

AHP Mid-Atlantic Regional News March 2008



Regional Director's Update

[Julie E. Cox, CFRE](#)
AHP Mid-Atlantic Regional Director

"My grandfather once told me that there were two kinds of people: those who do the work and those who take the credit. He told me to try to be in the first group. There is much less competition." *Indira Gandhi*

I could not resist starting with this quote since AHP leadership volunteers are unlike anything I have ever encountered before. They work tirelessly in support of AHP's mission to advance health care through philanthropic innovation, education and advocacy. I would like to express my appreciation to **David Flood**, for his tremendous work as regional director for three years, taking the region to new heights in membership, education and foundation support. I stepped in as director in October 2007 at the AHP International Conference in Philadelphia and I am honored to serve our profession through AHP over the next two years.

Please take some time to review the list of AHP Mid-Atlantic cabinet members noted later in this newsletter. We asked several members to continue their prior roles on the cabinet and also enlisted some new members to step-up to leadership roles. I felt confident that each person represents AHP's core values in the fundraising profession, including integrity, knowledge, professionalism and leadership. I am thrilled to be working with such an extraordinary group of volunteers.

Already our 2008 AHP Mid-Atlantic Regional Conference committee, lead by **Pamela Ronka Maroulis, CFRE**, is planning a spectacular education program in Pittsburgh, June 1-3. The sponsorship committee consisting of **Vince Connelly, Bridget Murphy, CFRE**, and **Kathleen Pavelka, CFRE**, have exceeded their goal by almost \$15,000. Therefore, we are providing more scholarships than ever before. The speakers for the Monday and Tuesday lunch are excellent, and Ketchum is hosting a Monday night event at Heinz Hall, which will be a lovely evening with colleagues.

Our new regional AHP Foundation chair, **Ellen Finnerty Myers**, has started off with an enormous leap in securing a \$5,000 challenge grant from Merrill Lynch. AHP also is quickly fulfilling our vision of becoming the leading authority and resource in health care philanthropy regionally as our state representatives are working to launch local programming.

Please call any cabinet member or me directly if you would like to get involved or have ideas as to how we can serve you more effectively. Thank you for your support and I look forward to seeing everyone in Pittsburgh.

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Revisiting a Development Officer's 2008 Professional Resolutions

By Jay Angeletti, AHP Mid-Atlantic state representative

Just yesterday, after skipping my trip to the gym for the seventh straight day, I revisited all of my 2008 resolutions. With that in mind, I thought I would use this opportunity to share with you my top-10 list for professional growth in 2008. Beginning tomorrow morning, I have committed myself to talking with my colleagues and clients about the following:

Let's resolve to...

1. Carry with us at all times our list of top twenty-five prospects (the old-fashioned way on a piece of paper in our pockets so we look at them at least every morning and every night). Furthermore, let's make sure that we interact with these prospects regularly, at least every six weeks, and provide them with quarterly updates on projects they fund.
2. Write debriefs of our meetings with these prospects within twenty-four hours of each meaningful contact. These debriefs do not need to include perfect prose or a detailed description of the topography that leads to their homes. These debriefs should include, however, pertinent facts these people shared with us. These facts will be invaluable in our next interactions with these individuals and also will benefit our successors as they interact with these prospects going forward. These debriefs also will include next steps with timeframes.
3. Provide written briefings to our solicitors forty-eight hours before they solicit one of our prospects.
4. Arrive five minutes early for every meeting we attend. In addition to showing respect to the people who have taken time to meet with us, doing so will help better prepare us since we will arrive focused instead of distracted by the stress that comes with racing from place to place and worrying about getting there on time.
5. Actually follow-up with people we meet at events. Whether you prefer personal notes, e-mail or a phone call, it's important to do at least one of them.
6. Include planned gift vehicles in every possible gift discussion; whether alone or a component of a campaign commitment, planned gifts can tie people to an institution very effectively and can help people dramatically increase their support.
7. Produce case statements that our volunteers like as much as our designers. Professional awards for creativity are nice, but the best case statement is the one your campaign cabinet will use. Period.
8. Set realistic, ambitious and quantifiable goals—and revisit them almost as often as we revisit our top twenty-five prospect lists.
9. Read the Chronicle of Philanthropy cover to cover—from THE FRONT.
10. And, if you can only handle one of these resolutions, remember that old fashioned list mentioned in number one.

