

## AHP Report on Giving Survey for Fiscal Year 2025

Please note that this pdf version is for reference only. All responses must be submitted using the online form. Access the form at <https://form.jotform.com/260696622446161> or by scanning the QR code below.



**Last Name**

**First Name**

**Title**

**Email Address**

example@example.com

**Today's Date**

Month Day Year

## Choose your survey type.

Full Survey: More comprehensive analysis

Mini Survey: Minimum required information to participate

### Required Data for Full Survey

- Total recorded revenue
- Production revenue and number of donors by gift type (annual, major, etc.)
- Expenses
  - Direct compensation
  - Indirect compensation
  - Noncompensation
- Number of fundraising and indirect FTEs
- Giving by physicians, staff, board members, other individuals, corporations, and foundations
- Endowment
- Use of funds

### Required Data for Mini Survey

- Total recorded revenue
- Total production revenue
- Total fundraising expense
- Number of fundraising FTEs

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

## Glossary of Terms

### Organization Name

**Please report the name and location of your philanthropic organization only.** If you are reporting for a healthcare system and have multiple names and locations, please report information either for the philanthropic entity at the healthcare system level or the headquarters of your healthcare system.

### Organization Address

City

State

Country

**Which of the following are you reporting data for? Note: If you are reporting numbers for a foundation that supports a single healthcare entity, choose "single healthcare entity" even if the single healthcare entity is part of a healthcare system.**

A single healthcare entity

**Which types of communities does your philanthropy organization support? Select all that apply.**

- Urban
- Suburban
- Rural

**Was your organization engaged in a capital, comprehensive, cause or other campaign in fiscal year 2025? Choose "No" if your organization was involved only in a short-term, annual campaign.**

- Yes
- No

**Please choose the type of entity your philanthropic organization supports.**

- Academic medical center
- Behavioral health facility
- Children's hospital
- Community hospital
- Home care or hospice facility
- Safety net hospital
- Other

**Is your organization part of a healthcare system?**

- Yes
- No

**Please select the operations structure of your organization.**

- Non-system-affiliated foundation
- Non-system-affiliated philanthropy department
- System-affiliated foundation
- System-affiliated philanthropy department

**Please select the operations structure of your organization.**

- Centralized
- Decentralized
- Hybrid
- Other

**Please report the total number of healthcare entities in your system.**

Total Number of Entity Type

Academic Medical Center

Behavioral Health Facility

Children's Hospital

Community Hospital

Home Care or Hospice Facility

Safety Net Hospital

Other

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

Self funded

Fully paid for by the healthcare entity or system

Partially funded

Other

**Glossary of Terms**

**Total Gift Revenue**

**Recorded Revenue:** All irrevocable outright and irrevocable written deferred gifts received during the reporting year made in any form, such as cash and securities, non-cash gifts such as personal and real property, unconditional pledges, or irrevocable bequests.

**Production Revenue:** Includes recorded revenue plus revocable, written deferred gifts that are not yet recordable per GAAP due to revocability and/or conditions on the gift (such as conditional pledges or revocable bequests) to allow the gift to be recorded for financial statement purposes.

**Value of Gifts Received by Type**

Recorded Revenue

Production Revenue

Annual gifts

Major gifts

Corporate/business gifts and grants

Foundation gifts and grants

Planned gifts

Governmental grants

Special event gifts

Total

**Number of Donors and Gifts by Type (Production Revenue)**

Number of Donors

Number of Gifts

Annual gifts

Major gifts

Corporate/business gifts and grants

Foundation gifts and grants

Planned gifts

Governmental grants

Special event gifts

**Does your organization have a grateful patient program?**

Yes

No

**Direct compensation expense:** Actual compensation expense (such as salaries, benefits, bonuses, and any other compensation) related to philanthropy/development officers who directly carry out each fundraising program.

## Glossary of Terms

Please report all expenses related to the fundraising operation, whether or not the foundation or the healthcare organization is responsible for paying them.

