

2023 Report on Giving for FY 2022: Full Survey

SECTION A. BASIC INFORMATION

All questions marked with a **RED ASTERISK (*)** are required.

1. ***Please provide the following information about the philanthropic organization that you are providing data for.**

Organization Name	
Organization Country	
Organization State/Province	
Organization City	

2. ***What month does your fiscal year 2022 end on?**

Month End	
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3. ***Are you reporting on a single healthcare entity or a healthcare system?**

- Single healthcare entity
- Healthcare system

4. ***Has your organization undergone a merger in the past 12 months?**

- Yes
- No

5. ***(SINGLE HEALTHCARE ENTITIES ONLY)** Please identify the entity type that your philanthropy organization supports.

- Academic medical center
- Behavioral health facility
- Children's hospital
- Community hospital
- Home care/hospice facility
- Safety net hospital
- Other (please describe): _____

6. ***(SINGLE HEALTHCARE ENTITIES ONLY)** Is your organization a part of a healthcare system?

- Yes
- No

7. ***(SINGLE HEALTHCARE ENTITIES ONLY)** Please select the operations structure for your philanthropic organization.

- Non-System-Affiliated Foundation
- Non-System Affiliated Philanthropy Department
- System-Affiliated Foundation
- System Affiliated Philanthropy Department

8. ***(HEALTHCARE SYSTEMS ONLY)** Please select the operations structure for your philanthropic organization.

- Centralized
- Decentralized
- Hybrid
- Other (please describe) _____

9. ***(HEALTHCARE SYSTEMS ONLY)** Please report the total number of entities in your healthcare system and the number of each entity type for which you raise funds.

	Number of entity type	Number for which funds are raised
Academic medical center		
Behavioral health facility		
Children's hospital		
Community hospital		
Home care/hospice facility		
Safety net hospital		
Other (please describe below)		

If you reported data for an "Other" entity, please describe the entity below.

10. ***(US PARTICIPANTS ONLY)** Please report your Net Patient Revenue as of the end of your fiscal year 2022.

Net Patient Revenue	
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11. ***(CANADIAN PARTICIPANTS ONLY)** Please report your Gross Operating Revenue below.

Gross Operating Revenue	
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12. ***What types of communities does your philanthropy organization support? Select all that apply.**

- Urban
- Suburban
- Rural

13. ***Which option below best describes your philanthropy organization's funding relationship with your healthcare organization?**

- Self-funded
- Fully paid for by the healthcare entity/system
- Partially funded
- Other (please describe) _____

14. **Comments about your answers in this section (if applicable):**

SECTION B. GIFTS RECEIVED/EXPECTED

All questions marked with a **RED ASTERISK (*)** are required.

15. *Please report the number of donors, number of gifts, and the value of those gifts by gift type.

	Number of donors	Number of gifts	Value of gifts
ANNUAL GIFTS			
Annual gifts recorded			
Annual gifts secured but not recorded			
MAJOR GIFTS			
Major gifts recorded			
Major gifts secured but not recorded			
CORPORATE/BUSINESS GIFT/GRANTS			
Corporate/business gifts/grants recorded			
Corporate/business gifts/grants secured but not recorded			
FOUNDATION GIFTS/GRANTS			
Foundation gifts/grants recorded			
Foundation gifts/grants secured but not recorded			
PLANNED GIFTS			
Planned gifts recorded			
Planned gifts secured but not recorded			
GOVERNMENTAL GRANTS			
Governmental grants recorded			
Governmental grants secured but not recorded			
SPECIAL EVENT GIFTS			
Special event gifts recorded			
Special event gifts secured but not recorded			
OTHER GIFTS (Please describe below)			
Other gifts recorded			
Other gifts secured but not recorded			
TOTALS (RECORDED REVENUE)			
TOTALS (PRODUCTION REVENUE)			

If you provided information for "Other Gifts", please describe them below:

16. Comments about your answers in this section (if applicable):

SECTION C. ENDOWMENTS AND CAMPAIGNS

All questions marked with a **RED ASTERISK (*)** are required.

17. * Please report the current market value of the endowment of your organization at the end of fiscal year 2021.

