museums' institutional characteristics, facilities, finances, human resources, admissions and visitors, and digital presence. Your participation will help inform the museum field, policymakers, and the public about the impact and reach of institutions like yours.

Your survey-taking experience is important to us. The NMS should take an hour or less for most institutions to complete, including the time it takes to reference any records necessary to answer the questions.

- The survey does not need to be completed in one session. Responses are saved each time you click the "Save & Next" button.
- You or a colleague can pick up where you left off using the link sent to your organization, but only one person from your organization can be in the survey at a time.
- After we collect some basic information about your institution, you can complete the remainder of the survey in the order you choose using a navigation menu.
- Please refer to the 2026 National Museum Survey Questionnaire (PDF), a PDF version of this web survey, to prepare your responses in advance and coordinate with other staff at your institution, if needed.

*The NMS is **voluntary** and **confidential.***

- Your participation will not affect any current or future relationship with IMLS. Only researchers working on the survey will have access to individual institutions' responses—this will not be available to grant and policymakers.
- This confidential survey meets data handling requirements and has been approved by the Office of Management and Budget (OMB). **Its OMB control number is 3137-0142, and the expiration date is 11/30/2027.** For more information, please click here. *[SEE NEXT PAGE FOR POP-UP TEXT]*

Click next to get started!

[CHANGE TEXT ON INITIAL NEXT BUTTON TO "NEXT"]

Footer of Survey Screen

Questions? Not the right respondent? Contact NMS@imls.gov.

Confidentiality Pop-Up Box

[DISPLAYED WHEN RESPONDENT CLICKS "please click here" FROM INITIAL WELCOME SCREEN]

How the National Museum Survey Protects Your Information

This survey is **voluntary** and **confidential.**

- Any current or future relationship you may have with IMLS will not be affected by your participation.
- Only the project's researchers from IMLS's Office of Research and Evaluation and ICF have access to collected responses. No one outside the research team has, or will have, access to individual survey responses. All survey data will be safeguarded in password-protected files.
- Access to this survey platform is password-protected and certified to meet the Federal Government's data security requirements. All collected data are maintained on servers that meet federal data security requirements. The collected data will be disposed of in compliance with all relevant federal statutes. The data you provide will be reported only in aggregate so that neither you nor your institution is individually identifiable.
- You are not required to respond to this collection of information unless it displays a currently valid U.S. Office of Management and Budget (OMB) control number. ***The OMB control number is 3137-0142, and the expiration date is 11/30/2027.***

If you have any questions, please contact the survey team at NMS@imls.gov.

Section 1: Background Information

The questions in this section request background information for your institution. Please complete all questions as the information you provide will be used to personalize your survey experience.

*[EACH TEXT FIELD IN Q1-1 IS PREFILLED FROM FRAME BUT EDITABLE; STORE FULL Q1-1 RESPONSE AS PROPER-CASE STRING FOR PIPING **"MUSEUM NAME"** IN SUBSEQUENT QUESTIONS]*

Q1-1

Does the following information correctly reflect the name and **physical location** of your institution? If not, please update as necessary. *If you are a parent organization of the institution listed below, you will have the opportunity to add the parent organization information in a later question.*

***Physical location** refers to the address visitors use to come to your institution.*
All but Website and Address 2 Required

Institution name:
Website:
Main phone number:
Address 1:
Address 2:
City:
State:
Zip Code:

Q1-2

Is **[MUSEUM NAME]**'s mailing address the **same** as its physical address?

a. Yes
b. No

[SHOW ON SAME PAGE AS Q1-2 IF Q1-2 = "NO"]

Q1-3

All but Address 2 Required
What is **[MUSEUM NAME]**'s mailing address?

Address 1:
Address 2:
City:
State:
Zip Code:

[EACH TEXT FIELD IN Q1-4 IS PREFILLED FROM FRAME WHERE AVAILABLE BUT EDITABLE]

Q1-4

Please review and update as necessary **[MUSEUM NAME]**'s Best Point of Contact and Alternate Point of Contact for completing the National Museum Survey below:

Required

Best Point of Contact for the National Museum Survey

First Name:
Last Name:
Job Title:
Email Address:
Phone Number:

Alternate Point of Contact

First Name:
Last Name:
Job Title:
Email Address:
Phone Number:

Q1-5

Required

Does **[MUSEUM NAME]** have a **parent institution**?

*A **parent institution** may include (but is not limited to) a larger non-profit organization; university, college, or academic department; or state, tribal, or local government or government department that your operations fall under.*

a. Yes
b. No
c. Not sure

[SHOW IF Q1-5 = Yes]
[EACH TEXT FIELD IN Q1-6 IS PREFILLED FROM FRAME WHERE AVAILABLE BUT EDITABLE.]

