



Nonprofit Analytics

Use ADOBE ACROBAT DC to Complete Form ⚠ Do NOT Fill in SHADED Fields populated by %, 0, or \$

GENERAL											
Organization Name				U.S. Tax ID#				Year Founded			
HQ Street Address				City & State				Zip			
Phone		HQ Nation		Website(s)							
Primary Contact & Title						Contact Email					
Organization Type				Annual Report Link							
Nonprofit Accountability Listings		BBB (give.org) Guidestar ECFA		Charity Navigator Charity Watch Ministry Watch		Strategic Partners					
Primary Program Area				Peer Group							
Other Program Area(s)				Clients Served							
GROWTH TRENDS											
	FY 2016	FY 2017	FY 2018	FY 2019	% Change	Explanation					
Paid Staff (FTE)					%						
Clients Served					%						
Annual Income					%						
Donors					%						
Key Activity					%						
FUNDRAISING											
Donor Retention Rate				Gov't Funding %		Cost to Raise \$1 <small>(NOT %GIC)</small>		Self-sustainability %			
Largest Gift for FY		Relationship on Largest Gift		Last Capital Campaign		-		Endowment Fund			
Donors Listed by Gift Size for FY	Gift Size:		< \$1,000	\$1K - 4,999	\$5K - 24,999	\$25K - 49,999	\$50K - 99,999	\$100,000 +			
	# of Donors:										
	Total Amount:										
FINANCIAL MANAGEMENT											
Cash & Equivalents on Hand			Near-term Expendable Net Assets						Total Current Debt		
Written Financial Controls			Yes	No	Independent Financial Audits			Yes	No	Reserve Coverage %	
FISCAL YEAR TO		FY 2016	FY 2017	FY 2018	FY 2019	2020	BUDGET ACTUALS	2016-2019 FY TRENDS			
INCOME	Earned Revenue								%		
	Gifts in Kind								%		
	Cash Donations								%		
	Total Income								%		
EXPENSES	Program Services			%		%		%		%	
	Administrative			%		%		%		%	
	Fundraising			%		%		%		%	
	Total Expenses									%	
SURPLUS/DEFICIT											

LEADERSHIP

CEO Name & Tenure				CEO Age			Total CEO Compensation		
CEO Annual Evaluation	Yes	No	CEO has Board Vote	Yes	No	CEO Successor Identified	Yes	No	
Total Paid Staff by Type	FT:	PT:	Staff Turnover Rate			Total Volunteers			
Yearly Staff Evaluations	Yes	No	CEO Direct Reports			Annual Board Meetings			
Board Chair & Tenure				Board Size			Board Gender Diversity	Men:	Women:
Donation % from Board			Board Committees			Term Length			Consecutive Term Limits
Additional Advisory or Development Board	Yes		No	Number of Board Members Related to the CEO					

STRATEGY

MISSION										
CLIENTS SERVED							LENGTH of Primary Client Relationships			
The PROBLEM										
Your SOLUTION										
1-3 year PLAN										
Up-to-date Board-approved STRATEGIC PLAN	Yes	No	CUT (or Modified) PROGRAM in last 3 years for bad results	Yes	No					

IMPACT

Long-term VISION									
RESULTS Report outcomes <i>not</i> activities									
Measure outcomes against benchmarks	Yes	No	Track Key Performance Indicators	Yes	No	Completed independent impact evaluation	Yes	No	
Completed program logic model(s)	Yes	No	Survey program beneficiaries	Yes	No	Conducted randomized controlled trial (RCT)	Yes	No	
Impact STORY									
Recent Program IMPROVEMENT									

GEOGRAPHY

Where do your programs operate?	Local	Regional	National (USA)	International (List nations or regions served below alphabetically)

S.W.O.T. ANALYSIS

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS

SOURCE	Completed By:		Date:
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