If you are unable to provide endowments in detail, please provide the total in the last field.

If your organization does not have an endowment, please place an "X" in the box to the right.

Board-designated/quasi endowment	
Donor-created endowment	
Total Endowment	

18. Was your organization engaged in a campaign (capital, comprehensive, cause, or otherwise) in fiscal year 2022?

If your organization was involved in a short-term, annual campaign, please select "No".

- Yes
- No

19. Comments about your answers in this section (if applicable):

SECTION D. CONSTITUENCY GIVING

20. Please report the total number in each group, number of donors, and total production in each category.

	Number of donors	Total production revenue
Physicians		
All employees (non-physician)		
Auxiliaries and support groups		
All other individual donors (including board members that do not fall into other categories)		
Government entities (through public support)		
Business and corporations		
Corporate foundations		
Private foundations (including family foundations)		
Other donors (describe below)		
TOTAL		

If you provided information for "Other Donors", please describe them below:

21. Please report the total production received through gifts made by members of the relevant reporting boards.

Note: Board members may overlap with the source categories identified in question 20 and question 22.

	Total in group	Number of donors	Total production
Hospital board members			
Healthcare system board members			
Hospital foundation board members			
Healthcare system foundation board members			

22. Please report the total production received through gifts made by employees of the system and individual entities in the various positions indicated.

Note: Executive teams may overlap with the source categories identified in question 20 and question 21.

	Total in group	Number of donors	Total production
Healthcare entity executive team			
Healthcare system executive team			

23. Comments about your answers in this section (if applicable):

EXAMPLE SURVEY FORM - DO NOT USE TO SUBMIT RESPONSES

SECTION E. GIFT AND DONOR ACTIVITY

24. Do you have the following programs for solicitation mailings and education initiatives?

	Yes	No
A formal marketing program	<input type="radio"/>	<input type="radio"/>
Seminars for donors	<input type="radio"/>	<input type="radio"/>
Seminars for professionals	<input type="radio"/>	<input type="radio"/>
A marketing or prospecting program	<input type="radio"/>	<input type="radio"/>
A website for online gifts	<input type="radio"/>	<input type="radio"/>

25. Do you have programs centered around any of the following listed appeals?

	Yes	No
Acquisition direct mail	<input type="radio"/>	<input type="radio"/>
Renewal direct mail	<input type="radio"/>	<input type="radio"/>
Lapsed direct mail	<input type="radio"/>	<input type="radio"/>
Telemarketing	<input type="radio"/>	<input type="radio"/>
Online and internet solicitation	<input type="radio"/>	<input type="radio"/>
Gift club	<input type="radio"/>	<input type="radio"/>

26. Do you have either of the following special events?

	Yes	No
Revenue generating events	<input type="radio"/>	<input type="radio"/>
Stewardship events	<input type="radio"/>	<input type="radio"/>

27. Comments about your answers in this section (if applicable):

SECTION F. DISTRIBUTION OF FUNDS

28. Please provide the total dollars distributed by the foundation/fund philanthropy program in fiscal year 2022 for each of the following program areas.

Include all dollars distributed in fiscal year 2022 regardless of when they were collected.

Capital	
Charity care/patient assistance	
Education	
Employee relief/caregiver assistance	
Research	
Other programs	
Grants to outside organizations	

29. Comments about your answers in this section (if applicable):

EXAMPLE SURVEY FORM - DO NOT USE TO SUBMIT RESPONSES

SECTION G. EXPENSES

All questions marked with a **RED ASTERISK (*)** are required.

30. *Please provide your budgeted and actual expenses below. If you cannot provide expenses broken out, please provide the Total Fundraising Expenses in the last row.

Note: Exclude compensation devoted non-philanthropy activities in Total Fundraising Expenses. For example, a foundation CEO who spends 20% of his time on non-philanthropy administration should have 80% of his compensation included in the total.

	Budgeted Expenses	Actual Expenses	Number of FTEs
Direct Compensation Expense			
Indirect Compensation Expense			
Non-compensation Expense			N/A
TOTAL			

31. Comments about your answers in this section (if applicable):

EXAMPLE SURVEY FORM - DO NOT USE TO SUBMIT RESPONSES