2023 AAMC Development Survey Part I - Total Private Support, Staff, and Costs

Introduction

Welcome to the 2023 AAMC Development Survey Part I - Total Private Support, Staff, and Costs. The data from the AAMC Development Survey will be used to provide useful benchmark measures, such as in the AAMC Development Survey Report and AAMC Development Survey Reporting Tool. Maintained by the AAMC since 1999, these survey data are used by medical school deans, teaching hospital and health system CEOs, and their designees at member institutions to assess integral components of a successful development program and to make effective decisions on the deployment of organizational resources.

Part I of the survey collects information about private support, development staff, and development costs. Part II of the survey collects compensation information of key development staff.

Any U.S. medical school, teaching hospital, or health system that is a member of the AAMC is encouraged to participate in the annual survey by submitting the requested data about its development programs. Participation in the survey is voluntary. You can decide not to participate or to discontinue your participation at any time without penalty. However, only those institutions that participate in the survey will have access to the full results when they are available in August 2024. The expected time to complete this survey is about ten hours. Once your data are compiled, the survey should take approximately one hour to complete. **The deadline for completing the survey is March 15, 2024.**

Data Confidentiality Policy

All data in Part I of this survey are classified as restricted. Restricted data are data that may not be published with identification but may be disclosed to external parties with management approval. These data will be released with institutional identification to survey participants but will not be made available to the public. In publicly available reports, only aggregate data will be displayed.

Contact information you provide when filling out this survey will be used to contact you if we have a question about your response(s). Contact information will also be included in the data file provided to participating institutions.

Data will be stored for multiple years in order to provide you and your institution with the most comprehensive analysis. Your responses will be securely stored by the AAMC with appropriate access controls to limit exposure of your data to those with a need to know.

Risks/Benefits

This data collection is considered to be minimal risk. While the AAMC has taken extensive measures to ensure the security of the data and the confidentiality of the responses, if the compensation data provided in response to Part II of the survey were made public in an individually identifiable way, it could prove embarrassing to individuals or institutions. If the restricted data provided in response to Part I of the survey were made public, it is expected to have a limited adverse effect on individuals and institutions. Institutionally-identified data will only be shared with participating institutions. Institutions that are given access to restricted information may not publish it or share it with other institutions.

Only participating institutions will receive access to all institution-level responses to Part I of the survey, as well as aggregated compensation data from Part II of the survey. An institution that participates in the survey can access survey analyses that enable representatives to:

• View a comparison chart of your institution and up to three others at a time, showing select total private support, development staff, and development costs data.
• View a summary of the compensation data.
• View institution-level data from the survey.

A summary report containing national aggregate data will also be made available on the AAMC's public website.

Instructions for accessing data will be provided to participating institutions when the analyses become available in August 2024.

Contact Information

This data collection has been reviewed according to AAMC policies and procedures. Questions, comments, or suggestions on the content of the survey should be directed to survey staff at developmentsurvey@aamc.org.

By clicking the "Save and Continue" button, you acknowledge that you have read the above statement and understand the risks and benefits of participation and would like to continue.

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Survey Instructions and Definitions

You may wish to print this page for your reference using the print command. A blank PDF of the survey is available for reference on the AAMC website under the "Explore this report" section. You will have the opportunity to print your responses immediately after submitting the survey. Please note the instructions on the last page of the survey.

What's New This Year

The below updates have been made to the 2023 AAMC Development Survey from the 2022 AAMC Development Survey:

• In the Total Private Support section, the categories "Total number of solicitable MD alumni" and "Total number of all solicitable medical school alumni" have been updated to "Total number of legally contactable MD alumni" and "Total number of all legally contactable medical school alumni", respectively. The definitions of these categories have been updated as well.
• In the Development Costs section, a question collecting detailed program costs has been removed.

General

• Data requested are for gifts actually received during the period of July 2022 through June 2023. If a reporting period other than July through June is represented in the data, please specify it at the top of the Total Private Support section of the survey. In the Total Private Support section, do not include pledge or unrealized bequests, or funds from governmental sources or received through a contract (e.g., do not include clinical trial monies).

• If a question is not applicable to your institution, please leave the field blank. Only insert a zero ("0") if it represents an actual value or numeric response.

• Totals and subtotals for numerical columns will be calculated automatically.

• If your development program experienced any unique circumstances this year (such as preparation for a campaign), or some of your data might require further explanation to help the AAMC understand a significant change from the year prior (such as major changes in staffing levels or budget), please use the comment field located on the final page of the survey to provide that explanation. The data in this comment field will be used internally only and will not be reported out to other institutions.

• Click "Save and Continue" to save the responses entered on a page and continue to the next page. To save the responses entered on a page and exit the survey, click "Save and Exit." After exiting the survey, you can return to the survey at any time before the deadline to review the saved responses and continue completing the survey.

