



Nonprofit Analytics

2024 Instructions

Nonprofit Analytics 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 Nonprofit Analytics fields are self-explanatory, but detailed directions are provided below. The FIRST 3 INSTRUCTIONS to follow are:

1. **Download the latest FREE edition of Adobe Acrobat Reader (<https://get.adobe.com/reader/>).** 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. **Some fields Auto-populate and Do NOT need to be filled out.** Dark-shaded fields with a default value of 0, \$0, or 0% and trend columns auto-calculate based on other entries. These fields can also be identified through the pop-up instructions wording which appears when moving your mouse cursor to each field in the form.

GENERAL

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

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

YEAR FOUNDED: The year when tax-exempt status was received. If a branch or affiliate of a larger charity, only provide the founding date of the branch or affiliate. If the nonprofit existed in some form before it received its current tax-exempt status, please list its older founding date in parentheses: 2009 (2000).

DONATION ADDRESS: Address where donations can be made to the organization. Include **City & State, Zip code, and Country** in subsequent fields.

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

WEBSITE: The web address of the organization's home page. Include a second 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 EMAIL: The email 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 the URL for the most recent Annual Report or "Year in Review" newsletter. **Use www.bitly.com to shorten lengthy URLs.**

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 the names of other organizations that collaborate in the delivery of program services to your clients.

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

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

OTHER PROGRAM AREA(S): Choose ONE other category of program services in the drop-down menu on which the organization spends the second highest amount of money.

CLIENTS SERVED: Choose your primary client group from the drop-down menu. Your primary client is the group of people in which you invest the most amount of time and money serving.

GROWTH TRENDS

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

PAID STAFF (FTE): Enter the FTE number of combined FT & PT staff at the FY end for the last 4 years in the first 4 columns. Round to 1 decimal place for PT staff. Include contract and international staff. The form will **automatically calculate** the % of change in the shaded column (red = negative % change). Please EXPLAIN data trends in the space provided.

Example:

71	80	75	68	4 %	New COO reduced staff/imp oved efficie y
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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. Define your "Clients" here (examples: "homeless", "children", "web visitors"). Please also EXPLAIN data trends in the space provided.

Example:

2,000	2,562	3,778	4,802	140 %	Moms and their kids. 2 new programs in FY22.
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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 field . The form will **automatically calculate** the % of change in the shaded column. Please EXPLAIN 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 FY22
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DONORS: Record the number of unique donors for the first 3 ears in the first 3 olumns. The most recent fis al 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 data trends in the space provided.

Example:

1,230	1,135	1,456	1,602	30 %	New Development Director hired in FY22
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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 the nearest dollar and enter without commas or (\$) dollar signs.

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

DONOR RETENTION RATE: Divide [# of donors who contributed in both FY 2022 and FY 2023] by [total # of donors in FY 2022].

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

LARGEST GIFT FOR FY 2023: Provide the **CUMULATIVE** \$ amount given by your SINGLE largest donor last FY.

LAST CAPITAL CAMPAIGN: Select from the drop-down menu the year your most recent capital campaign began **and** the year it ended (or will be ending). Exclude Annual Campaigns as defined at <https://bit.ly/2VcCdQR>.

ENDOWMENT FUND: If the endowment is held **internally**, enter the balance for all donor-restricted and board-designated endowment net assets as of the end of FY 2023. Further details on the definition of these types of endowments can be viewed at www.bit.ly/3bCV1UZ. If your endowment is held **externally** by another organization, please include the net assets balance held specifically for your nonprofit by that separate organization as of the end of FY 2023.

FY 2023 DONOR DIVERSIFICATION: Enter (1) the # of unduplicated donors **in the first row** under each gift range and (2) **in the second row** the total \$ amount of donations raised in each gift range during FY23. Donations include cash, fundraising event income, stock gifts, foundation grants, and gov't grants. Example: If 1 donor gave \$20k 6 times during FY23, \$120k and 1 donor would be added to the \$100,000+ Gift Size column details. **Since the sum of the Total Amount row auto-populates the FY23 Cash Donations field below, these details must be determined using the same accounting method chosen for the Financial Management section.**

FINANCIAL MANAGEMENT

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

CASH & EQUIVALENTS ON HAND: Add together the assets with and without donor restrictions that could be used within one year **as of today**. Then, calculate how many months of your expenses that you could pay with those available liquid assets. Drop-down menu options are: 0, <1, 1-2, 3-6, 7-12 months, or 1+ year(s) of Annual Expenses. ***Do NOT use another calculation method or include assets that are perpetually restricted.**

NET ASSETS: Calculate as FY 2023 "Total Assets" minus "Total Liabilities."

