



# Nonprofit Analytics

## 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 2013	FY 2014	FY 2015	FY 2016	% Change	Explanation
Paid Staff					%	
Clients Served					%	
Annual Income					%	
Donors					%	
Key Activity					%	

## FUNDRAISING

Donor Retention Rate			Government Funding %			Cost to Raise \$1		
Largest Gift for FY			% of Gift Income from Largest Gift			Self-sustainability %		
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 Reserves on Hand			2016 Current Net Assets			Total Current Debt		
Written Financial Controls	Yes	No	Independent Financial Audits	Yes	No	Reserve Coverage %		
	FISCAL YEAR TO	FY 2013	FY 2014	FY 2015	FY 2016	2017	BUDGET ACTUALS	2013-2016 FY TRENDS
INCOME	Earned Revenue							%
	Gifts in Kind							%
	Cash Donations							%
	Total Income							%
EXPENSES	Program Services		%	%	%	%	%	%
	Administrative		%	%	%	%	%	%
	Fundraising		%	%	%	%	%	%
	Total Expenses							%
SURPLUS/DEFICIT								

Use ADOBE ACROBAT DC to Complete Form



Do NOT Fill in SHADED Fields populated by %, 0, or \$

## LEADERSHIP

CEO Name & Tenure				CEO Age			Total CEO Compensation				
CEO Annual Evaluation	Yes	No	CEO on the Board	Yes	No	CEO Successor Identified	Yes	No			
Total Paid Staff by Type	FT:	PT:	Staff Turnover Rate			Total Volunteers					
Board Chair & Tenure				Board Size			Annual Board Meetings				
Revenue % from Board			Board Committees			Term Limit			Board Compensation	Yes	No
Up-to-date Board-approved Strategic Plan			Yes	No	# of Board Members related to Founder or CEO						

## "ELEVATOR SPEECH" (communicate your solution)

What <b>problem</b> are you solving?										
How do you <b>solve</b> the problem?										
Exemplary Project										
Big Organizational Goal										

## STRATEGY (based on the 5 Drucker Questions)

1. What is your <b>mission</b> ?										
2. Who is your <b>customer</b> ?										
3. What does your primary customer <b>value</b> ?										
4. What are your most significant <b>results</b> ? Report outcomes <i>not</i> activities.										
Measure outcomes against benchmarks	Yes	No	Track Key Performance Indicators	Yes	No	Completed program logic model(s)	Yes	No		
Completed independent evaluation	Yes	No	Survey program beneficiaries	Yes	No	Cut program in past 3 years for bad results	Yes	No		
5. What is your 1-3 year <b>plan</b> ? List clear goals & deadlines.										
* Cite 1 recent & significant program <b>improvement</b> .										

## GEOGRAPHIC SCOPE

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

<b>SOURCE</b>	Completed By:	Date:
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