



# 2024 AAMC Development Survey Part I - Total Private Support, Staff, and Costs

## Introduction

Welcome to the 2024 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, academic health system and teaching hospital CEOs, chief development officers, and other leaders at member institutions to assess integral components of a successful development program and to make effective decisions on the deployment of organizational resources. Through the compilation and analysis of annual data, the ongoing survey provides the opportunity for academic medicine organizations to identify philanthropic trends useful for development planning and management purposes.

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 2025. 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 17, 2025.**

## 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 Restricted data are data that may not be published with identification but may be disclosed to external parties with management approval.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.

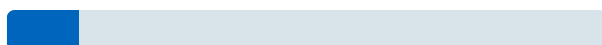
A summary report containing national aggregate data will also be made available on the AAMC's public website.

Instructions for accessing data will be provided to participating institutions when the analyses become available in August 2025.

## Contact Information

This data collection has been reviewed according to AAMC policies and procedures and is subject to the [AAMC Privacy Statement](#). Questions, comments, or suggestions on the content of the survey should be directed to survey staff at [developmentsurvey@aamc.org](mailto: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.





# 2024 AAMC Development Survey Part I - Total Private Support, Staff, and Costs

## 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. To request data submitted by your institution in previous years, please reach out to survey staff at [developmentsurvey@aamc.org](mailto:developmentsurvey@aamc.org).*

### **What's New This Year**

The below updates have been made to the 2024 AAMC Development Survey from the 2023 AAMC Development Survey:

- In the Total Private Support Grateful Patients/Grateful Patients' Families Fundraising Efforts section, one of the questions related to screening patients was removed.

### **General**

- Data requested are for the 2023-2024 gift year, which at many institutions may correspond to the period of July 2023 through June 2024. 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.
- 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 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 prior year (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, in line with the current CASE reporting standards.

## **Section I - Institution Type Classification**

- Survey participant institutions are classified according to institution type. Institution type should be determined based on your institution's development program. The following are categories of institution type:
  - o Medical School - Development program is separate from the development program(s) of teaching hospital(s).
  - o Teaching Hospital - Development program is separate from the development program of a 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.
  - o Joint Program - Development program is integrated and conducted jointly for the benefit of both a medical school and the teaching hospital(s).

## **Section II - Institutional Description**

- Endowment size - The endowment market value, including perpetual endowment, term endowment, and quasi-endowment.
- Actual Total Institutional Expenses - Provide the total fiscal year 2023-2024 expenses for the organization for which your development program raises private funds; that is, the total expenses for the entire organization of the medical school, teaching hospital, or joint program (corresponding to your reported institution type).

## **Section III - Total Private Support**

### **What should I include in Total Private Support?**

- Gifts only for the medical schools and/or teaching hospitals (corresponding to your reported institution type).
- Gifts actually received (including realized bequests) for the medical schools and/or teaching hospitals during the 2023-2024 gift year.

- Figures in terms of cash or cash equivalents only, including new outright gifts and pledge payments from previous pledges.
- The overall number of gifts received.

### **What should I exclude from Total Private Support?**

- Gifts received in support of other academic units or programs (e.g., allied health, dentistry, nursing, pharmacy, public health).
- Pledge or bequest commitments, unless specified in the question.
- Funds received from governmental sources or funds received through a contract (e.g., do not include clinical trial monies).
- The number of separate gift transactions (i.e., multiple payments from a donor in one fiscal year should be considered one gift).

### **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. For purposes of this survey, do not include long-term investments that are not endowment funds.

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.

### **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. Please include gifts-in-kind in this category.

### **D. Total Private Support by Designation**

- Total Private Support by Designation – the sum of Private Support for Current Operations (Section

A), Private Support for Endowment (Section B), and Private Support for Capital Purposes (Section C).

- Total Private Support by Designation (Section D) should equal Total Private Support by Source (Section E). Both questions are asking for the Total Private Support for your organization but broken out in two different ways.
- The Total Private Support designated in support of research figures should be included in Private Support for Current Operations (Section A) or Private Support for Endowment (Section B).

