



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 2014	FY 2015	FY 2016	FY 2017	% Change	Explanation
Paid Staff (FTE)					%	
Clients Served					%	
Annual Income					%	
Donors					%	
Key Activity					%	

FUNDRAISING

Donor Retention Rate		Government Funding %		Cost to Raise \$1 ^(NOT "GIG")			
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		Current Net Assets on ___/		Total Current Debt				
Written Financial Controls	Yes	No	Independent Financial Audits	Yes	No	Reserve Coverage %		
FISCAL YEAR TO		FY 2014	FY 2015	FY 2016	FY 2017	2018	BUDGET ACTUALS	2014-2017 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			
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		# of Board Members Related to Founder or 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	Impact Evaluation led to CHANGED STRATEGY	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									

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

SOURCE	Completed By:	Date:
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