So there they are. Remember, especially when you're exasperated, that the work all of us do is critically important. And best practices, systems, metrics—they're all important. Most important, though, is that we do our work diligently and consistently, every day. As we move through the year, let's keep each other on track. It's better for us, and better for the organizations we serve.

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Redesigned IRS Form 990 - "The Devil is in the Details"

By Michael Stein, AHP Mid-Atlantic government relations chair

It seems as though every few years the federal government finds a way to throw those of us in health care philanthropy a little curveball, just to keep us on our toes. In 2003, it was HIPAA, and now as we enter 2008 there is a lot of buzz around the redesign of the IRS 990 form. Both of these legislative initiatives responded to serious and credible issues. In the case of HIPAA, the overriding goal was to protect the privacy and confidentiality of patient information and medical records. The impetus for the redesigned 990 according to the IRS is to "enhance transparency, promote tax compliance and minimize the burden on filing organizations."

In both cases, the goals are both laudable and well intentioned. But for those of us in health care development, it comes as no surprise to learn that the devil is most definitely in the details. When HIPAA was implemented, it took us quite a while to determine what the real implications were in terms of our ability to access patient mailing information for solicitation and cultivation efforts. Thanks in part to AHP 's effective lobbying efforts, the potential negative impacts of HIPAA on fundraising were largely mitigated.

In terms of the revised 990 form, the most significant change for tax-exempt hospitals is the addition of Schedule H, which will be phased in filing beginning this year. For 2008, hospitals will only be required to complete Part V of the Schedule, which identifies all hospitals and related health care organizations operated by the organization, as well as identifying information concerning each facility listed. In tax year 2009, hospitals must complete all five parts of the redesigned Schedule H, which includes extensive reporting about community benefit, Medicare and billing revenue information, calculation methods for bad debt, community needs assessment and bad debt.

In addition, the standard information common to all 990 filers will include matters pertaining to executive compensation, fundraising expenses, tax-exempt bonds and gift valuation methodology. Several of these items pose significant challenges to the health care development community and we will continue to monitor their impact as more details become available. (Please note that the IRS plans to release draft instructions for the revised 990 during the first quarter of 2008.)

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Don't Miss the AHP Mid-Atlantic Region Conference!

The Insider's Guide to Pittsburgh

By Pamela Ronka Maroulis, CFRE, AHP Mid-Atlantic regional conference chair and Theresa Law, CFRE, AHP Mid-Atlantic Pennsylvania state representative



A Bridge to Fundraising Success: Building Champions in the Steel City

AHP Mid-Atlantic Regional Conference
June 1-3, 2008, Omni William Penn,
Pittsburgh, Penn.

Mark your calendars now for June 1-3, 2008, to attend the AHP Mid-Atlantic Regional Conference in Pittsburgh, Pennsylvania. The committee, comprised of your regional colleagues, has prepared a spectacular program of educational sessions, networking opportunities and special keynote speakers. Whether you are involved in annual or major gifts, are new to the field or experienced, or simply want to gain a good overview of health care fundraising, we guarantee that you will find something to pique your interest.

The conference has never before been hosted in Pittsburgh, which means all of us will have the opportunity to discover this newly revitalized city as first-time tourists. One could say that philanthropy was born in Pittsburgh with the likes of Carnegie, Rockefeller and Mellon, making it the perfect place for us to hone our fundraising skills and to become better prepared to strengthen philanthropy at our own institutions.