Q1-6

What is the name and location of **[MUSEUM NAME]**'s parent institution?

Name:
City:
State:

[SHOW INSTRUCTION IF Q1-5 = Yes]

Q1_INT

For the remaining questions in this survey, please answer for **[MUSEUM NAME]** and **NOT** for the parent institution.

Q1-7

To improve your survey-taking experience, please select the term that **best** represents how we should refer to **[MUSEUM NAME]**. We will use this term throughout the survey.

Museum
Aquarium
Center
Garden
Institution
Organization
Park
Site
Zoo

*[FUTURE ITEMS PREFILL **"DISCIPLINE TYPE"** BASED ON RESPONDENT ANSWER TO Q1-5. IF ITEM LEFT BLANK, PREFILL AS "INSTITUTION."]*

[NUMERIC WRITE-IN; CONSTRAIN 1750-2025]

Q1-8

In what year was **[MUSEUM NAME]** founded?

Year:

Q1-9

Required

Which category best describes the legal classification of **[MUSEUM NAME]**?

a. Non-profit organization
b. For-profit company/business or college/university ***[TERMINATE AFTER SECTION 2 COMPLETION]***
c. Non-profit or public college/university (e.g., state college)
d. Local government (e.g., municipal, county)
e. State/territorial government
f. Tribal government
g. Federal government
h. Other (please specify): *[WRITE-IN]*

[SHOW IF Q1-5 = Yes]

Q1-10

Can you report **operational data** for **[MUSEUM NAME]** only, separate from your parent institution?

Operational data *include revenue; W-2 employee salary, benefits, and payroll taxes; non-personnel expenses; and employee and volunteer counts.*

a. Yes
b. No

[IF Q1-10 = No, SKIP SECTIONS 4 AND 5]

Q1-11

Required

What is the end date of the most recent **fiscal year (FY)** for which you can report financial data (e.g., revenue and expenses) for **[MUSEUM NAME]**?

*A **fiscal year (FY)** is the 12-month period for which your institution tracks revenue and expenses for taxes and/or accounting purposes.*

FY end month: [*DROPDOWN:* January, February, March, April, May, June, July, August, September, October, November, December]
FY end year: [*DROPDOWN,* 2023–2025]

[CHECK BOX] My institution is unable to report financial data for any recent fiscal year.

*[FUTURE ITEMS PREFILL **"FY FISCAL YEAR"** BASED ON RESPONDENT ANSWER TO Q1-11. PREFILL "2025" if "My institution is unable to report for any recent fiscal year" IS CHECKED]*

SECT1-REMINDER

Please note, you will not be able to revisit section 1 (background information) after you proceed to the next section. If needed, please use the "Previous" button below to review your responses and confirm you are ready to move on. ***You may leave and return later or share the same survey link with a colleague**, but only one person from your organization can be in the survey at a time.*

When you are ready, hit the "Next" button to begin section 2.

Section 2: Institutional Characteristics

The questions in this section ask about the characteristics of **[MUSEUM NAME]**, such as your annual operating budget, collection(s), discipline(s), location, and number of days open per year.

Q2-1

Please help us learn what size means to your **[DISCIPLINE TYPE]** *by answering the following:*

Do you consider **[MUSEUM NAME]** to be a small, medium, or large **[DISCIPLINE TYPE]**?

a. Small
b. Medium
c. Large
d. Not sure

Q2-2

What was the **annual operating budget** for **[MUSEUM NAME]** in FY **[FISCAL YEAR]**?

If unsure, please use your best estimate. Your information will be grouped with responses from similar institutions when reporting to protect your confidentiality.

Annual operating budget *is an estimate of expenditures for the 12-month fiscal year.*

a. $99,999 or less
b. $100,000 to $249,999
c. $250,000 to $499,999
d. $500,000 to $999,999
e. $1 million to $2,999,999
f. $3 million to $9,999,999
g. $10 million to $14,999,999
h. $15 million to $24,999,999
i. $25 million or more

Q2-3

Which, if any, of the following functions best describe your **[DISCIPLINE TYPE]**? *Select all that apply.*

a. Provides exhibitions and/or programs
b. Provides experiences and/or demonstrations
c. Stewards an historic site(s)
d. Offers other public engagement activities (please specify) *[WRITE-IN]*
e. My **[DISCIPLINE TYPE]** does not perform any of these or similar museum-related functions. ***[EXCLUSIVE] [TERMINATE AFTER SECTION 2 COMPLETION]***

Q2-4

Which, if any, of the following describe your **[DISCIPLINE TYPE]**'s collections?

For the purposes of this question, we define "collection" as **anything that is used, owned, loaned/borrowed, or displayed by your institution for exhibitions, programs, and/or experiences**.