TOTAL CURRENT DEBT: Place the summed total of all loan debt and long-term liabilities **as of today** in the space provided. **Use only the line items as defined in the 990, Part 10, lines 22-24.**

WRITTEN FINANCIAL CONTROLS & INDEPENDENT FINANCIAL AUDITS? Check "yes" or "no" if financial controls are written and audits are performed every year.

EARNED REVENUE SOURCES and PRIMARY TYPES OF GIK: Enter the primary sources/types of Earned Revenue and Gifts in Kind income.

FISCAL YEAR ____ TO ____: Provide the first & last month & day of the fiscal year (mm/dd) as seen on Page 1, line A of the 990. *Example: 4/1 to 3/29*

EARNED REVENUE: For the last 4 years, record the total \$\$ EARNED through program fees, service reimbursements, investments, product sales, interest, etc. Do NOT include fundraising event income or 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 & services. Do NOT duplicate Earned Revenue or Cash Donation income.

CASH DONATIONS: Income received in the form of cash, fundraising event income, or liquidated assets (stock gifts, etc.) from individual, foundation, or gov't sources. Do NOT duplicate amounts that are entered in Earned Revenue or Gifts in Kind sections. *** FY 2023 Cash Donations AUTO-FILL from the Fundraising section.**

BUDGET or ACTUALS: Check whether you are providing reviewed ACTUALS or the board-approved, projected BUDGET for FY 2023. Do NOT check ACTUALS if you only have interim financial information covering part of the fiscal 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.

Use Either Form 990 or Audited Financials Consistently
Audited financials are preferred. If you do not have audits for every fiscal year, then consistently use Form 990 amounts for all fields and explain any 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

Board and CEO information should be current as of the date the form is completed.

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

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

CEO ANNUAL EVALUATION: Does the board have an established process for evaluating the CEO's performance each year? Yes or No.

CEO has BOARD VOTE & CEO SUCCESSOR IDENTIFIED: Select yes or no if CEO is a voting board Member and if a person to succeed the CEO has been named.

TOTAL PAID STAFF BY TYPE (FT & PT): Record the current # of full-time and part-time employees in designated fields (if applicable). Include contract staff and all international staff if you have paid staff around the globe. *Example: FT: 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 the average number of monthly employees, or total headcount, during a 12-month period). Then multiply by 100 to arrive at the percentage.

Example: 8 total staff departures in 2023 / 52 average # of monthly employees in 2023 = 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. Include all international volunteers.

YEARLY STAFF EVALUATIONS: Do supervisors complete written evaluations of staff that assess performance against clear goals in a job description? Yes or No.

CEO DIRECT REPORTS: Use the drop-down menu to enter the number of staff who report directly to the CEO in the organizational chart.

BOARD CHAIR & TENURE: Full name of the current board chair and the total number of years as a board member at any rank, not just as the chair.

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

BOARD COMPOSITION: Enter the number of current female and male board members as of the date the form was completed.

DONATION % FROM BOARD: Divide the amount of money that board members personally donated in the last complete fiscal year by Total DONATIONS for that year. Multiply by 100 and round to the nearest whole # to convert the answer to a percentage. **This is NOT asking for the % of board members that donated.**

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

TERM LENGTH & LIMITS: # of Years board members commit to serve before re-election or rolling off, plus how many terms a member can serve consecutively.

ADDITIONAL ADVISORY OR DEVELOPMENT BOARD: A board of key contributors that advise or advocate without the responsibility of the governing board.

NUMBER OF BOARD MEMBERS RELATED TO THE CEO: Include # of CEO relatives on the board (but NOT the CEO) in this number.