A discounted hotel rate is available for AHP members at the Omni William Penn hotel, an historic and newly renovated facility. Beginning with the opening reception on Sunday, June 1, there will be time for you to meet and mingle with other regional members before starting the education sessions on Monday. We are excited about the special dinner planned on Monday night in The Mozart Room at the Heinz Hall, home of the Pittsburgh Symphony Orchestra. For a minimal additional charge, you will be treated to a night of fine dining in one of Pittsburgh's most elegantly designed landmarks. You will also want to stay for every minute to make sure you do not miss **U.S. Congressman Tim Murphy** at Monday's plenary luncheon, and **Doug White** and **Leo Kelly** at Tuesday's closing luncheon.

Feel like exploring the city? There are many available options whether you are a sports fanatic, a history buff, or just want to take a walk across one of the beautiful rivers flowing through downtown. Some best bets:

Any of the four Carnegie Museums – established by philanthropist Andrew Carnegie, the Carnegie Museum of Art, Museum of Natural History, Science Center, and Andy Warhol Museum are all well worth a visit.

The Strip District – located just northeast of downtown, the Strip was traditionally a warehouse district featuring wholesale produce but has now become Pittsburgh's clubbing, shopping, and dining hub. Be sure to visit the original Primanti Brothers, which has been feeding Pittsburghers their trademark french-fry and coleslaw-loaded sandwiches since 1933.

Mount Washington – the best views of the city can be had by taking a ride up the Duquesne Incline on the city's south side to any of the overlooks atop Mount Washington. Station Square shopping center and the Gateway Clipper river cruises are just blocks away from the foot of the incline.

Kennywood Park – not your typical amusement park, Kennywood's history dates back to 1898, and the park still features several rare wooden roller coasters, a restored 1926 merry-go-round that has historical landmark status, as well as all of the modern rides and entertainment you would expect.

PNC Park – named the "Best Stadium in Baseball" by ESPN in 2003, the riverfront home of the Pittsburgh Pirates offers not only major league baseball, but easy pedestrian access from downtown

as well as a shopping and dining mall. The Pirates face the Houston Astros on June 3rd, and bleacher seats are available for as little as \$9.

Full conference details and online registration will be available on the [AHP Web site](#) very shortly. Make sure you register before the **early bird deadline of May 2nd** to save \$75, and book your hotel reservations by May 8th to take advantage of the special AHP discounted rate.

All of us on the conference committee look forward to welcoming you to Pittsburgh in June!

Thanks to our Regional Conference supporters!

A special thanks to the following organizations and companies whose generous contributions will ensure the success of the 2008 AHP Mid-Atlantic Regional Conference:

Abington Memorial Hospital
A.L. Brouman Associates, Inc.
The Angeletti Group, LLC
Anne Arundel Medical Center
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TowerCare Technologies
Providence Health Foundation
Sheppard Pratt Health System
St. Clair Hospital Foundation
Telecomp, Inc.
Washington Adventist Hospital
West Penn Allegheny Health System

Beyond the Typical Planned Giving Vehicles

By Theresa Law, CFRE, executive director, York Health Foundation

Savvy planned giving officers and donors are used to a growing list of common charitable vehicles these days—the bequest, the charitable gift annuity and even the charitable remainder trust have all become familiar planning tools. But what about the less common options? Two to consider are the charitable lead trust and life settlements.

The Charitable Lead Trust

Most development professionals probably know that a charitable lead trust (CLT) is essentially the reverse of a charitable remainder trust (CRT), but they may not know when it might be better for your donor than a CRT. In a CLT, the donor transfers property to the trust and specifies a term of years for which a percentage of the trust assets are paid to charity. At the end of the trust term, the assets are distributed to the donor's heirs, or any other chosen beneficiary, free of, or with greatly reduced, estate and gift taxes.