## **E. Private Support by Donor Type/Category**

- Here are some general guidelines for this section:

- o Total Private Support by Source - the sum of Private Support by Donor Type/Category, Individuals Dollars (Section E.1), Institutions/Organizations Dollars (Section E.2), and Special Events (Section E.3).

- o Total Private Support by Designation (Section D) should equal Total Private Support by Source (Section E). Both questions are asking for the Total Private Support for your organization but broken out in two different ways.

- o Gifts should be reported based on legal donors (“hard credit”) as opposed to attributed donors (“soft credit”).

- o Gifts reported from individuals should generally include estates and trusts. Testamentary trusts (or other forms of foundations) that do not name the institution as the irrevocable beneficiary should be reported as foundations, not individuals.

- o Gifts from disease organizations should be included in Other Institutions/Organizations (Section E.2.e).

- o Gifts from donor-advised funds, or a fund in which a donor makes a gift to the organization who then becomes the legal owner of the money, should be included in Institutions/Organizations (Section E.2).

- o Gifts from donor-directed funds, or a fund in which a donor deposits their assets in a financial institution but maintains ownership and control of the money, should be included in Individuals (Section E.1).

- 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 who are not alumni of the medical school itself.

- Full-Time and Part-Time Medical Faculty and Staff - Gifts from non-alumni medical faculty and staff.

- 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 through 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 may not be legally differentiated from other private/independent foundations, but for the purposes of this survey, please 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 name, or those with at least two trustee surnames that match a living or deceased original donor of the foundation. Family foundations are those established and continue to operate as conduits for the charitable intentions of a specific individual or family.
- Other Private Foundations - Gifts from foundations, but excluding donor advised funds, which are private tax-exempt entities operated exclusively for charitable purposes. Please include testamentary trusts (or other forms of foundations) that do not name the institution as the irrevocable beneficiary. Exclude corporate foundations, which should be reported under Corporations, as well as organizations which may have "foundation" in the name but have active fundraising programs and should be reported under "Other Institutions/Organizations."
- 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, donor advised funds, or corporations, including gifts from disease organizations, Rotary International, Salvation Army, professional practice groups, or medical faculty practice groups. Do not include, 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 from organizations such as the American Cancer Society, American Heart Association, National Multiple Sclerosis Society, etc.
- Special Events - Funds raised through auctions and other special events. This 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 teaching hospital(s).

- o Face Value is the original value of the deferred gift.

- o Present Value is the current value of the deferred gift, or its purchasing power in current dollars.

## **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 - Realized bequests from house staff/resident alumni as well as those from alumni of degree programs of the medical school.

- Other Institutional Alumni - Realized bequests from alumni of the medical school's parent university who are not alumni of the medical school itself.

- Full-Time and Part-Time Medical Faculty and Staff - Realized bequests from non-alumni medical faculty and staff.

- Institutions/Organizations - Realized bequests from institutions or organizations.

- All Other Individuals - Realized bequests from other individuals, including grateful patients/grateful patients' families, board members, and individuals not otherwise affiliated with your institution through 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 gift year.

- Only new outright gifts should be reported. Do not include pledge payments or pledges.

- If no outright gifts were received during the 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 new gifts and pledge payments, while New Gift Detail - Outright Gifts Received is new gifts only. The latter should be larger than the former unless your organization did not receive pledge payments, in which case the values should match.

## **K. New Gift Detail---Pledge Commitments Received**

- Report the number and dollar amount of binding gift commitments pledged during the gift year. Binding gifts represent those for which there is a written gift agreement or an oral agreement made through an authorized campaign with a mailed confirmation of the pledge.

- Do not include pledged gifts and commitments received before the gift year.

- If no pledge commitments were received during the 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. They 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 did not receive pledge payments, in which case the values should match.

## **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.
- Legally Contactable Medical School Alumni should 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.
- MD Alumni Donors - The number of MD alumni who gave a gift during the gift year.