**Indirect compensation expense:** Actual compensation expense (such as salaries, benefits, bonuses, and other compensation) related to staff who indirectly support philanthropy officers.

**Non-compensation expense:** Actual expense that is related to philanthropy operations, but that is not compensation related. Examples include professional fees (e.g., legal, tax, accounting), contracted services (e.g., consulting), travel, dues/subscriptions/memberships, software subscription/maintenance, rent/occupancy, supplies, printing, postage, mailing, and cultivation expense. Exclude non-philanthropy expense and depreciation expense, which is purely an accounting entry, not a real usage of resources.

**Please add any comments on your answers in this section here.**

## Glossary of Terms

### Total Direct Fundraising FTEs

**Direct Fundraising Staff:** Individuals performing front-line fundraising activities, typically including the following functions: Chief Philanthropy/Development Officer (CPO/CDO), executive director, vice president of philanthropy, directors of philanthropy/development, annual gifts, major gifts, planned gifts, special events, campaign fundraising, public and private grant writing, corporate and foundation relations, and other fundraising specialists with direct fundraising responsibilities.

Do NOT include support staff (coordinators, administrative assistants, clerical staff), grant/proposal writers, prospect researchers, communications/ marketing/ public relations, finance/ accounting (including CFO), operations, information technology, data entry, gift receipting, data analyst, or human resources.

### Total Indirect Fundraising FTEs

**Indirect Fundraising Staff:** Individuals who are not responsible for front-line fundraising activities. Some examples of the work these individuals perform to support fundraising are: general writing, public relations,

marketing, finance (including the tasks of the CFO), operations, information technology, prospect research; gift receipting, data management, data analysis, human resources, development coordinator, administrative assistant, clerical support, and other specialists and generalists without direct fundraising responsibilities.

**Please add any comments on your answers in this section here.**

**Does your fundraising organization have an endowment?**

Yes

No

**Please add any comments on your answers in this section here.**

**Please input data for fiscal year 2025, whatever date range that means for your organization.**

[Download a pdf copy of the blank survey form.](#) Please note that the pdf version is for reference only. All responses must be submitted using the online form.

AHP is committed to your privacy and security. Please read the AHP Privacy Policy before filling out this survey.

**Please report the total number of donors and total production revenue in each category.**

	Number of Donors	Total Production Revenue
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Physicians		
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Non-physician employees

Auxiliaries and support groups

All other individual donors, including board members not  
in other categories

Government entities (through public support)

Businesses and corporations

Corporate foundations

Private foundations, including family foundations

### Glossary of Terms

**Please report total production revenue received through gifts made by members of relevant reporting boards and executive team members. Board members may overlap with the source categories in the previous question.**

	Total in Group	Number of Donors	Total Production Revenue
Hospital board members			
Hospital foundation board members			
Hospital executive team			

**Please add any comments on your answers in this section here.**

**Please include all dollars distributed in the fiscal year regardless of when they were collected.**

Total Funds Distributed

Capital

Charity care

Patient care programs

Research

Education

General operations

Employee funds

**Please add any comments on your answers in this section here.**

The scorecard below is calculated based on your survey responses and is provided to enable you to gauge whether the numbers you entered are accurate and generate realistic key performance indicators (KPIs). Median benchmarks for each KPI from last year's Report on Giving survey are included for comparison. If your performance scorecard seems unrealistic or inaccurate, please double check your responses before submitting the survey.

### **Total Direct Fundraising FTEs**

### **Return on Investment**

Total Fundraising Revenue ÷ Total Fundraising Expense

## Reference Benchmarks

- Median ROI for recorded revenue: \$3.87
- Median ROI for production revenue: \$4.96

## Cost to Raise a Dollar

Total Fundraising Expense ÷ Total Fundraising Revenue

## Reference Benchmarks

- Median CTRD for recorded revenue: \$0.26
- Median CTRD for production revenue: \$0.20

## Glossary of Terms

## Net Fundraising Revenue (NFR)

Total Fundraising Revenue - Total Fundraising Expense

## Reference Benchmark

- Median: \$1,084,834