2023 Report on Giving for FY 2022:
Mini Survey

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	

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	

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

Gross Operating Revenue	

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. *Please report the number of donors, number of gifts, and the value of those gifts for both recorded and production revenue.

	Total Revenue	Total Number of Donors	Total Number of Gifts
Recorded Revenue			
Production Revenue			

15. *Please provide your 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			

16. * 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	

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

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