Select all that apply.

a. Living collection *(Plants at a garden or arboretum, animals in a zoo or aquarium, insects at an insectarium, etc.)*
b. Non-living or objects collection *(Art, artifacts, documents, learning aids, interactive materials or equipment, specimens, historic structures, etc.)*
c. Other (please specify) *[WRITE-IN]*
d. My **[DISCIPLINE TYPE]** does not use, own, or display anything for exhibitions, programs, and/or experiences. ***[EXCLUSIVE] [TERMINATE AFTER SECTION 2 COMPLETION]***

Q2-5

Required

Which of the following disciplines best represent **[MUSEUM NAME]**? *Select all that apply.*

a. Anthropology museum
b. Aquarium
c. Arboretum
d. Art museum
e. Botanical garden
f. Children's museum
g. General museum
h. Historic house and/or site
i. History museum
j. Natural history museum
k. Nature center
l. Planetarium
m. Science and technology center/museum
n. Specialized museum
o. Zoo
p. Other (please specify) *[WRITE-IN]*

[SHOW IF more than one choice besides Other selected in Q2-5]

Q2-6

Required

What is your **[DISCIPLINE TYPE]**'s primary discipline? *Please select one.*

[Carry forward list of response choices selected in Q2-5 if more than one choice selected besides Other]

[SHOW IF ONLY Other selected in Q2-5]

Q2-7

Which of the following disciplines **best represents** [MUSEUM NAME], even if none are a perfect fit? Please select one.

a. Anthropology museum
b. Aquarium
c. Arboretum
d. Art museum
e. Botanical garden
f. Children's museum
g. General museum
h. Historic house and/or site
i. History museum
j. Natural history museum
k. Nature center
l. Planetarium
m. Science and technology center/museum
n. Specialized museum
o. Zoo

Q2-8

Required

Does your **[DISCIPLINE TYPE]** have a fixed physical location(s) from which it serves the public?

a. Yes
b. No ***[TERMINATE AFTER SECTION 2 COMPLETION]***

Q2-9

Required

How many days was your **[DISCIPLINE TYPE]** **open to the public** through specific hours of operation and/or by appointment during FY **[FISCAL YEAR]**?

a. 89 days or fewer ***[TERMINATE AFTER SECTION 2 COMPLETION]***
b. 90-119
c. 120-179
d. 180-239
e. 240-299
f. 300-359
g. 360 days or more

Q2-10

Required

Does your **[DISCIPLINE TYPE]** have one or more full-time employees or full-time volunteers?

a. Yes
b. No

[SHOW IF Q2-10 not equal to "Yes" and on same page as Q2-10]

Q2-11

Required

Does your **[DISCIPLINE TYPE]** have part-time employees or part-time volunteers whose combined regular working hours are equal to (or greater than) at least one full-time position?

a. Yes
b. No ***[TERMINATE AFTER SECTION 2 COMPLETION]***

REMINDER

Please note, you will not be able to revisit section 2 (institutional characteristics) after you proceed to the next section. If needed, please use the "Previous" button below to review your responses and confirm you are ready to move on. ***You may leave and return later or share the same survey link with a colleague****, but only one person from your organization can be in the survey at a time.*

When you are ready, hit the "Next" button to begin section 3.

[SHOW INSTRUCTION IF Q2-3 = "My [DISCIPLINE TYPE] does not perform any of these or similar museum-related functions." Or Q2-4 = "My [DISCIPLINE TYPE] does not use, own, or display anything for exhibitions, programs, and/or experiences." Or Q2-7 = "No" Or Q2-8 = "89 days or fewer" Or Q2-10 = "No" Or Q1-9 = "For-profit company/business" Or Q1-9 = "For-profit college/university"]

DISQUAL

Thank you for your time! Unfortunately, based on your responses so far, it appears that your **[DISCIPLINE TYPE]** does not meet the criteria that IMLS is using to determine institutions' appropriateness for inclusion in the National Museum Survey.

Please use the "Previous" button below to review and update any responses that may be incorrect. Click the "Next" button when you are finished.

[TERMINATED RESPONDENTS WILL SKIP TO THE THANK-YOU SCREEN AFTER COMPLETING SECTION 2.]

Termination Thank-you Screen

Thank you for your time and interest in the National Museum Survey! Please send questions about the survey to NMS@imls.gov. For more information about the Institute of Museum and Library Services, please visit us on the web at www.imls.gov.

[ELIGIBLE RESPONDENTS WILL HAVE A TABLE OF CONTENTS IN THE ONLINE SURVEY SYSTEM TO NAVIGATE FREELY IN SECTIONS 3 THROUGH 8 IN THE ORDER THEY CHOOSE.]

