



Nonprofit Analytics

2017 INSTRUCTIONS

Nonprofit Analytical Overviews serve 2 purposes:

- (1) Charities like yours internally evaluate organizational health, performance, and areas for improvement as your team completes the form.
- (2) Excellence in Giving clients and advisors get a clear picture of your operations and impact to inform grant-making decisions.

Many *Analytical Overview* fields are self-explanatory, but detailed directions and sample answers are provided below. The FIRST 3 INSTRUCTIONS to follow are:

1. **Download the latest FREE edition of Adobe Acrobat Reader DC.** If you do not use it, **THE FORM MIGHT NOT SAVE & YOU WILL LOSE YOUR WORK.**
2. Do not enter commas, decimal points, or dollar signs (\$). The form will generate all necessary symbols.
3. Do **NOT** fill out gray **SHADED** fields. Shaded fields with a default value of 0, \$0, or 0% auto-calculate based on other entries.

GENERAL

ORGANIZATION NAME: Write the name of the organization and place in parentheses any alternate names used in other countries (if applicable).

U.S. TAX ID #: Provide the tax ID number you received from the IRS.

YEAR FOUNDED: The year in which the organization was founded. If branch or affiliate of larger charity, only provide date of branch or affiliate founding. If the organization was previously a part of another nonprofit organization, please list the year of the former organization's founding in parentheses: 2009 (2000).

HQ STREET ADDRESS: Physical street address for the organization's headquarters. Include **City & State, Zip code, and HQ Nation** in subsequent fields.

PHONE: The phone number for the organization's headquarters.

WEBSITE: The web address of the organization's home page. Include a 2nd web address if applicable and space permits.

PRIMARY CONTACT & TITLE: The person in the organization who is responsible for communicating with and reporting to major donors.

CONTACT E-MAIL: The e-mail address where the primary contact can be most easily reached.

ORGANIZATION TYPE: Select the statement that best describes how your nonprofit is or is not related to other umbrella, branch, or support organizations.

Independent Public Charity = no nonprofits related legally, structurally, or financially *Support Org* = majority of funds raised go to another charity

ANNUAL REPORT LINK: Include URL for most recent Annual Report or "Year in Review" newsletter. Use "GOO.GL" to shorten lengthy web addresses.

NONPROFIT ACCOUNTABILITY LISTINGS: Check the applicable boxes for the standards and evaluation groups with which the organization has been listed.

STRATEGIC PARTNERS: List in order of importance other organizations that collaborate in the delivery of program services to your clients.

PRIMARY PROGRAM AREA: Choose ONE category of program services in the drop down menu on which the organization spends the most money.

PEER GROUP: Please list 1 to 3 other nonprofit organizations that deliver similar services to a similar population group in a similar geography or put "unknown."

OTHER PROGRAM AREA(S): Choose one or more categories in the menu list that identifies other types of program services the organization provides. To select multiple program areas, hold down the CONTROL button while selecting (Apple users hold down COMMAND). Only one selection will appear in the field.

CLIENTS SERVED: Choose one or more categories in the menu list that identifies the type of people the organization serves. To select multiple target populations, hold down the CONTROL button while selecting (Apple users hold down COMMAND). Only one selection will appear in the field.

GROWTH TRENDS

Enter numerical data without commas or (\$) dollar signs. Symbols are added automatically.

PAID STAFF: Record the number of combined FT & PT staff for the previous 4 years in the first 4 columns. Round to one decimal place for PT staff. The form will **automatically calculate** the % of change in the shaded column (red = negative % change). Please EXPLAIN the data trends in the space provided.

Example:

71	80	75	68	4 %	New COO reduced staff/improved efficiency
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CLIENTS SERVED: Record the **non-cumulative** # of clients served for each year in the first 4 columns. The form will **automatically calculate** the % of change in the shaded column. Please EXPLAIN the data trends in the space provided. Define your "Clients" here (examples: "homeless", "children", "web visitors").

Example:

2,000	2,562	3,778	4,802	140 %	
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ANNUAL INCOME: Do NOT Fill Out the SHADED Fields in this row. Annual Income will auto-populate from the FINANCIAL MANAGEMENT fields. The form will **automatically calculate** the % of change in the shaded column. Please EXPLAIN the data trends in the space provided.

Example:

\$2,500,000	\$2,762,000	\$3,178,000	\$2,000,000	25 %	Large multi-year gov't grant ended in 2009
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DONORS: Record the number of unique donors for the first 3 years in the first 3 columns. The most recent fiscal year is auto-calculated from "Donors Listed by Gift Size" in FUNDRAISING section below. The % of change in the shaded column auto-calculates. Please EXPLAIN the data trends in the space provided.