STRATEGY

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

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

CLIENTS SERVED: First, describe the primary target Client your organization serves. Then, list secondary Clients that your organization serves.

Example: *Primary client is primary school students living in poverty in Central America. Secondary clients are their teachers and communities.*

LENGTH OF PRIMARY CLIENT RELATIONSHIPS: Enter the exact number or a range of time you normally serve primary clients. Only enter positive, whole numbers. Select days, weeks, months, or years from the drop-down menu in the bottom half of the field.

The PROBLEM: State the specific problem that the organization's programs are designed to solve. Cite contributing factors and evidence of the problem.

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. 57% of student standardized test scores do not qualify for college entrance.*

Your SOLUTION: Name and describe the primary programs and tactics your organization uses to serve its clients.

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.*

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 from 2024-2025 along with 7 computer labs to teach students basic computer skills. The teacher-mentor program will launch in August 2024, and 14 more teacher training conferences are planned from July 2024 to June 2025.*

Up-to-date Board-approved STRATEGIC PLAN: Has the board approved a plan that is currently guiding the organization's direction and activities?

Cut or Modified a PROGRAM in last 3 years: Did program evaluation results cause you to stop or change a program?

IMPACT

Long-term VISION: 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.*

RESULTS: Provide 2 or 3 numerically measured outcomes from the past 1-3 years that show progress from a baseline over time or clients performing better than a relevant benchmark. The number of activities completed or people served are not outcomes. Please enter the time frame associated with each result.

Example: *Student scores on annual standardized tests at the 9 schools where we have worked for more than 5 years are 64% higher than the national average. 600 students graduated with a high school level diploma while maintaining a graduation rate of 85%. Economic statistics show high school graduates are 15 times less likely to live in poverty. We collect and analyze test scores and graduation rates every year in June and use the results to evaluate staff and program design.*

Measure outcomes against benchmarks: 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. If Yes is selected, please provide specific outcome results in the **RESULTS** section.

Track Key Performance Indicators: Progress toward goals is tracked consistently and informs strategic adjustments by senior leadership.

Completed independent impact evaluation: An outside academic institution, consultant or government agency has evaluated your results. To see additional independent evaluation info, go to <https://bit.ly/41jb79M> and view Part 7.

Completed program logic model(s): Link each program's inputs & activities to desired outputs & short- and long-term outcomes (tracked by clear indicators). To see sample program logic model, go to http://www.pointk.org/client_docs/File/logic_model_workbook.pdf

Survey program beneficiaries: Systematically collect feedback from people served to determine the perceived value, key success factors, and long-term impact.

Completed a Theory of Change: A theory of change is a method that explains how a given intervention, or set of interventions, is expected to lead to specific development change, drawing on an analysis based on available evidence. By selecting "yes," you acknowledge that your organization has a theory of change documented in writing.

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

Example: The 2023 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 2022) increase their students' national test scores by an average of 18% the following year.

Recent Program IMPROVEMENT: Have you evaluated your programs and made a significant upgrade in the past year? Please detail the change, along with any details of improvements seen as a result.

GEOGRAPHY

Use your best judgment to check the appropriate box for the geographic scope of your programs. Add further location details for where your programs operate. 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 nations or regions served **alphabetically**.

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

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 SPECIFICALLY lack capacity internally? What skills or people or systems do you desperately need to improve?

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

OPPORTUNITIES: Where could your organization SPECIFICALLY capitalize in the future? List specific new partners, projects, or policies that will help you.

Example: New local gov't policies in education, 12 requests for new schools, increased openness of possible clients, expansion outline, etc.

THREATS: Where are your organization's programs vulnerable to EXTERNAL disruption or competition?

Example: Lack of stable national government, civil unrest, destruction or theft of property, government policy changes could eliminate funding, key leaders leave, less effective nonprofit peers undermine donor confidence, loss of strategic partnerships increase cost or reduce effectiveness, etc.

SOURCE: Please list the Name and Title of the person at your organization who filled out the majority of the form and is validating data submitted on this form is accurate and true. Enter the date the form was last updated in the following format: mm/dd/yyyy.