Table of Contents

For the rest of the survey, you can use the table of contents to switch between sections at any time. (If it is not showing, click the three horizontal lines that will appear in the left-hand corner of future pages in the survey to expand it. For example, it looks like this (HAMBURGER ICON)

Please note, any information you have entered on a screen will not be saved until you click the "Save & Next" button."

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Section 3: Facilities

This section asks about your **[DISCIPLINE TYPE]**'s facilities, including its land and buildings, and the condition of its facilities.

Please try to retrieve the most precise data available in your institution, which may involve working with other staff members. ***You may leave and return later or share the same survey link with a colleague****, but only one person from your organization can be in the survey at a time.*

Certain questions include an "estimated" checkbox; if needed, please select this option to indicate items for which precise information is unavailable.

Q3-1

Does **[MUSEUM NAME]** own or lease/rent its **facilities**?

Facilities *refer to the land and buildings where the institution is located.*

a. Own
b. Lease or rent
c. A combination of own and lease/rent
d. Other (please specify) *[WRITE-IN]*

Q3-2

What is the **total acreage** of the land on which your **[DISCIPLINE TYPE]** is located?

Please include all land, including land with buildings, gardens, parking lots, and so forth. If only an estimate is available, please check the corresponding box below.

[WRITE-IN NUMERIC] Acres

[CHECK BOX] Less than an acre
[CHECK BOX] Don't know

[CHECK BOX] This is an estimate.

Q3-3

What is the **total square footage** of your **[DISCIPLINE TYPE]**'s building spaces?

Please include all building space whether for public or non-public use. If only an estimate is available, please check the corresponding box below.

Total building space

[WRITE-IN NUMERIC] Square feet

[CHECK BOX] Don't know

[CHECK BOX] This is an estimate.

Q3-4

Which of the following best represents the condition of your **[DISCIPLINE TYPE]**'s **facilities**?

Facilities *refer to the land and buildings on which your institution is located.*

a. Facilities easily and readily support their intended uses.
b. Facilities provide adequate support for their intended uses. Some minor modifications/updates may be desired to improve their suitability.
c. Facilities require limited renovation to support their intended uses on a continuing basis.
d. Facilities require significant renovation to support their intended uses on a continuing basis. The space significantly inhibits program delivery.
e. It varies from facility to facility (please describe) *[WRITE-IN]*

[IF Q1-10 = No, SKIP SECTION 4]

Section 4: Financial Information

The next set of questions asks about **financial information**. As a reminder, your individual institution's information **will remain private**.

Please use your institution's IRS Form 990 filing or annual financial report to help complete this section where applicable. *We recommend reviewing the 2026 National Museum Survey Questionnaire (PDF) to see what information you'll need to compile before reporting on the web.*

Please try to retrieve the most precise data available in your institution, which may involve working with other staff members. ***You may leave and return later or share the same survey link with a colleague****, but only one person from your organization can be in the survey at a time.*

Certain questions include an "estimated" checkbox; if needed, please select this option to indicate items for which precise information is unavailable.

Q4-1

What source(s) will you use to answer financial information questions about **[MUSEUM NAME]**? *Select all that apply.*

Your response will enhance your survey taking experience by guiding the instructions that you see in subsequent questions.

a. My institution's IRS Form 990 (including 990-EZ, 990-PF, or prior/draft versions) *[preferred method, if available]*
b. My institution's audited financial statements or annual financial reports
c. My institution's accounting or financial management system/software
d. My institution's budget documents or internal financial reports (e.g., budgets, spreadsheets, profit/loss statements)
e. Information provided by finance staff (e.g., CFO, accountant, treasurer, finance office)
f. Financial information from a parent or governing organization
g. Government financial reports or appropriations (e.g., CAFR, city/state budget, legislative appropriations)
h. Other (please specify) *[WRITE-IN]*
i. Not sure *[EXCLUSIVE]*

Q4-2

Required

What was your **[DISCIPLINE TYPE]**'s **total revenue** for FY **[FISCAL YEAR]**?

This includes all revenue, such as gifts, donations, or grant funding received; earnings from program services such as admissions, memberships, and educational offerings; gift shop and cafe sales; event rentals; investment income from endowments or other sources; and any other revenue.

[SHOW SENTENCE AND POP UP BELOW IF Q4-1 = 990, not sure, or BLANK]
If possible, please use the total revenue from Form 990, Part I (Summary) line 12, which includes the sum of lines 8 through 11.

[Pop-up text when clicking on "lines 8 through 11":
Line 8: Contributions and grants
Line 9: Program service revenue
Line 10: Investment income
Line 11: Other revenue]

If only an estimate is available, please check the corresponding box below.

Total revenue
[WRITE-IN NUMERIC; BOX DISPLAYED WITH $ BEFORE AND .00 AFTER]

[CHECK BOX] Don't know

[CHECK BOX] This is an estimate.

