

2022 Report on Giving for FY 2021: Full Survey

[Click here for survey instructions.](#)

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 and year does your fiscal year 2021 end on?**

Month End	
Year 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
 - 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		
Other (please describe below)		

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

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

Gross Operating Revenue	
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11. ***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) _____

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

SECTION B. GIFTS RECEIVED/EXPECTED

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

13. ***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:

14. Please report the number and value of total gifts received in fiscal year 2021 that were over \$1 million.

	Number of gifts	Value of gifts
\$1 million but under \$5 million		
\$5 million but under \$10 million		
Over \$10 million		

15. Please provide the dollar amount of the largest recorded gift, the largest pledge, and the largest letter of intent received in fiscal year 2021.

	Largest recorded gift	Largest pledge	Largest letter of intent
From an individual			
From a business/corporation			
From a foundation			
From a government/public source			

16. Please provide the total dollar amount of any pledge write-offs for gifts of \$10,000 and higher in fiscal year 2021.

Value of write-offs	
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17. Comments about your answers in this section (if applicable):

SECTION C. ENDOWMENTS AND CAMPAIGNS

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

18. * 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	

19. Was your organization engaged in a campaign (capital, comprehensive, cause, or otherwise) in fiscal year 2021?

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

- Yes
- No

20. Was your organization engaged in a campaign (capital, comprehensive, cause, or otherwise) in fiscal year 2020?

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

- Yes
- No

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

SECTION D. CONSTITUENCY GIVING

22. 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		
Annual fund		
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:

23. Please report the number of donors and total production received by your annual fund.

Note: This may overlap with the source categories identified in question 22, question 24, and question 25.

	Number of Donors	Total Production Revenue
Annual fund		

24. 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 22 and question 24.

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

25. 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 22 and question 23.

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

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

SECTION E. GIFT AND DONOR ACTIVITY

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

	Yes	No
A formal marketing program	o	o
Seminars for donors	o	o
Seminars for professionals	o	o
A marketing or prospecting program	o	o
A website for online gifts	o	o

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

	Yes	No
Acquisition direct mail	o	o
Renewal direct mail	o	o
Lapsed direct mail	o	o
Telemarketing	o	o
Online and internet solicitation	o	o
Gift club	o	o

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

	Yes	No
Revenue generating events	o	o
Stewardship events	o	o

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

SECTION F. DISTRIBUTION OF FUNDS

31. Please provide the total dollars distributed by the foundation/fund philanthropy program in fiscal year 2021 for each of the following program areas.

Include all dollars distributed in fiscal year 2021 regardless of when they were collected.

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

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

SECTION G. EXPENSES

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

33. *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			

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