Example:

1,230	1,135	1,456	1,602	30 %	New Development Director hired in 2007
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KEY ACTIVITY: Describe one key activity your organization tracks each year in the "Explanation" column, e.g., clinics opened, conferences held, books sold, etc. Record the **non-cumulative** # of times that key activity was done each year. The form will **automatically calculate** the % of change in the shaded column.

Example:

6	7	13	17	183 %	Microenterprises started
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FUNDRAISING

Round financial data to nearest dollar and enter without commas or (\$) dollar signs.

* **Cost to Raise \$1, % of Gift Income from Largest Gift, and Self-sustainability %** are all automatically generated from other financial entries

DONOR RETENTION RATE: Divide [# of donors who contributed in both the last 2 complete fiscal years] by [total # of donors in the earlier FY]

Example: $[203 \text{ repeat donors who gave in } 2015 \text{ \& } 2016] / [350 \text{ total donors in } 2015] = 58\% \text{ Donor Retention Rate from } 2015 \text{ to } 2016$

GOVERNMENT FUNDING %: Select from the drop-down menu the % of your Total Income last FY originating from government or public funding.

LARGEST GIFT FOR FY 2016: Provide the cumulative \$ amount given by your SINGLE largest donor last FY. If not FY 2016, change FY in field title accordingly.

DONORS LISTED BY GIFT SIZE FOR FY 2016: Record (1) the # of unduplicated donors **in the first row** under each gift range and (2) **in the second row** the total amount of \$ raised through cash donations in each gift range during the last complete FY on record. Donations include cash, stock gifts, foundation grants, and gov't grants. Do NOT include Gifts-in-kind or Earned Revenue. **The sum of the Total Amount row auto-populates Cash Donation field for FY below.**

FINANCIAL MANAGEMENT

Round financial data to nearest dollar and enter without commas or (\$) dollar signs.

CASH RESERVES ON HAND: Select the amount of LIQUID back-up funding available to your organization: 0, 1-3, 3-6, or 6+ months of Average Expenses.

CURRENT NET ASSETS: Add Lines 27 + 28 in Part X of most recent 990 to calculate current net assets that exclude permanently restricted net assets (Line 29) OR use "current net assets" amount from most recent audited financials, if available.

TOTAL CURRENT DEBT: Place the sum total of all loan debt in the space provided. Include credit card debt and all other loans in this calculation.

WRITTEN FINANCIAL CONTROLS & INDEPENDENT FINANCIAL AUDITS? (Y or N) Check "yes" or "no".

* **RESERVE COVERAGE %** is automatically generated from net assets and total expenses

FISCAL YEAR ____ **TO** ____: Provide the beginning and ending month and day of the fiscal year (mm/dd) in upper left white boxes on balance sheet.

Example: 4/1 to 3/29

EARNED REVENUE: For the last 4 years, record the total amount of \$\$ EARNED through program fees, service reimbursements, investment, product sales, interest, etc. Does NOT include anything donated (*example:* cash gifts, foundation grants, non-contracted government grants, or gifts-in-kind).

GIFTS IN KIND: For the last 4 years, record financial \$\$ valuation of donated materials and services. Do NOT duplicate Earned Revenue or Cash Donation income.

CASH DONATIONS: Income received in the form of cash or liquidated assets (donated stocks, cars, real estate, etc.) from individual, foundation, or gov't sources. Does NOT duplicate amounts indicated in Earned Revenue or Gifts in Kind sections.

** FY 2016 Cash Donations will AUTO-FILL from the above sections in "Donors Listed by Gift Size for FY 2016" -- it cannot be filled in separately.*

BUDGET or ACTUALS: For the current Calendar Year, check whether you are providing reviewed ACTUALS or the board-approved, projected BUDGET. Do NOT check ACTUALS if you only have interim financial information that covers part of the current year rather than all 12 months.

TOTAL INCOME: Do NOT Fill in. The total income received in the given fiscal year will be **automatically calculated**.

PROGRAM SERVICES: Program-related expenses for the organization in the given fiscal year.

ADMINISTRATIVE: Administrative expenses for the organization in the given fiscal year.

FUNDRAISING: Expenses related to fundraising for the organization in the given fiscal year.

Reconcile Financials with Form 990 Amounts
Numbers should match Form 990 reported amounts. If you prefer to report audited financials and the audited amounts do not match 990 amounts, please provide brief explanation of any large discrepancies.