• After completing the survey, please click the "Submit Survey" button on the final page of the survey to submit the survey. After clicking this button, you will see a complete listing of the responses you entered. You can print the list of responses for your records by using the print command. If you need to update your responses, you may return to this survey to make updates at any time before the survey deadline.

• Terms and definitions used in the AAMC Development Survey generally have been drawn from and are, when appropriate for AAMC institutions, consistent with the current CASE reporting standards.

Section I - Institution Type Classification

• Survey participant institutions are classified according to institution type. The categories of institution type relate to an institution's development program defined for the purpose of survey analyses. The following are categories of institution type:

   • Medical School - Development program is separate from the development program(s) of your institution's primary teaching hospital(s).
   • Teaching Hospital - Development program is separate from medical school. This could include, for example, children's hospitals, rehabilitation hospitals, psychiatric hospitals, cancer specialty centers/hospitals, "stand-alone" hospitals that have separate foundations or programs, etc.
   • Joint Program - Development program is integrated and conducted jointly for benefit of both the medical school and the teaching hospital(s).

Section II - Institutional Description

• Endowment size - Report market value and include perpetual endowment, term endowment, and quasi-‐-endowment.

• Actual Total Institutional Expenses - Provide the total fiscal year 2022-2023 expenses for the organization for which your development program raises private funds; i.e., total expenses for the entire organization of your medical school, teaching hospital, or joint program (corresponding to institution type).

Section III - Total Private Support

• Gifts for medical schools and/or teaching hospitals only are to be reported - do not include gifts received in support of other academic units or programs (e.g., allied health, dentistry, nursing, pharmacy, public health).

• Total Private Support figures should be reported in terms of cash only, including new outright gifts and pledge payments from previous pledges (please do not include new pledge commitments). Number of gifts should reflect overall gifts, not separate gift transactions (i.e., multiple payments from a donor in one fiscal year should be considered just one gift).

• Please report gifts actually received (including realized bequests) only for medical schools and/or teaching hospitals during the 2022-2023 gift year. Do not include pledge or bequest commitments, funds received from governmental sources, or funds received through a contract. Gifts reported from individuals should include estates and trusts.

• Gifts from donor-advised funds should be reported under Institutions/Organizations. (Per the Council for Advancement and Support of Education (CASE) definition: "the fund is the legal donor, and so the gift source is reported as an organization ...")

• Gifts from donor-directed funds should be included under Individuals. (Per CASE explanation, in the case of donor-directed funds, "the donor making the direction is the legal donor, thus the gift source is an individual.")

• Total Private Support by Designation should equal Total Private Support by Source. Total Private Support Research Designation figures are already represented in the previous sections of Total Private Support reported in the survey. Both questions are asking for the Total Private Support for your organization but broken out in two different ways.

A. Private Support for Current Operations

• Current Operations, Unrestricted - Outright gifts given for current operations without any restrictions.

• Current Operations, Restricted - Outright gifts given for current operations that have been restricted by the donor for a specific purpose.

B. Private Support for Endowment

• Endowment Gifts - Gifts that donors specify are to be retained and invested for income-producing purposes. Income from endowments can be either restricted or unrestricted, as indicated by donor directions. Perpetual endowment gifts are those for which the donor has stipulated that the fund's principal be maintained inviolate and in perpetuity. Term endowment gifts are those for which the donor or outside agency has stipulated that the fund's principal is to be maintained inviolate until a particular event or for a stated period of time, after which all or part of the principal may be expended. Quasi-endowments are funds established by the institution's governing body as endowments, any portion of which may be expended at the discretion of the governing body. For purposes of this survey, do not include long-term investments that are not endowment funds.

C. Private Support for Capital Purposes

• Capital Purpose Gifts - Outright gifts of both real and personal property for the use of the institution; gifts made for the purpose of purchasing buildings, other facilities, equipment, and land for use of the medical school and/or teaching hospital; and gifts restricted for construction or major renovation of buildings and other facilities. For purposes of the AAMC survey, include gifts-in-kind in this category.

E. Private Support by Donor Type/Category

• Gifts should be reported based on legal donors as opposed to attributed donors.

• Medical School Alumni - Gifts from house staff/resident alumni as well as those from alumni of degree programs of the medical school.

• Other Institutional Alumni - Gifts from alumni of the medical school's parent university, but who are not alumni of the medical school itself.

• Non-Alumni, Non-Faculty International Donors - Gifts and pledges received from individuals, foundations, corporations and other (non-governmental) organizations whose primary and legal residence is outside of the United States.

• All Other Individuals - Include grateful patients/grateful patients' families, board members, and individuals not otherwise affiliated with your institution in the categories above.

• Corporations - Corporations, businesses, partnerships, and cooperatives that have been organized for profit-making purposes, including corporations owned by individuals and families and other closely held companies. This category also includes corporate foundations - that is, those created by business corporations and funded exclusively by their companies - as well as industry trade associations.