Q4-3

[SHOW IF Q4-2 DOES NOT EQUAL DON'T KNOW]

You told us that your **[DISCIPLINE TYPE]**'s total revenue was **[Q4-2 ANSWER]** for FY **[FISCAL YEAR]**. How did this revenue fall into each of the following **revenue categories** for FY **[FISCAL YEAR]**?

[SHOW IF Q4-2 = DON'T KNOW]

You told us that your **[DISCIPLINE TYPE]**'s total revenue was **unknown** for FY **[FISCAL YEAR]**. If available, can you provide amounts in any of the following **revenue categories** for FY **[FISCAL YEAR]**?

[SHOW ALL]

If only an estimated amount is available in a category, please check the corresponding box below. Enter 0 for any revenue types your institution did not have.

[SHOW "Line numbers refer to the Part I (Summary) section of Form 990." IF Q4-1 = 990, not sure, or BLANK]

	Revenue *in dollars* *[WRITE-IN NUMERIC]*	Estimated *[CHECK BOXES]*	Don't know *[CHECK BOXES]*
Contributions and grants *[Show "(Line 8)" IF Q4-1 = 990, not sure, or BLANK]* *(monetary donations or non-cash gifts given by individuals, corporations, or foundations, including government or other grants)*			
Program service revenue *[Show "(Line 9)" IF Q4-1 = 990, not sure, or BLANK]* *(earnings from the institution's mission-related activities, exhibits, and programs, such as ticket sales/admissions, memberships, and educational offerings)*			
Investment income *[Show "(Line 10)" IF Q4-1 = 990, not sure, or BLANK]* *(earnings from investments like endowments, stocks, bonds, and savings, including interest, dividends, or royalties)*			
Other revenue *[Show "(Line 11)" IF Q4-1 = 990, not sure, or BLANK]* *(income from sources not listed above, such as gift shop sales or cafe services, event rentals, or licensing fees)*			
Total	*[AUTO SUMS]*		

As a reminder, you told us your **[DISCIPLINE TYPE]**'s total revenue was **[Q4-2 ANSWER]** for FY **[FISCAL YEAR].**

[IF Q4-2 Total Revenue does not equal Q4-3 AUTOSUM, soft error validation message]

Q4-4

Required

What were your **[DISCIPLINE TYPE]**'s **total expenses** for FY **[FISCAL YEAR]**?

This includes all expenses, such as scholarships or research grants given by the institution; costs associated with member benefits such as discounts or special access; salaries, compensation, and employee benefits; fundraising costs and marketing fees; day-to-day operational costs such as supplies, maintenance, rent or other bills; and any other expenses.

[SHOW SENTENCE AND POP UP BELOW IF Q4-1 = 990, not sure, or BLANK]
If possible, please use the total expenses from Form 990, Part I (Summary) line 18, which includes the sum of lines 13 through 17:

[Pop-up text when clicking "lines 13 through 17":
Line 13: Grants and similar amounts paid
Line 14: Benefits paid to or for members
Line 15: Salaries, other compensation, employee benefits
Line 16a: Professional fundraising fees
Line 17: Other expenses]

If only an estimate is available, please check the corresponding box below.

Total expenses

[WRITE-IN NUMERIC; BOX DISPLAYED WITH $ BEFORE AND .00 AFTER]

[CHECK BOX] Don't know

[CHECK BOX] This is an estimate.

Q4-5

[SHOW IF Q4-4 DOES NOT EQUAL DON'T KNOW]

You told us that your **[DISCIPLINE TYPE]**'s total expenses were **[Q4-4 ANSWER]** for FY **[FISCAL YEAR]**. How did these expenses fall into each of the following **expense categories** for FY **[FISCAL YEAR]**?

[SHOW IF Q4-4 = DON'T KNOW]

You told us that your **[DISCIPLINE TYPE]**'s total expenses were **unknown** for FY **[FISCAL YEAR]**. If available, can you provide amounts in any of the following **expense categories** for FY **[FISCAL YEAR]**?

[SHOW ALL]

If only an estimated amount is available in a category, please check the corresponding box below. Enter 0 for any expense types your institution did not have.