TOTAL EXPENSES & SURPLUS/DEFICIT: Do NOT Fill in. The total expenses and FY surplus or deficit in the given fiscal year will be **automatically calculated**.

LEADERSHIP

CEO NAME, TENURE, & AGE: Full name & number of years in top leadership role for the day-to-day director of your organization. Select age range from menu.

TOTAL CEO COMPENSATION: Calculate sum of the salary & benefits provided to the CEO annually.

CEO ANNUAL EVALUATION: Does the board have an established process for evaluating the CEO's performance each year?

CEO on the BOARD & CEO SUCCESSOR IDENTIFIED: Select yes or no if CEO is a Board Member and if a specific person to succeed the CEO has been named.

TOTAL PAID STAFF BY TYPE (FTE & PT): Record the # of full-time employees and part-time employees in designated fields (if applicable).

Example: FTE: 20 PT: 3

STAFF TURNOVER RATE: The percentage of non-seasonal part-time and full-time staff that left during the past 12 months. Divide the total # of employee departures during the past 12 months by the average # of total employees during the past 12 months (use W-2 forms for a particular calendar year or payroll accounts to determine average number of monthly employees during a 12-month period). Then multiply by 100 to arrive at the percentage.

Example: 8 total staff departures in 2016 / 52 average # of monthly employees in 2016 = 0.15 x 100 = 15% Staff Turnover Rate

TOTAL VOLUNTEERS: Total number of people who have volunteered with the organization in the past fiscal year.

BOARD CHAIR & TENURE: Full name of the current board chair and the total number of years on the board (at any rank).

BOARD SIZE & ANNUAL BOARD MEETINGS: Total number of voting members on the Board and number of times Board met last year.

REVENUE % FROM BOARD: Divide the amount of money that board members donated in the last complete fiscal year by the Total Revenue for that year. Multiply by 100 and round to nearest whole number to convert the answer to a percentage and click on that percentage in the drop down menu provided.

BOARD COMMITTEES: The number of committees that are formed by members of the organization's board (e.g., Finance, Fundraising, Audit, Governance).

TERM LIMITS: How many years does each Board member commit to serve before they are up for re-election or roll off the Board?

BOARD COMPENSATION: Check yes or no to indicate if non-staff Board members are compensated by the organization for their board service.

UP-TO-DATE BOARD-APPROVED STRATEGIC PLAN: Has the board approved a plan that is currently guiding the organization's direction and activities?

OF BOARD MEMBERS RELATED TO FOUNDER OR CEO: Include # of Founder and CEO relatives on the Board but NOT the CEO in this number.

OUR "ELEVATOR SPEECH" (communicate your solution)

Note: These 4 short answers comprise a 2-minute speech about the work and vision of the organization for those unfamiliar with your work.

WHAT PROBLEM ARE YOU SOLVING? : This answer summarizes the specific problem that has fueled the development of the organizations programs.

EXAMPLE: Impoverished children in Central America have a 23% chance of graduating high school because of a teacher shortage, incompetent public school officials, and scarcity of resources to facilitate the learning process.

HOW DO YOU SOLVE THE PROBLEM? : This answer summarizes the programs of the organization that create the brand experience for the receptor.

EXAMPLE: The Teacher Development and School Supply programs recruit teachers in developing nations, organize ongoing teacher development, establish after-school tutoring programs, and provide educational tools such as books, writing utensils, backpacks, computers, and paper for students.

EXEMPLARY PROJECT: Describe one recent project that highlights the proven model and measurable results of the organization.

EXAMPLE: The 2016 Teacher Development program received government recognition for its proven effectiveness and therefore was able to train twice as many teachers in 6 different locations during the year (412 total teachers). The program has seen the first class of graduates (who completed all 3 stages of the program in 2015) increase their students' national test scores by an average of 18% the following year.

BIG ORGANIZATIONAL GOAL: State the ideal result of the organization's work in 10-30 years if everything works out the way you hope it will.

Example: Every impoverished child in rural Guatemala will have quality educational opportunities in primary and secondary school so that they can work their way out of cyclical poverty.

STRATEGY (based on the 5 DRUCKER QUESTIONS)

Note: Peter Drucker designed these 5 questions to make organizations evaluate how well they are fulfilling their mission to serve customers. Peter Drucker's simple book "The Five Most Important Questions You Will Ever Ask Your Organization" was re-released and updated in 2008 and would be helpful for any organization to use as an evaluative tool. We also recommend Peter Drucker's "Managing the Nonprofit Organization."