• Personal/Family Foundations - Gifts from these sources are reported as foundation gifts, not as gifts from alumni or other individuals. Family foundations are not legally differentiated from other private/independent foundations and include those with the word "family" or "families" in the organization's name, those with a living donor whose surname is the same as the foundation's, or those with at least two trustee surnames that match a living or deceased original donor of the foundation.

• Other Private Foundations - Gifts from foundations or trusts, but excluding donor advised funds, which are private tax-exempt entities operated exclusively for charitable purposes.

• Donor Advised Funds - Gifts from a charitable giving vehicle administered by a public charity created to manage charitable donations on behalf of organizations, families, or individuals.

• Other Institutions/Organizations - Gifts and charitable grants from organizations not classified as foundations or corporations, including gifts from donor advised funds if they are their own separate incorporated entities, disease organizations, and other additional organizations, such as Rotary International, Salvation Army, professional practice groups, or medical faculty practice groups. Do not include, however, pharmaceutical contract funds, government grants, or gifts from affiliated foundations or organizations that already counted the funds as gifts to their organization when they originally received them.

• Disease Organizations - Gifts and grants might include funds from organizations such as the American Cancer Society, American Heart Association, National Multiple Sclerosis Society, etc.

• **Percentage of Support from Other Institutions/Organizations Raised by Faculty** - Please estimate the percentage of dollar support coming from other institutions/organizations raised primarily by faculty with no assistance from the Development program. Often an Office of Sponsored Research provides the assistance to faculty in raising these funds.

• **Special Events** - Funds raised through auctions and other special events can be reported as net proceeds of such events, assuming the funds from such activities are handled independent of the institution's development accounting system for recording gifts by individuals or organizations.

G. Deferred Gifts

• **Deferred Gifts** - Gifts that are documented commitments including bequest expectancies, charitable gift annuities, charitable lead trusts, charitable remainder trusts, life estates, pooled income funds, and split-interest trusts. Deferred gifts reported in this survey can include trusts administered by others than the medical school, parent university/institution, or primary teaching hospital.

H. Realized Bequests by Use

• **Realized Bequests** - Gifts and/or funds actually received from the estate of a donor. Bequeathed gifts can be reported as designated by the donor for current operations, either unrestricted or restricted, for endowment purposes, or for capital purposes.

I. Realized Bequests by Source

• **Medical School Alumni** - Gifts from house staff/resident alumni as well as those from alumni of degree programs of the medical school.

• **Other Institutional Alumni** - Gifts from alumni of the medical school's parent university, but who are not alumni of the medical school itself.

• **All Other Individuals** - Include grateful patients/grateful patients' families, board members, and individuals not otherwise affiliated with your institution in the categories above.

J. New Gift Detail---Outright Gifts Received

• Report the number and dollar amounts of outright gifts (including cash and gifts-in-kind) received during the 2022-2023 gift year. New outright gifts only should be reported. Do not include pledge payments or pledges.

• If no outright gifts were received during the 2022-2023 gift year for a given gift level, please leave the associated fields blank.

• New Gift Detail - Outright Gifts Received should be less than or equal to Total Private Support. Total Private Support is defined as cash and pledge payments, while New Gift Detail - Outright Gifts Received is cash only. The latter should be larger than the former unless your organization does not receive pledge payments.

K. New Gift Detail---Pledge Commitments Received

• Report the number and dollar amount of binding gift commitments pledged during the 2022-2023 gift year. Binding gifts represent those for which there is a written gift agreement. Do not include pledged gifts and commitments received before the 2022-2023 gift year.

• If no outright gifts were received during the 2022-2023 gift year for a given gift level, please leave the associated fields blank.

L. Total Fundraising Progress

• These automatically calculated fields include the sum of outright gifts and new pledge commitments. It should not include pledge payments.

• Total Private Support and Total Fundraising Progress should not be equal. Total Private Support is defined as

cash and pledge payments, while Total Fundraising Progress is outright gifts and pledge commitments. They may be the same if your organization does not have pledges

M. MD Alumni Giving Information

• Legally Contactable MD Alumni - The number of alumni who earned an MD degree at the medical school, for whom the institution has good contact information, and who do not have a total no contact status. This should exclude former house staff/residents.

• Legally Contactable Medical School Alumni - The number of medical school alumni for whom the institution has good contact information and who do not have a total no contact status. This should include those who earned a degree from the medical school, as well as former house staff/residents.

• MD Alumni Donors - The number of MD alumni who gave a gift during the 2022-2023 gift year. Do not report a donor more than once even if they gave multiple gifts.

• Legally Contactable Medical School Alumni should generally be greater than Legally Contactable MD Alumni. Medical School Alumni include MD alumni, house staff/resident alumni, and other people with degrees from the medical school. MD Alumni include only MD alumni.

N. Scholarship Funding

• Report only gifts/pledges received during the 2022-2023 gift year, not unpaid pledge commitments.

O. Grateful Patients/Grateful Patients' Families Fundraising Efforts

• Report gifts received through efforts conducted by development staff dedicated and resourced to solicit philanthropic support from individuals affiliated primarily with the institution because of a current or past relationship as a patient.