[SHOW "Line numbers refer to the Part I (Summary) section of Form 990." IF Q4-1 = 990, not sure, or BLANK]

	Expenses *in dollars* *[WRITE-IN NUMERIC]*	Estimated *[CHECK BOXES]*	Don't know *[CHECK BOXES]*
Grants and similar amounts paid *[Show "(Line 13)" IF Q4-1 = 990, not sure, or BLANK]* *(funding or financial support the institution gives to individuals or organizations, such as scholarships or research grants)*			

	Expenses *in dollars* *[WRITE-IN NUMERIC]*	Estimated *[CHECK BOXES]*	Don't know *[CHECK BOXES]*
Benefits paid to or for members *[Show "(Line 14)" IF Q4-1 = 990, not sure, or BLANK]* *(costs associated with member benefits, including service discounts and exclusive event invitations or access)*			
Salaries, other compensation, employee benefits *[Show "(Line 15)" IF Q4-1 = 990, not sure, or BLANK]* *(payroll or staff-related expenses, including wages, salaries, bonuses, insurance, and other benefits)*			
Professional fundraising fees *[Show "(Line 16a)" IF Q4-1 = 990, not sure, or BLANK]* *(amounts paid to professional fundraisers for their services, such as to organize donation campaigns or market fundraising events)*			
Other expenses *[Show "(Line 17)" IF Q4-1 = 990, not sure, or BLANK]* *(expenses in areas not listed above, such as expenses associated with programming and day-to-day operational costs such as supplies, maintenance, utilities, rent, or insurance)*			
Total	*[AUTO SUMS]*		

*As a reminder, you told us your **[DISCIPLINE TYPE]**'s total expenses were **[Q4-4 ANSWER]** for FY **[FISCAL YEAR].***

Q4-6

[Q4-6 SHOWN ON SAME SCREEN AS Q4-5]

Even if already captured in other categories above, what were your **[DISCIPLINE TYPE]**'s total **fundraising expenses** *[Show "*(Line 16b)*" if Q4-1= 990, not sure, or BLANK]* for FY **[FISCAL YEAR]**?
This includes all spending associated with raising money, such as fundraising event costs or advertising.

Total fundraising expenses

[WRITE-IN NUMERIC; BOX DISPLAYED WITH $ BEFORE AND .00 AFTER]

[CHECK BOX] Don't know

[CHECK BOX] This is an estimate.

[IF Q4-4 Total Expenses does not equal Q4-5 AUTOSUM, soft error validation message]

[IF Q1-10 = No, SKIP SECTION 5]

Section 5: Human Resources

This next set of questions asks for human resources information for **[MUSEUM NAME]**, including counts of employees, independent contractors, and volunteers. Please note that some questions ask for information at the ***end*** of FY **[FISCAL YEAR]** and others ask for information ***during*** FY **[FISCAL YEAR]**.

Q5-1

At the end of FY **[FISCAL YEAR]**, how many full-time and part-time **paid employees** and full-time and part-time **vacant positions** did your **[DISCIPLINE TYPE]** have?

*Please do not include independent contractors, consultants, or paid interns. Also do not include support staff (e.g., security officers) who are not employed directly by your **[DISCIPLINE TYPE]** or your parent institution. If only an estimated amount is available in a category, please check the corresponding box below.*

	Paid employees (headcount) *[WRITE-IN NUMERIC]*	Vacant/ unfilled positions *[WRITE-IN NUMERIC]*	Estimated *[CHECK BOXES]*
Full-time *Please report these numbers based on your **[DISCIPLINE TYPE]**'s definition of full-time employment.*			
Part-time *Please report these numbers based on your **[DISCIPLINE TYPE]**'s definition of part-time employment.*			

Q5-2

How many **independent contractors** were engaged by **[MUSEUM NAME]** at the end of FY **[FISCAL YEAR]**?

Independent contractors *are individuals who provide services for your* **[DISCIPLINE TYPE]** *under an agreement and outside of an employer-employee relationship. Independent contractors are not paid through your payroll, and they may receive an IRS Form 1099. This does not include companies or firms.*

[WRITE-IN NUMERIC] Independent contractors

Q5-3

How many unpaid **volunteers** did **[MUSEUM NAME]** have at the end of FY **[FISCAL YEAR]**, excluding board members?

A ***volunteer*** *is anyone performing work for your* **[DISCIPLINE TYPE]** *who is unpaid. Exclude unpaid interns, apprentices, and fellows.*

[WRITE-IN NUMERIC] Volunteers

Q5-4

Did your **[DISCIPLINE TYPE]** offer paid or unpaid internships, apprenticeships, or fellowships during FY **[FISCAL YEAR]**?

a. Yes, paid
b. Yes, unpaid
c. Yes, both paid and unpaid
d. No

[SHOW ON SAME PAGE AS Q5-4 IF Q5-4 = any "Yes"]

Q5-5

How many paid and/or unpaid interns, apprentices, and/or fellows did **[MUSEUM NAME]** have at the end of FY **[FISCAL YEAR]**?

[WRITE-IN NUMERIC]

Q5-6

Did your **[DISCIPLINE TYPE]** have a governing body during FY **[FISCAL YEAR]**?

Please only include governing bodies with fiduciary responsibilities (e.g., board of directors).

a. Yes
b. No

[SHOW ON SAME PAGE AS Q5-6 IF Q5-6 = "Yes"]

Q5-7

How many voting members did **[MUSEUM NAME]**'s governing body have at the end of FY **[FISCAL YEAR]**?