If your donor has an estate large enough to face taxation issues and wants to pass along growth or income-producing assets, like a family business or commercial real estate, this option might be for them. They also get the benefit, if they so desire, of control and management of the assets within the trust for its duration. However, there are downsides of which donors need to be aware; the donor typically can't escape generation-skipping tax (GST) by using this vehicle and they do not receive a tax deduction upon creation of the trust.

Life Settlement

Life settlements can be an opportunity for your donors to make significant gifts to your organization sooner rather than later. Essentially, a life settlement is the sale of an unwanted or no longer needed existing life insurance policy by the policy's owner to a third party. Policies are sold in a secondary market, with buyers paying a settlement to the policy owner that is typically somewhere between the cash surrender value of the insurance policy and death benefit, based on actuarial life expectancy and health data for the insured. Buyers are betting that what they pay for the policy, plus the cost of maintaining premiums over the insured's life, will cost less than the death benefit ultimately received.

Typically, a life settlement makes sense when the cash surrender value of the insurance policy payable to the owner is far less than the death benefit of the policy, and when the insured party is not terminally ill. For donors who want to make a significant gift during their lifetime but who lack appropriate assets to do so, and perhaps would not want to be tied to paying policy premiums for years to come, donating a life insurance policy to a charity for sale in the secondary market as a life settlement can be a good option.

As with any giving vehicle, there are cautions: the donor may reach their insurability capacity and not be able to acquire another policy to replace the one gifted to your organization if a need arises in the future; a broker familiar with this market is needed in order for the charity to sell the policy to a buyer; and, since this is an emerging and still developing practice, regulation varies widely from state to state and can be confusing or complex.

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Do We Practice What We Preach?

By Ellen Finnerty Myers, AHP Mid-Atlantic AHP Foundation chair

Last year, the AHP Mid-Atlantic region answered the Annual Fund call with more than 200 professionals pledging \$23,253. Under the direction of **Pamela Ronka Maroulis, CFRE**, director of development at Inova Health System Foundation, who graciously served as the 2007 chair of the AHP Annual Fund for our region, we exceeded our goals!

Support of the AHP Annual Fund each year is crucial to AHP's ability to provide many of the professional resources utilized in our work as development specialists each day. Many professionals read the *Ask AHP eFAQs* e-newsletter religiously. It is a great snapshot of what is happening in real time in the fundraising arena. Other resources that our annual fund dollars support are the AHP Resource Information Center (RIC), Ask AHP service, and the new AHP e-Communities Web initiative.

Another very visible use of our donations is through the AHP Foundation scholarships. In 2007, **Kevin J. Callanan, CFRE**, executive director, Winchester Medical Center Foundation in Virginia was the recipient of a \$2,000 scholarship to attend the AHP International Conference in Philadelphia, Penn. "The Conference was by far one of the best educational programs that I have ever attended," explained Callanan. "We have just started the initial planning of our first comprehensive campaign and the topics were relevant to the issues that we as fundraisers deal with on a daily basis."

To get us off to a great start for the 2008 Annual Fund, Merrill Lynch in Baltimore has generously pledged a challenge grant. *Merrill Lynch will match gifts made to the AHP Foundation from members of the AHP Mid-Atlantic region, up to \$5,000.*

The AHP Mid-Atlantic Regional Cabinet set a goal of \$24,000 from 210 members for 2008. Your generosity helps AHP fulfill its mission to its members. I hope that you will join me in practicing what we preach, by giving generously this year in support of AHP. Together we can make a difference.

Pledges to the 2008 AHP Annual Fund can be made online from the [AHP Web site](#).

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The information presented in the AHP Mid-Atlantic Regional Newsletter is intended to provide general information, and is not a substitute for legal or other professional advice. Third-party organizations or resources are provided to aid member research and are not endorsed by AHP.

If you have something you would like to read about, write about, talk about, or think about, please contact Ken Coffey, AHP Mid-Atlantic RIC/Communications chair, at kcoffey@fmh.org and we will be happy to accept your suggestions, contributions and articles.