• FTE - Represented in increments up to 1.0, with 1.0 representing one full-time equivalent staff position in a medical school, teaching hospital, or joint program budget. Include all FTEs budgeted for the fiscal year even if positions are vacant.

P. Volunteer Leadership Giving

• Report gifts received from those volunteer groups, boards, or committees, including emeritus and honorary groups, whose primary responsibility is to exhibit philanthropic leadership through personal giving and advocacy of major philanthropic support.

Section IV - Development Staff by Function

• FTE - Represented in increments up to 1.0, with 1.0 representing one full-time equivalent staff position in a medical school, teaching hospital, or joint program budget. Include all FTEs budgeted for the fiscal year even if positions are vacant.

A. FTEs in Development Program Budget

• Fundraising Professionals - Staff position (full- or part-time) having responsibilities for fundraising and/or management of fundraising programs (i.e., fundraisers may work medical school or medical center wide, or may be assigned to a specific unit or center such as diabetes, cardiology, etc.).
    • Positions entered in this section should only be revenue-generating, donor-facing positions. Any staff with similar titles who work in support positions should be entered in the "Other Professionals" section.

• Other Professionals - Staff position (full- or part-time) with management responsibilities for development/fundraising support programs (i.e., information services, donor relations programs, development special events, research/prospect management).
    • Research and Prospect Management: Staff positions with a primary function to proactively or reactively identify/research potential donors and who assist front line team members in moving prospects through the donor cycle. Please include any positions in this area, including those with titles such as Director, Assistant/Associate

Director, Manager, or Analyst.

> • Stewardship and Donor Relations: Staff positions with a primary function to interact with donors following a major gift or to support donor needs outside of active cultivation/solicitation. Please include any positions in this area, including those with titles such as Director, Assistant/Associate Director, Manager, or Analyst.
>
> • Special Event Officers: Staff positions with a primary focus on the planning and execution of events that support the development office. While fundraising/sponsorship expectations may be involved in these roles, if the position ultimately reports to a Special Events team, they should be counted here.
>
> • Development Writers: Staff positions with a primary function to support fundraisers in writing proposals and other solicitation materials, case statements, stewardship documents and publications, etc. Please include any positions in this area, including those with titles such as Director, Assistant/Associate Director, Manager, or Analyst.

• Support Staff - Staff position not having management or administrative oversight of programs and other staff in the development program (i.e., administrative staff).

B. FTEs involved with the Development Program but not in the Development Program Budget

• Positions Not in Development Program Budget - FTE information regarding staff assigned to development functions but not carried in the medical school and/or teaching hospital development program budget. Examples would include staff from the institution's central development/advancement program and/or an institution's support organization or Foundation.

Section V - Development Costs

• Development Personnel Costs - The total of all salaries, benefits (include retirement and medical/hospital and life insurance benefits in this section), and other compensation for development personnel funded in the medical school and/or teaching hospital development program budget. Report only those for the entity for which you are reporting. For example, include only those salaries and other compensation within the medical school development program budget if completing the medical school version of this survey; similarly, only include those for teaching hospital if completing teaching hospital version of this survey; and both the medical school and teaching hospital development program budgets if completing joint program version of this survey.

• Development Program Costs - Total operating expenses, not including any personnel costs, for programs funded in the medical school and/or teaching hospital development program budget. Report only those for the entity for which you are reporting. For example, include only those operating expenses within the medical school development program budget if completing the medical school version of this survey; similarly, only include those for teaching hospital if completing teaching hospital version of this survey; and both the medical school and teaching hospital development program budgets if completing joint program version of this survey. Service fees charged to a medical school or teaching hospital for development personnel or program support by the institution's central administration would be included as a "Development Program Cost."

• Costs Covered by Other Budget Resources - Total of other funds for development personnel and programs provided in budgets other than that of the entity (medical school or teaching hospital or joint program) for which you are reporting in this survey (i.e., costs covered by parent university).

• Total Development Costs - Development costs covered from all sources, even if the costs are incurred by budgets other than those managed by the entity for which you are reporting in this survey (including expenses funded by an institution's central development or advancement program or foundation organization; also includes both personnel and program costs).

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Survey Contact and Institution Type

Our records indicate that you are associated with AAMC. This is the institution name that will be included in the Development Survey Reporting Tool. If this is not correct, please contact developmentsurvey@aamc.org before completing the survey.

Survey Completed By:
This individual will serve as the primary contact for survey follow-up.

*First Name:

*Last Name:

*Title:

*Phone:

*Email:

*Is the survey contact listed above the Chief Development Officer (CDO)?
If no, please enter the CDO information below.

○ Yes
● No

Chief Development Officer (CDO) Information:

First Name:

Last Name:

Title:

Phone:

Email:

*Institution Type:
Please select the structure that best fits your institution's development program. If you have multiple development programs under different leadership, please select the category that best describes your primary fundraising operation.