[WRITE-IN NUMERIC]

Q5-8

Did your **[DISCIPLINE TYPE]** have one or more advisory boards at the end of FY **[FISCAL YEAR]**?

Mark "yes" for any board(s) with non-fiduciary responsibilities (e.g., Friend's Advisory Board, Board of Visitors).

a. Yes
b. No

[SHOW ON SAME PAGE AS Q5-8 IF Q5-8 = "Yes"]

Q5-9

How many advisory boards did **[MUSEUM NAME]** have at the end of FY **[FISCAL YEAR]**?

[WRITE-IN NUMERIC]

Section 6: Admissions and Visitors

The questions in this section ask about on-site visits to **[MUSEUM NAME]**, admission policies, and memberships.

Q6-1

How many **on-site** visits did **[MUSEUM NAME]** have in FY **[FISCAL YEAR]**?

On-site visits *could be made by members of the public for any reason, such as to view collections or exhibits, participate in programming, attend museum-hosted events, or attend private events. Count each on-site visit by a group member (e.g., a group of 12 equals 12 visits). Enter "0" if there were no on-site visits for the reporting period. If only an estimate is available, please check the corresponding box below.*

[WRITE-IN NUMERIC] **On-site visits**
[CHECK BOX] Don't know

[CHECK BOX] This is an estimate.

Q6-2

How many groups visited your **[DISCIPLINE TYPE]** during FY **[FISCAL YEAR]**?

Please report the number of groups, not the number of group members. Enter "0" if there were no on-site visits by groups for the reporting period. If only an estimated amount is available in a category, please check the corresponding box below.

	Number of groups (not number of visitors in a group) *[WRITE-IN NUMERIC]*	Estimated *[CHECK BOXES]*	Don't know *[CHECK BOXES]*
Number of Pre-K–12 groups *(e.g., field trips)*			
Number of other visiting groups			

(e.g., bus tours, senior citizen groups, alumni groups, social clubs, college groups)			

Q6-3

Other than field trips to **[MUSEUM NAME]**, did your **[DISCIPLINE TYPE]** provide any of the following programs or services to Pre-K–12 schools, students, or teachers during FY **[FISCAL YEAR]**?

	Yes	No
School-related programs or services *(e.g., in-school programs, lesson plans or materials, programs for homeschoolers); do not count field trips to your institution*		
Out-of-school enrichment programs or services (*e.g., camps, afterschool programs, teen programs); do not count field trips to your institution*		
Professional development for Pre-K–12 teachers *(e.g., trainings)*		

[SHOW IF Q6-1 on-site visits greater than 0]

Q6-4

Did your **[DISCIPLINE TYPE]** charge general admission for any on-site visitors during FY **[FISCAL YEAR]**?

a. Yes, some or all visitors were charged a general admission fee
b. No, general admission was free for all visitors
c. Not applicable

[SHOW IF Q6-4 = "Yes"]

Q6-5

What was the price of **adult general admission** at the end of FY **[FISCAL YEAR]**?

If you have more than one ticket type, please provide the most common price for adult admission, not including any discounts or upgrades.

[WRITE-IN NUMERIC WITH UP TO 2 DECIMAL SPACES]

[SHOW IF Q6-4 = "Yes"]

Q6-6

On how many days during FY **[FISCAL YEAR]** did your **[DISCIPLINE TYPE]** offer free general admission to all visitors for at least part of the day?

Estimate if you are unsure. Enter "0" if your **[DISCIPLINE TYPE]** *did not offer free admission.*

[WRITE-IN NUMERIC; CONSTRAIN 0-366] Days free general admission

[SHOW IF Q6-4 = "Yes"]

Q6-7

Did your **[DISCIPLINE TYPE]** participate in any of the externally sponsored discount programs listed below during FY **[FISCAL YEAR]**?

	Yes	No

Blue Star Program		
Museums for All		
Other economic need-based admission programs *(e.g., municipal or county-run discount programs)* *[WRITE-IN]*		
Other non-economic need-based admission programs *(e.g., Bank of America first Fridays)* *[WRITE-IN]*		

[SHOW IF Q6-4 = "Yes"]

Q6-8

Did your **[DISCIPLINE TYPE]** offer free or discounted general admission to any of the following audiences during FY **[FISCAL YEAR]** as part of its regular admissions policy?

Do not include members, if applicable.

