



Nonprofit Analytics

GENERAL

Organization Name				U.S. Tax ID#		Year Founded	
Donation Street Address				City & State		Zip	
Phone		Country		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 2021	FY 2022	FY 2023	FY 2024	% Change	Explanation
Paid Staff (FTE)					%	
Clients Served					%	
Annual Income					%	
Donors					%	
Key Activity					%	

FUNDRAISING

Donor Retention Rate		Gov't Funding %		Cost to Raise \$1 (NOT % GIK)		Self-sustainability %	
Largest Gift for FY		Reliance on Largest Gift		Last Capital Campaign	-	Endowment Fund	
FY Donor Diversification	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			Net Assets			Total Current Debt		
Written Financial Controls		Yes	No	Earned Revenue Sources				
Independent Financial Audits		Yes	No	Primary Types of GIK				
FISCAL YEAR TO		FY 2021	FY 2022	FY 2023	FY 2024	2025	BUDGET ACTUALS	2021-2024 FY TRENDS
INCOME	Earned Revenue							%
	Gifts in Kind							%
	Cash Donations							%
	Total Income							%
EXPENSES	Program Services		%	%	%	%	%	%
	Administrative		%	%	%	%	%	%
	Fundraising		%	%	%	%	%	%
	Total Expenses							%
SURPLUS/DEFICIT								

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 Composition	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			

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	Yes	No	

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	Completed a Theory of Change	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	Name:	Title:	Date:
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