As a reminder, in previous years, your institution indicated Joint Program for institution type.
Please ensure that the institution type entered in Part I and Part II are the same.

○ **Medical School Only**: Development program is separate from the development program(s) of your institution's primary teaching hospital(s).

○ **Teaching Hospital Only**: Development program is separate from medical school. This could include, for example, children's hospitals, rehabilitation hospitals, psychiatric hospitals, cancer specialty centers/hospitals, "stand-alone" hospitals that have separate foundations or programs, etc.

● **Joint Program**: Development program is integrated and conducted jointly for benefit of both the medical school and the teaching hospital(s).

*Indicates required field.

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Institutional Description

Our records indicate that you are associated with AAMC.

Medical School Information:

Medical School Name

Medical School City

Medical School State

First year a medical school class graduated:

Medical School's Total Endowment Size:

| $ | |

Endowment as-of date:

| | ☐ |

Teaching Hospital Information:

Teaching Hospital Name

Teaching Hospital City

Teaching Hospital State

Please list any other teaching hospitals represented in the survey data.

Teaching Hospital(s)'s Total Endowment Size

$ [   ]

Endowment as-of date:

[   ] ☐

Fiscal Year 2022-2023 Actual Total Institutional Expenses:

$ [   ]

Organization of Medical School:

	Yes	No	Not Applicable
Part of university, contained within a health science center:	○	○	○
Part of a university, but not contained within a health science center:	○	○	○

If the medical school is an organizational unit within a joint program and/or health science center, what are the organizational units within the joint program? (Check all that apply):

☐ Allied Health

☐ Dentistry

☐ Nursing

☐ Pharmacy

☐ Public Health

☐ Other, please specify:

To whom does the dean of the medical school directly report? (Check all that apply):

☐ President or Chancellor of University

☐ University Provost or Academic Vice President

☐ Medical/Health Science Center President, Chancellor, Vice President, or Vice Chancellor

☐ Other, please specify:

Organization of Teaching Hospital:

	Yes	No	Not Applicable
Part of university, but separate from medical school:	○	○	○
Organizational unit of the medical school:	○	○	○
For-profit institution separate from the university:	○	○	○
Not-for-profit institution separate from university:	○	○	○
Government institution separate from university:	○	○	○

Other, please specify:

To whom does the CEO of the teaching hospital directly report? (Check all that apply):

☐ Hospital Board of Directors
☐ University Board of Trustees
☐ Government Agency
☐ For-profit Company
☐ University President
☐ Medical/Health Science Center President, Chancellor, Vice President, or Vice Chancellor
☐ Other, please specify:

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Total Private Support

Note: Depending on your institution type, you may not see all questions.

Please report data for gifts actually received (including realized bequests and private grants) only for medical schools and/or teaching hospitals during the period of July 2022 through June 2023. **Do not include pledge or bequest commitments, funds received from governmental sources, or funds received through a contract unless specified within a particular question.**

If a period other than July 2022 through June 2023 is represented in your data, please specify:

A. Private Support for Current Operations

Unrestricted

$ [ ]

Restricted

$ [ ]

Subtotal $ **0**

B. Private Support for Endowment

Unrestricted

$ [ ]

Restricted

$ [ ]

Subtotal $ **0**

C. Private Support for Capital Purposes

Capital Gifts

$ [   ]

Subtotal $ **0**

D. Total (Sections A, B, and C)
To adjust this total, update Sections A, B, or C.

$ [   ]

Of the Total Private Support for current operations or endowment (Sections A and B), what amount is designated in support of **research**, including programs, staff, and facilities?

$ [   ]

Are you able to break out the amount designated in support of **research** into programs, staff, and facilities?
If yes, please report the amounts below.

● Yes
○ No

Please enter the amount of Total Private Support for current operations or endowment designated in support of **research**, broken out by programs, staff, and facilities.

Programs:

$ [   ]

Staff:

$ [   ]

Facilities:

$ [   ]

Total $ **0**

E. Private Support by Donor Type/Category

1. Individuals	Dollars ($)	Number of Donors
a. Medical School Alumni (including house staff/resident alumni)		
b. Other Institutional Alumni, please specify type below		
c. Full-Time and Part-Time Medical Faculty and Staff		
d. Non-Alumni, Non-Faculty International Individuals		
e. All Other Individuals		
Individuals Subtotal (1.a - 1.e)	**0**	**0**

If you indicated "Other Institutional Alumni" above, please specify type.

E. Private Support by Donor Type/Category, continued

2. Institutions/Organizations	Dollars ($)	Number of Donors
a. Corporations		
b. Personal/Family Foundations		
c. Other Private Foundations		
d. Donor Advised Funds		
e. Other Institutions/Organizations		
Institutions/Organizations Subtotal (2.a - 2.e)	**0**	**0**

If you are able to determine, please indicate the dollar value and number of institutions/organizations in "Other Institutions/Organizations" above that comes from disease organizations.