## **N. Student Scholarship Funding Information**

- Student Scholarship Funding - 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**

- 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 - Full-time equivalent staff positions in the medical school, teaching hospital, or joint program budget. Include all FTEs budgeted for the fiscal year even if positions were 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**

### **How should I report Development Staff by Function?**

- Include all positions budgeted for the fiscal year even if the positions were vacant.
- A 1.0 FTE represents one full-time equivalent staff position. Figures reported can be less than 1.0 full time equivalent (FTE).

### **A. FTEs in Development Program Budget**

- Fundraising Professionals - Staff positions (full- or part-time) that have responsibility for fundraising and/or the management of fundraising programs.

- o 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.

- o Fundraisers may work medical school, teaching hospital, or health system wide, or may be assigned to a specific unit or center, such as diabetes, cardiology, etc.

- Other Professionals - Staff positions (full- or part-time) that have management responsibility for development/fundraising support programs (i.e., information services, donor relations programs, development special events, research/prospect management, etc.).

- o 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.

- o 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.

- o 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.

- o 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 positions that do not have management or administrative oversight of programs or 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 - Staff positions that are allocated to your development program's functions but are not carried in your development program's budget (e.g., staff from the institution's central development/advancement program, staff from an institution's support organization or foundation, etc.)

## **Section V - Development Costs**

### **How should I report Development Costs?**

- Report the actual costs for FY 2022-2023 and FY 2023-2024.
- Report all costs related to your development program. In sections A and B, report the cost in your medical school, teaching hospital, or joint program hospital development program. In section C, report any costs covered by departments or areas outside of your medical school, teaching hospital, or joint program development office budget.
- If you are not able to break out costs for the medical school, teaching hospital, or joint program development program, please leave this section blank.

### **A. Development Personnel Costs**

- Development Personnel Costs - The total of all salaries, benefits (including employer retirement contributions, and insurance benefits), and other compensation for development personnel funded in the medical school, teaching hospital, or joint program development program budget.

o Report only those for the entity for which you are completing the survey. For example, if you are reporting as a medical school institution type, include only personnel costs within the medical school development program budget; similarly, if you are reporting as a teaching hospital, only include those for teaching hospital; and include both the medical school and teaching hospital(s) development program budgets if you are reporting as a joint program version.

### **B. Development Program Costs**

- Development Program Costs – The total operating expenses, not including any personnel costs, for programs funded in the medical school, teaching hospital, or joint program development program office budget.

o Include any service fees charged to the medical school or teaching hospital for development personnel or program support by the institution's central administration.

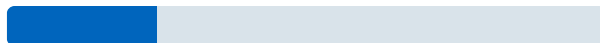
o Report only those for the entity for which you are completing the survey. For example, if you are reporting as a medical school institution type, include only program costs within the medical school development program budget; similarly, if you are reporting as a teaching hospital, only include those for teaching hospital; and include both the medical school and teaching hospital(s) development program budgets if you are reporting as a joint program version.

### **C. Costs Covered by Other Budget Resources**

- Costs Covered by Other Budget Resources - The total of other funds for development personnel and programs provided in budgets other than that of the entity (medical school, teaching hospital, or joint program) for which you are reporting in this survey. 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.

## D. Total Development Costs

- Total Development Costs - The total costs of your institution's development program. This total should include 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).





## 2024 AAMC Development Survey Part I - Total Private Support, Staff, and Costs

### 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 AAMC Development Survey Reporting Tool. If this is not correct, please contact [developmentsurvey@aamc.org](mailto: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 teaching hospital(s).
- Teaching Hospital Only** - Development program is separate from the development program of a 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 the benefit of both a medical school and the teaching hospital(s).

\*Indicates required field.





# 2024 AAMC Development Survey Part I - Total Private Support, Staff, and Costs

## 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:

Provide the total fiscal year 2023-2024 expenses for the organization for which your development program raises private funds; that is, the total expenses for the entire organization of the medical school, teaching hospital, or joint program (corresponding to your reported institution type).