1. WHAT IS YOUR MISSION? : What have you set out to do? Provide your organization's mission statement, in the form starting with "To..." as in example below.

EXAMPLE: To enhance the educational experience of underprivileged children in Central America.

2. WHO IS YOUR CUSTOMER? : The primary target person your organization wants to serve. Should be same as "Clients Served" on first page.

EXAMPLE: Underprivileged primary and secondary school-age children living in poverty in Central America

3. WHAT DOES YOUR PRIMARY CUSTOMER VALUE? : The main way your primary customer benefits from your programs.

EXAMPLE: An affordable, quality education that allows them to better their lives and the lives of family members.

4. WHAT ARE YOUR MOST SIGNIFICANT RESULTS? : Provide 2 or 3 numerical results from the past 1-3 years. Provide longer-term impact numbers if space permits. Report outcomes (not annual activities and outputs) that show progress from a baseline or clients performing better than a relevant benchmark.

Describe how and when you track those results.

EXAMPLE: Over the past 3 years we recruited 58 teachers to open 15 schools which can accommodate 200 students each. 600 students graduated with a high school level diploma while maintaining a graduation rate of 85%. Student scores on standardized tests at the 9 schools where we have worked for more than 5 years are 64% higher than the national average. Economic statistics show high school graduates are 15 times less likely to live in poverty.

Measure outcomes against benchmarks (Y or N): Outcomes are long-term results from program activities. Relevant benchmarks or averages are national test scores for education, infant mortality rates for maternal healthcare, arrest rates for at-risk youth in certain zip codes, etc. Please provide in **RESULTS** section.

Completed independent evaluation (Y or N): An outside academic institution, consultant or government agency has evaluated your results.

Track Key Performance Indicators (Y or N): Progress toward goals is tracked consistently and informs strategic adjustments by senior leadership.

Survey program beneficiaries (Y or N): Systematically collect feedback from people served to determine perceived value and long-term impact.

Completed program logic model (Y or N): Link each program's inputs & activities to desired outputs & outcomes (with clear indicators you are tracking). To see sample program logic model, go to http://www.pointk.org/client_docs/File/logic_model_workbook.pdf

Cut program in past 3 years for bad results (Y or N): Did lagging KPIs or unimpressive outcome data cause you to stop running a program?

5. WHAT IS YOUR 1-3 YEAR PLAN? : Provide a timeline with specific milestones for how the mission will be accomplished or expanded in the next 1 to 3 years, e.g., is the organization expanding into new countries or new areas, or implementing new strategies, or making key organizational changes with clear deadlines?

EXAMPLE: XYZ Organization is opening an additional 10 schools in the next 2 years along with 7 computer labs to teach students basic computer skills. The teacher-mentor program is scheduled to begin August 2017 and 14 more teacher training conferences are planned for the next 16 months.

* **CITE 1 RECENT & SIGNIFICANT PROGRAM IMPROVEMENT:** Have you evaluated your programs and made a significant upgrade in the past year?

GEOGRAPHIC SCOPE

Use your best judgment to check the appropriate box for the geographic scope of your programs. If your programs reach people outside the USA, check "international" and list the countries or regions where you currently operate in the designated space. Separate each country or region name with a comma.

- *List of Regions:* Africa, North Africa, West Africa, East Africa, Asia, Central Asia, South Asia, East Asia, Europe, Eastern Europe, Central America, South America, North America, Middle East, Oceania, Caribbean

S.W.O.T. ANALYSIS

Note: Strengths and Weaknesses are **Internal Conditions**. Opportunities and Threats are **External Circumstances**.

STRENGTHS: What does your organization consider to be its internal strengths? What resources do you have to fulfill the mission better than others? List them.

Example: Staff experience, self-sustained funding, strong partnerships, outcome measurement model, etc.

WEAKNESSES: Where does your organization lack capacity internally? What skills or people or systems do you desperately need improvement in? List them.

Example: Limited capacity for rapid expansion, poor fundraising, no employee evaluations and training, lack of indigenous leadership, etc.

OPPORTUNITIES: Where does your organization feel like it may be able to capitalize in the future?

Example: Local government initiatives to improve education create new support for our programs, 12 requests for new schools from local communities, invitation to expand radio program to 12 new stations in coming year, etc.

THREATS: Where is your organization's programs vulnerable to disruption, ineffectiveness, or competition?

Example: Low volunteer retention, civil unrest, poor security at facilities, or outdated electronic databases/IT, etc.