Dollars ($)	Number of Disease Organizations

Does your institution have its own institutionally managed donor advised fund?
If yes, please describe how your institution's institutionally managed donor advised fund is used below.

🔵 Yes

⚪ No

Please describe how your institution's institutionally managed donor advised fund is used.

Please estimate the percentage of total support reported above in sections 2.a - 2.d from Institutions/Organizations that is raised primarily by faculty members through your office of Sponsored Research with no assistance from the Development program.

	%

E. Private Support by Donor Type/Category, continued

	Dollars ($)
3. Special Events (do not include amounts included in E.1 or E.2)	

F. Totals

Note: The total dollars from Section D must equal the total dollars from Section E.

Total from Section D

$

Total from Section E

$

Of the total private support reported in Sections D and E, what is the dollar amount of gifts received for your teaching hospital(s)? *This question is asked of Joint Programs only.*

$

G. Deferred Gifts

Dollar Face Value

$

Dollar Present Value

$

H. Realized Bequests By Use

Please report realized bequests received in each of the designations below.
Note: Realized bequests should also be included in the totals reported in Sections A through D above.

Current Operations (Unrestricted and Restricted)

$ [   ]

Endowment (Unrestricted and Restricted)

$ [   ]

Capital Purposes (Unrestricted and Restricted)

$ [   ]

Total $ **0**

Are you able to break out realized bequests by source?
If yes, please report realized bequests by source in Section I.

🔵 Yes

⚪ No

I. Realized Bequests By Source

If you are able to break out realized bequests by source, please answer here.

	Dollars ($)
Medical School Alumni (including house staff/resident alumni)	[ ]
Other Institutional Alumni	[ ]
Full-Time and Part-Time Medical Faculty and Staff	[ ]
Institutions/Organizations	[ ]
All Other Individuals	[ ]
Total (Total dollars for Section I should equal total dollars for Section H)	**0**

J. New Gift Detail--Outright Gifts Received

Please include the number of outright gifts (including cash and gifts-in-kind) received during the 2022-2023 gift year. New outright cash gifts only should be reported; do not include pledge payments. If no outright gifts were received during the 2022-2023 gift year for a given gift level, please leave the associated fields blank.

	Total Number of Gifts (#)	Total Dollars ($)
$50,000,000 and over		
$25,000,000 - $49,999,999		
$10,000,000 - $24,999,999		
$5,000,000 - $9,999,999		
$1,000,000 - $4,999,999		
Under $1,000,000		

Total Outright Gifts Received

Total Number of Gifts (#)

Total Dollars ($)

K. New Gift Detail--Pledge Commitments Received

Please include the number and dollar amount of binding pledged gift commitments (i.e., gifts that have a written agreement) received during the 2022-2023 gift year. Do not include pledges received during previous fiscal years, and do not include pledge payments. If no binding pledged gift commitments were received during the 2022-2023 gift year for a given gift level, please leave the associated fields blank.

	Total Number of Gifts (#)	Total Dollars ($)
$50,000,000 and over		
$25,000,000 - $49,999,999		
$10,000,000 - $24,999,999		
$5,000,000 - $9,999,999		
$1,000,000 - $4,999,999		
Under $1,000,000		

Total Pledge Commitments Received

Total Number of Gifts (#)

Total Dollars ($)

<div style="border:1px solid #ccc; padding:20px;"></div>

L. Total Fundraising Progress

Sum of Outright Gifts Received and New Pledge Commitments (#):

Data represent an automatically calculated sum of Sections J (Outright Gifts Received) and K (New Pledge Commitments) above.

Please update Sections J and K if they should be updated.

$50,000,000 and over

<div style="border:1px solid #ccc; padding:20px;"></div>

$25,000,000 - $49,999,999

<div style="border:1px solid #ccc; padding:20px;"></div>

$10,000,000 - $24,999,999

<div style="border:1px solid #ccc; padding:20px;"></div>

$5,000,000 - $9,999,999

<div style="border:1px solid #ccc; padding:20px;"></div>

$1,000,000 - $4,999,999

<div style="border:1px solid #ccc; padding:20px;"></div>

Under $1,000,000

<div style="border:1px solid #ccc; padding:20px;"></div>

Total

<div style="border:1px solid #ccc; padding:20px;"></div>

L. Total Fundraising Progress, continued

Dollar Sum of Outright Gifts Received and New Pledge Commitments ($):

Data represent an automatically calculated sum of Sections J (Outright Gifts Received) and K (New Pledge Commitments) above.

Please update Sections J and K if they should be updated.