Fiscal Year 2023-2024 Actual Total Institutional Expenses:

**Organization of Medical School:**

	Yes	No	Not Applicable
Part of university, contained within a health science center:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Part of a university, but not contained within a health science center:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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 <u>medical school</u> :	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organizational unit of the <u>medical school</u> :	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For-profit institution separate from the university:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not-for-profit institution separate from university:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Government institution separate from university:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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:





# 2024 AAMC Development Survey Part I - Total Private Support, Staff, and Costs

## Total Private Support

### What should I include in Total Private Support?

- Gifts only for the medical schools and/or teaching hospitals (corresponding to your reported institution type).
- Gifts actually received (including realized bequests) for the medical schools and/or teaching hospitals during the 2023-2024 gift year.
- Figures in terms of cash or cash equivalents only, including new outright gifts and pledge payments from previous pledges.
- The overall number of gifts received.

### What should I exclude from Total Private Support?

- Gifts received in support of other academic units or programs (e.g., allied health, dentistry, nursing, pharmacy, public health).
- Pledge or bequest commitments, unless specified in the question.
- Funds received from governmental sources or funds received through a contract (e.g., do not include clinical trial monies).
- The number of separate gift transactions (i.e., multiple payments from a donor in one fiscal year should be considered one gift).

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

If a period other than July 2023 through June 2024 is represented in your data, please specify:

### A. Private Support for Current Operations

Unrestricted

\$	
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Restricted

\$	
----	--

**Subtotal \$**

**0**

### B. Private Support for Endowment

Unrestricted

Restricted

**Subtotal \$**

**0**

### C. Private Support for Capital Purposes

Capital Gifts

**Subtotal \$**

**0**

### D. Total Private Support by Designation (Sections A, B, and C)

*To adjust this total, update Sections A, B, or C. This total should equal Total Private Support by Source (Section E). Both questions are asking for the Total Private Support for your organization, broken out in two different ways.*

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)	<input type="text"/>	<input type="text"/>
b. Other Institutional Alumni, please specify type below	<input type="text"/>	<input type="text"/>
c. Full-Time and Part-Time Medical Faculty and Staff	<input type="text"/>	<input type="text"/>
d. Non-Alumni, Non-Faculty International Individuals	<input type="text"/>	<input type="text"/>
e. All Other Individuals	<input type="text"/>	<input type="text"/>
<b>Individuals Subtotal (1.a - 1.e)</b>	<b>0</b>	<b>0</b>

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

**E. Private Support by Donor Type/Category, continued**

<b>2. Institutions/Organizations</b>	<b>Dollars (\$)</b>	<b>Number of Donors</b>
a. Corporations	<input type="text"/>	<input type="text"/>
b. Personal/Family Foundations	<input type="text"/>	<input type="text"/>
c. Other Private Foundations	<input type="text"/>	<input type="text"/>
d. Donor Advised Funds	<input type="text"/>	<input type="text"/>
e. Other Institutions/Organizations	<input type="text"/>	<input type="text"/>
<b>Institutions/Organizations Subtotal (2.a - 2.e)</b>	<b>0</b>	<b>0</b>

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.

<b>Dollars (\$)</b>	<b>Number of Disease Organizations</b>
<input type="text"/>	<input type="text"/>

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. Both questions are asking for the Total Private Support for your organization, broken out in two different ways.**

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.

Note: Realized bequests should also be included in the totals reported in Sections E above.

**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 report the number and dollar amounts of outright gifts (including cash and gifts-in-kind) received during the gift year.

*Only report new outright gifts. Do not include pledge payments or pledges. If no outright gifts were received during the gift year for a given gift level, please leave the associated fields blank.*

	Total Number of Gifts (#)	Total Dollars (\$)
\$50,000,000 and over	<input type="text"/>	<input type="text"/>
\$25,000,000 - \$49,999,999	<input type="text"/>	<input type="text"/>
\$10,000,000 - \$24,999,999	<input type="text"/>	<input type="text"/>
\$5,000,000 - \$9,999,999	<input type="text"/>	<input type="text"/>
\$1,000,000 - \$4,999,999	<input type="text"/>	<input type="text"/>
Under \$1,000,000	<input type="text"/>	<input type="text"/>

**Total Outright Gifts Received**

Total Number of Gifts (#)

Total Dollars (\$)

**K. New Gift Detail--Pledge Commitments Received**

Report the number and dollar amount of binding gift commitments pledged during the gift year. Binding gifts represent those for which there is a written gift agreement or an oral agreement made through an authorized campaign with a mailed confirmation of the pledge.