	Free admission	Discounted admission	Both free and discounted admission	Neither
Active military				
Children				
College students				
Individuals with disabilities				
Local residents				
Senior citizens				
Social entitlement program participants (e.g., WIC, SNAP)				
State residents				
Teachers/professors				

Veterans				
Other (please specify) *[WRITE-IN]*				

Q6-9

Did your **[DISCIPLINE TYPE]** offer a paid membership program during FY **[FISCAL YEAR]**?

a. Yes

b. No

[SHOW IF Q6-9 NOT EQUAL "No"]

Q6-10

How many active memberships did your **[DISCIPLINE TYPE]** have at the end of FY **[FISCAL YEAR]**?

Please report the total number of memberships, not the number of individuals who are members. For example, count a family or household membership as one membership.

If only an estimate is available, please check the corresponding box below.

Number of memberships

[WRITE-IN NUMERIC]

[CHECK BOX] This is an estimate.

Section 7: Digital Presence

The questions in this section ask about **[MUSEUM NAME]**'s digital presence during FY **[FISCAL YEAR]**.

Q7-1

Did your **[DISCIPLINE TYPE]** have a website during FY **[FISCAL YEAR]**?

[SHOW PARENT INSTITUTION INSTRUCTIONS IF Q1-7 NOT EQUAL TO "NO"]

If your **[DISCIPLINE TYPE]** *had a web page on your* ***parent institution's*** *website, please select "yes."*

A ***parent institution*** *may include (but is not limited to) a larger non-profit organization; university, college, or academic department; or state, tribal, or local government or government department that your institution's operations fall under.*

a. Yes
b. No

[SHOW IF Q7-1 NOT EQUAL TO "No"]

Q7-2

How many website visits did your **[DISCIPLINE TYPE]**have during FY **[FISCAL YEAR]**?

[SHOW PARENT INSTITUTION INSTRUCTIONS IF Q1-7 NOT EQUAL TO "NO"]

If your **[DISCIPLINE TYPE]** *had a web page on your parent institution's website, please report visits to just your* **[DISCIPLINE TYPE]***'s web page.*

Website visits *are the total number of sessions rather than page views.*

a. Fewer than 25,000
b. 25,000 – 49,999
c. 50,000 – 249,999
d. 250,000 – 999,999
e. 1,000,000 or more
f. Don't know

Q7-3

Did **[MUSEUM NAME]** provide **remote digital access** to any of its collections, exhibitions, or programs during FY **[FISCAL YEAR]**?

Remote digital access *refers to making collections, exhibitions and/or programs available via the internet to locations external to the institution. Remote digital access may be provided through online collection catalogs, live-streamed events, online demonstrations, videos, live animal cameras, and so forth.*

	Yes	No
Remote digital access to collections		
Remote digital access to exhibitions or programs		

Q7-4

Does your **[DISCIPLINE TYPE]** have an account on any of the following social media platform(s)?

	Yes	No	Don't know
Facebook			

Instagram			
LinkedIn			
Snapchat			
TikTok			
X (Formerly Twitter)			
Vimeo			
YouTube			
Other platform *[WRITE-IN]*			
Other platform *[WRITE-IN]*			

Section 8: Wrap-Up

You're nearly done! Please answer these final questions to wrap up the survey.

Q8-1

How easy or difficult was it for you to complete the National Museum Survey on behalf of **[MUSEUM NAME]**?

Please consider all aspects of taking the survey when answering, from gathering the information requested all the way through to submitting your answers.

a. Very easy
b. Somewhat easy
c. Somewhat difficult
d. Very difficult

Q8-2

[SHOW IF Q8-1 = "Very Difficult" or "Somewhat Difficult"]

You mentioned that the National Museum Survey was **[INSERT Q8-1 LEVEL OF DIFFICULTY]** to complete. What challenges or issues did you experience? *This information will be used to help us improve the survey for future administrations.*

[TEXT BOX LIMITED TO 500 CHARACTERS]

Q8-3

Approximately how much time did it take you and your colleagues to complete the National Museum Survey?
Include:

- The time spent reading the instructions, working on the questions, and obtaining information.
- The time spent by all staff collecting and providing this information.

[WRITE-IN NUMERIC] hours

[WRITE-IN NUMERIC LIMIT 0-59] minutes

TOC SUBMIT

You are about to submit [MUSEUM NAME]'s answers for the National Museum Survey!

If needed, please use the "Previous" button below or the table of contents to review and update any responses in prior sections, and then return to this page. Once you submit, you will not be able to make additional changes.

When you are ready, please click the "Save and Next" button to send us your responses.

Thank-You Screen

Thank you for your participation in the National Museum Survey! Your response has been submitted.

Please print or save this page for your records. A blank question below indicates that your institution did not provide an answer to that question.

The NMS will provide vital data about the scope and reach of the museum field across the country, and we appreciate your contribution to this resource. **To learn more about the IMLS, please visit https://www.imls.gov/NMS**

[PRINT THIS PAGE BUTTON]

[SURVEY RESPONSES LISTED BY SECTION AND QUESTION NUMBER]