$50,000,000 and over

$ [   ]

$25,000,000 - $49,999,999

$ [   ]

$10,000,000 - $24,999,999

$ [   ]

$5,000,000 - $9,999,999

$ [   ]

$1,000,000 - $4,999,999

$ [   ]

Under $1,000,000

$ [   ]

Total

$ [   ]

M. MD Alumni Giving Information (for gifts received during the 2022-2023 gift year from MD alumni donors)

Total number of legally contactable MD alumni

[   ]

Total number of all legally contactable medical school alumni

[   ]

Total number of MD alumni donors

[   ]

Total number of MD alumni donors making unrestricted gifts for Current Operations and/or Endowment

[   ]

Total number of MD alumni donors making restricted gifts for Current Operations and/or Endowment

[   ]

Total number of MD alumni donors making unrestricted gifts of $1,000 and larger

[ ]

Total dollar amount of unrestricted gifts for Current Operations and/or Endowment received from MD alumni

$ [ ]

N. Student Scholarship Funding Information

Scholarship funding (not including loan programs) raised for gifts for MD and MD/PhD students at your institution

$ [ ]

O. Grateful Patients/Grateful Patients' Families Fundraising Efforts

Does your institution have access to conduct grateful patients/grateful patients' families fundraising efforts?
If yes, please answer the questions about grateful patients/grateful patients' families fundraising efforts below.

🔘 Yes
⚪ No

Please report the amount raised through each of the key components of your institution's grateful patients/grateful patients' families fundraising efforts:

Direct Mail

$ [ ]

Major/Planned Giving

$ [ ]

Other

$ [ ]

Total $ **0**

Of the total amount raised through grateful patient/grateful patients' families fundraising efforts, please estimate what percentage comes from:

Board or Lead Volunteer Fundraising Committee Members

[ ] %

Physicians/Staff

[ ] %

Other Individuals (for example, grateful patients and patient families)

[ ] %

Total (should equal 100%)   **0**

Other key components dedicated to support your institution's <u>grateful patients/grateful patients' families fundraising</u> efforts:

600 characters left.

Does your institution have access to screen patients? (Please choose all that apply)

☐ Outpatients

☐ Inpatients

☐ Neither

Does your institution have permission to screen patients? (Please choose all that apply)

☐ Outpatients

☐ Inpatients

☐ Neither

How often does your institution screen new patients?

○ Daily

○ Weekly

○ Monthly

○ Other (please specify)

Does your institution have development officers partner with faculty to secure referrals and engage prospects or donors?

○ Yes

○ No

Does your institution track the number of caregiver referrals received by your office?

○ Yes

○ No

Does your institution track caregiver referrals as a KPI for each development officer?

○ Yes

○ No

Does your institution have development officer visits with patients/families while the patient is in hospital?

○ Yes

○ No

Are budget and staff dedicated to support your institution's <u>grateful patients/grateful patients' families fundraising</u> efforts?
If yes, please answer the additional questions about <u>grateful patients/grateful patients' families fundraising</u> efforts below.

● Yes

○ No

Please indicate the fiscal year 2022-2023 budget allocated for grateful patients/grateful patients' families fundraising efforts:

$ [   ]

Please indicate the number of FTEs dedicated to grateful patients/grateful patients' families fundraising efforts:

Professional Staff

[   ]

Support Staff

[   ]

P. Volunteer Leadership Giving

Does your institution have a group, board, or committee of volunteers with a primary responsibility of providing fundraising leadership?
If yes, please answer the questions about the group, board, or committee below.

● Yes

○ No

What is the name of the group, board, or committee?

How many members are on the group, board, or committee?

[   ]

What amount of private support came from this group, board, or committee during fiscal year 2022-2023?
(For this question only, please provide the dollar amount as you recognize being received from the members, either as "hard" or "soft" credits.)

$ [   ]

Does this group, board, or committee have any institutional governing/fiduciary responsibilities?
If yes, please specify the institutional governing/fiduciary responsibilities below.

● Yes

○ No

Please specify what those governing/fiduciary responsibilities include.

200 characters left.

Q. Campaign Information

Was your institution in a fundraising campaign in fiscal year 2022-2023?
If yes, please describe the fundraising campaign below.

● Yes

○ No

Please enter the following information:

Official start date (beginning of silent phase)

☐

Scheduled end date

☐

Total campaign goal

$

Percentage of campaign goal reached as of end of 2022-2023 gift year

%

R. Online Giving

What was the total dollar amount raised online during the 2022-2023 gift year?

$

What was the total number of gifts received online during the 2022-2023 gift year?

What was the total number of online donors during the 2022-2023 gift year?

2023 AAMC Development Survey Part I - Total Private Support, Staff, and Costs

Development Staff by Function

Note: Figures reported can be less than 1.0 full time equivalent (FTE). Please include all FTEs budgeted for fiscal year 2022-2023 even if positions are vacant.

A. FTEs in Development Program Budget

Fundraising Professionals - Number of FTEs by Function:

Chief Advancement/Development Officer

Development Vice President

Associate/Assistant Vice President

Director of Development

Development Officers of Departments, Institutes, or Other Units

Director, Alumni Relations

Director, Advancement/Development Communications

Major Gift Officers (including Director of Major Gifts)

Planned Giving Officers (including Director of Planned Giving)

Corporate and Foundation Giving Officers (including Director of Corporate and Foundation Relations)

Annual Giving Officers (including Director of Annual Giving)

<div style="border:1px solid #ccc; padding:10px;"></div>

Other, please specify below

<div style="border:1px solid #ccc; padding:10px;"></div>

Fundraising Professionals FTEs Subtotal   **0**

If indicated "Other" above, please specify.

