

Part 3 Expenses for the Last Completed Fiscal Year

	Expenses	Total
(1)	Salaries/wages	_____
(2)	Payroll Taxes	_____
(3)	Fringe Benefits	_____
(4)	Health Insurance	_____
(5)	Building Maintenance	_____
(6)	Utilities	_____
(7)	Equipment	_____
(8)	Marketing	_____
(9)	Fundraising	_____
(10)	Printing	_____
(11)	Supplies	_____
(12)	Contractual	_____
(13)	Professional services (Legal, audit, etc.)	_____
(14)	Member benefits	_____
(15)	Sales Tax	_____
(16)	Dues/memberships	_____
(17)	Building Costs	_____
(18)	Liability Insurance	_____
(19)	Interest (Bank Fees)	_____
(20)	Conferences/Trainings	_____
(21)	Travel	_____
(22)	Postage	_____
(23)	Rent/Mortgage	_____
(24)	Equipment Maintenance	_____
(25)	Other,	_____
(26)	If other, please specify	_____

Part 2 Income from the Last Completed Fiscal Year

Income	Total	For each category indicate what proportion of your income was received from outside of the Roanoke Region.
(1) Government (including contracts and grants)		
Federal	_____	_____ %
State	_____	_____ %
Local	_____	_____ %
(2) Client Fees	_____	_____ %
(3) Foundations	_____	_____ %
(4) National Corporations	_____	_____ %
(5) Local Business	_____	_____ %
(6) Individual Donations	_____	_____ %
(7) Membership Fees	_____	_____ %
(8) Program Fees	_____	_____ %
(9) Bequests	_____	_____ %
(10) Endowment	_____	_____ %
(11) Ticket Sales	_____	_____ %
(12) Special Events	_____	_____ %
(13) Other	_____	_____ %
(14) If other, please specify	_____	

5. Nonprofit legal status: _____ 501(c)3 (charitable nonprofit organization)
 _____ 501(c)4 (non-charitable nonprofit organization)
 _____ Community Development Corporation
 _____ Other
6. If answered "Other" to the Nonprofit legal status question, please specify:

7. Is your organization considered a faith-based outreach service provider?
 _____ Yes _____ No
8. Paid Staff:
 Number full time _____ Number part time _____
9. Volunteers:
 Number of volunteers _____ Total volunteer hours _____
10. Clients:
 Number of unduplicated clients served during the last completed fiscal year: _____
11. Geographic Region Served (Check all that apply):
 _____ Alleghany County _____ City of Covington _____ Other areas
 _____ Botetourt County _____ City of Roanoke
 _____ Craig County _____ City of Salem
 _____ Roanoke County _____ Franklin County
12. Total Annual Operating Budget for the Last Completed Fiscal Year: \$ _____



2007 Nonprofit Economic Impact Survey

A program of the Council of Community Services

The 2007 Nonprofit Economic Impact Survey is being conducted by the Nonprofit Resource Center. The purpose is to highlight to the community the often overlooked economic value of the nonprofit sector in the region. Having accurate data on the value nonprofits bring to the community is critical for all nonprofits. So please take a few minutes to answer the following questions. All responses will remain confidential and only aggregate data will be reported. Participating nonprofits will receive *one free copy* of the report. Your responses should be based on data from the last completed fiscal year. **Please complete the survey only once.**

Please return the survey in the enclosed self-addressed envelope by July 27, 2007.

If you would like to respond online, go to the NRC's website at www.non-profitresourcecenter.org and click on the survey link.

Part 1 Basic Information

1. Name & Title of person completing survey: _____

Organization _____
Address _____

Phone _____ Fax _____
Email _____
Website _____
2. Nonprofit category (choose one category that is the primary area of service):
 Health (Physical and/or Mental Health)
 Hospital
 Human Services
 Arts, Culture, and Humanities
 Housing
 Environmental
 Education
 Community/Economic Development
 Philanthropy
 Recreation
 Banking (i.e. credit unions)
3. If your organization falls in the Human Services category, please choose a subcategory below:
(Check all that apply):
 Children/Youth
 Family
 Elderly
4. Year your nonprofit was established: _____