*Do not include pledged gifts and commitments received before the gift year. If no pledge commitments were received during the gift year for a given gift level, please leave the associated fields blank.*

	Total Number of Gifts (#)	Total Dollars (\$)
\$50,000,000 and over	<input type="text"/>	<input type="text"/>
\$25,000,000 - \$49,999,999	<input type="text"/>	<input type="text"/>
\$10,000,000 - \$24,999,999	<input type="text"/>	<input type="text"/>
\$5,000,000 - \$9,999,999	<input type="text"/>	<input type="text"/>
\$1,000,000 - \$4,999,999	<input type="text"/>	<input type="text"/>
Under \$1,000,000	<input type="text"/>	<input type="text"/>

**Total Pledge Commitments Received**

Total Number of Gifts (#)

Total Dollars (\$)

**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

\$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**

### 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 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 for Current Operations and/or Endowment

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 grateful patients/grateful patients' families fundraising efforts:

**600 characters left.**

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 allow development officers to visit with patients or patients' families while the patient is in the hospital?

- Yes
- No

Are budget and staff dedicated to support your institution's grateful patients/grateful patients' families fundraising efforts?

*If yes, please answer the additional questions about grateful patients/grateful patients' families fundraising efforts below.*

- Yes
- No

Please indicate the fiscal year 2023-2024 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:  
*Include all FTEs budgeted for the fiscal year even if positions are were vacant.*

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 2023-2024?  
(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 2023-2024?

*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 2023-2024 gift year

## R. Online Giving

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

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

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





# 2024 AAMC Development Survey Part I - Total Private Support, Staff, and Costs

## Development Staff by Function

### How should I report Development Staff by Function?

- Include all positions budgeted for the fiscal year even if the positions were vacant.
- A 1.0 FTE represents one full-time equivalent staff position. Figures reported can be less than 1.0 full time equivalent (FTE).

### 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)

Other, please specify below

**Fundraising Professionals FTEs Subtotal**

**0**

If indicated "Other" above, please specify.

**Other Professionals - Number of FTEs by Function:**

Research and Prospect Management

Stewardship and Donor Relations

Special Event Officers

Development Writers

Computer Services

Administrative/Financial Services

Other, please specify below

**Other Professionals Subtotal**

**0**

If indicated "Other" above, please specify.

**Subtotal All Professionals**

**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 include staff positions that are allocated to your development program's functions but are not carried in your development program's budget (e.g., staff from the institution's central development/advancement program, staff from an institution's support organization or foundation, etc.)

#### Number of FTEs by Function:

Fundraising Professionals

Other Professionals

Support Staff

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

**0**





# 2024 AAMC Development Survey Part I - Total Private Support, Staff, and Costs

## Development Costs

### How should I report Development Costs?

- Report the actual costs for FY 2022-2023 and FY 2023-2024.
- Report all costs related to your development program. In sections A and B, report the cost in your medical school, teaching hospital, or joint program development program budget. In section C, report any costs covered by departments or areas outside of your medical school, teaching hospital, or joint program development office budget.
- If you are not able to break out costs for the medical school, teaching hospital, or joint program development program, please leave this section blank.

### Costs

FY 2022-2023

FY 2023-2024

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 2022-2023	Program Costs, FY 2022-2023	Personnel Costs, FY 2023-2024	Program Costs, FY 2023-2024
Planned Giving	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Corporate and Foundation Relations	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annual Fund	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stewardship/Donor Relations	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Prospect Research	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gift Processing/Records	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Information Systems/Reporting	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Alumni Relations	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Communications/Publications	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Human Resources/Talent Management	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Marketing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Legal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rent/Facilities	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other, please specify below	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total Development Costs Covered by Other Budget Resources</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

If indicated "Other" above, please specify.

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

FY 2022-2023

FY 2023-2024





## 2024 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.**