Other Professionals - Number of FTEs by Function:

Research and Prospect Management

<div style="border:1px solid #ccc; padding:10px;"></div>

Stewardship and Donor Relations

<div style="border:1px solid #ccc; padding:10px;"></div>

Special Event Officers

<div style="border:1px solid #ccc; padding:10px;"></div>

Development Writers

<div style="border:1px solid #ccc; padding:10px;"></div>

Computer Services

<div style="border:1px solid #ccc; padding:10px;"></div>

Administrative/Financial Services

<div style="border:1px solid #ccc; padding:10px;"></div>

Other, please specify below

<div style="border:1px solid #ccc; padding:10px;"></div>

If indicated "Other" above, please specify.

Subtotal All Professionals

<div style="border:1px solid #ccc; padding:10px;"></div>

Support Staff - Number of FTEs by Function:

Administrative Assistants/Secretaries

Processing, Records, Reporting

Computer Services

Other Administrative/Clerical, please specify below

Support Staff FTEs Subtotal   **0**

If indicated "Other" above, please specify.

Total Staff FTEs in Development Program Budget

B. FTEs involved with the Development Program but not in the Development Program Budget

Please provide FTE information regarding staff assigned to development functions but not carried in the medical school and/or teaching hospital development program budget. Examples would include staff from the institution's central development/advancement program and/or an institution's support organization or Foundation.

Number of FTEs by Function:

Fundraising Professionals

Other Professionals

Support Staff

Total Staff FTEs involved with Development Program   **0**
but not in Development Program Budget

2023 AAMC Development Survey Part I - Total Private Support, Staff, and Costs

Development Costs

Costs

	FY 2021-2022	FY 2022-2023
A. Development Personnel Costs ($)		
B. Development Program Costs ($)		
Subtotal	**0**	**0**

C. Does your institution receive support from departments or areas outside of your medical school, teaching hospital, or joint program development office budget? This support may represent services provided by, for example, University Development/Advancement, Legal, Human Resources, IT, or Marketing or Hospital Legal, Human Resources, IT, or Marketing.
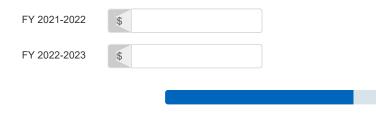*If yes, please answer the questions below.*

🔵 Yes
⚪ No

Please provide the approximate personnel and program costs for each function below. If there is not a cost for a particular function, please enter 0.

	Personnel Costs, FY 2021-2022	Program Costs, FY 2021-2022	Personnel Costs, FY 2022-2023	Program Costs, FY 2022-2023
Planned Giving				
Corporate and Foundation Relations				
Annual Fund				
Stewardship/Donor Relations				
Prospect Research				
Gift Processing/Records				
Information Systems/Reporting				
Alumni Relations				
Communications/Publications				
Human Resources/Talent Management				
Marketing				
Legal				
Rent/Facilities				
Other, please specify below				
Total Development Costs Covered by Other Budget Resources	**0**	**0**	**0**	**0**

If indicated "Other" above, please specify.

D. Total Development Costs (sum of A, B and C, if applicable)

FY 2021-2022 $ [   ]

FY 2022-2023 $ [   ]

2023 AAMC Development Survey Part I - Total Private Support, Staff, and Costs

Thank you

How does your institution use the AAMC Development Survey Report and the AAMC Development Survey Reporting Tool? (Check all that apply):

☐ Benchmarking fundraising

☐ Benchmarking staff

☐ Benchmarking costs

☐ Benchmarking compensation

☐ Informing/influencing leadership

☐ Planning for campaigns or strategic planning

☐ Requesting or justifying budget, new resources, or staffing structure requests

☐ Educating new hires and/or volunteers

☐ Conducting additional survey analysis

☑ Other, specify below:

If indicated "Other" above, please describe other ways your institution uses the AAMC Development Survey Report and the AAMC Development Survey Reporting Tool.

If your development program experienced any unique circumstances this year (such as preparation for a campaign) or some of your data might require further explanation to help the AAMC understand a significant change from the year prior (such as major changes in staffing levels or budget), please use the box below to provide that explanation. The data in this box will be used internally only and will not be reported to other institutions.

Please estimate how much time it took for your institution to complete the survey, including the time it took to gather the data. Please report as whole numbers.

Hour(s)

[   ]

Minutes

[   ]

Please share any thoughts that you have about this survey.

Please click the "Submit Survey" button at the bottom of this page to submit this survey. After clicking this button, you will see a complete listing of the responses you entered. You can print the list of responses for your records by using the print command. If you need to update your responses, you may return to this survey to make updates at any time before the survey deadline.