

Exponent Philanthropy

2024 Foundation Operations and Management Survey

Instructions

This survey takes about an hour. The person most responsible for managing the foundation should complete it (i.e., CEO, executive director, administrator, foundation manager).

Exponent Philanthropy will NOT attribute any of the responses to you or your foundation in the survey's report. Our Associate Director of research and publications will review the individual responses to identify potential follow-up interviews and inform programming decisions.

This survey requests information about the foundation's most recently completed fiscal year. Please have the following information on hand when taking the survey:

- Grantmaking data (i.e., number, type and amount of grants awarded, etc.)
- Employee salary and benefits expenses, if applicable
- Board compensation, if applicable
- Amount paid to consultants, if applicable (accounting firms, lawyers, etc.)
- The foundation's investment rate of return and asset allocation
- The most recent tax return if the foundation files a 990-PF. If that's not yet available, you may use the previous year's 990-PF.

Please complete this survey by **June 21**.

Questions? For general questions, please contact Exponent Philanthropy at (202) 580-6560 or info@exponentphilanthropy.org. For technical questions, please contact Kimberly Rishe at Harder+Company Community Research at krishe@harderco.com.

SECTION ONE: Background Information

The information in this section helps us 1) make sure we only include one survey per foundation in the analysis and 2) share results by foundation type, size, and region.

1. What is the foundation's employer identification number (EIN)? *(The EIN is a nine-digit number, also known as a Federal Tax Identification Number. Please list all nine digits.)*

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2. What is the foundation's name? _____

3. Where is the foundation located? *(If the foundation has multiple locations, please list the headquarters or main office.)*

Zip Code

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4. What is your position or title?

- CEO/president/executive director/foundation manager
- Board chair
- Trustee/board member
- Other *(please specify):* _____

5. When is the foundation's fiscal year?

- January 1st to December 31st
- July 1st to June 30th
- Other *(please specify):* _____

6. What was the foundation's approximate asset size at the **end of the most recently completed fiscal year?**

- Under \$1 million
- \$1–\$4.9 million
- \$5–\$9.9 million
- \$10–\$24.9 million
- \$25–\$49.9 million
- \$50–\$99.9 million
- \$100–\$199.9 million
- \$200+ million

7. **How many grants** did the foundation award in the most recently completed fiscal year? _____

8. What was the **average grant size** the foundation awarded in the most recently completed fiscal year? \$_____

9. Which of the following best describes your foundation? (Please select one. If multiple descriptors apply, select the one that most reflects your foundation. The first three options - independent, family, or corporate foundation - are all private, non-operating foundations for which grantmaking is the main activity.)

- Independent foundation (governed by unrelated individuals)
- Family foundation (governed primarily by the donor family)
- Corporate foundation (governed by for-profit company)
- Community foundation (dedicated to a defined geographic area)
- Operating foundation (the foundation operates programs and may also make grants. Also, you checked "Yes" on IRS Form 990-PF, Part VII-A, Line 9)
- Other type of foundation or organization (please specify): _____

9a. Does your foundation operate as a **pass-through foundation**? Typically, a pass-through foundation receives assets annually and spends down *almost completely* each year.

- Yes No

10. Does your foundation plan on existing in **perpetuity**? (Does the foundation plan to operate indefinitely?)

- No
- Yes (if yes, please skip to question 11)
- Undecided

10a. How long does the foundation intend to operate? _____.

11. Does the foundation have a physical office?

- Yes No

12. How would you describe the community where the foundation is primarily located?

- Rural area
- Suburban area
- Urban area

13. Did the foundation have **paid employees** in the most recently completed fiscal year? (These are individuals who received a Form W-2 from the foundation.)

- Yes No (if no, please skip to Section Three.)

If your foundation does not have paid employees, please skip to page 12.

SECTION TWO: Employee Compensation and Benefits

In this section, we want to know about the foundation's employees and their compensation.

1. Please enter the number of **paid employees** the foundation had in the most recently completed fiscal year. This does not include contractors/consultants (who received a Form 1099), or board members (who received a W-2 or compensation for routine board or professional services). Later in the survey, we have questions about contractors/consultants and board compensation. (Enter '0' where appropriate.)

Number of **full-time** paid employees (30 hours or more per week) _____

Number of **part-time** paid employees (fewer than 30 hours per week) _____

Total number of paid foundation employees _____

2. Which of the following benefits did your foundation provide to paid employees? (Select all that apply.)

Benefit	Full-time employees (30+ hours/week)	Part-time employees (20-29 hours/week)	Part-time employees (1-19 hours/week)
Paid vacation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid sick leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid holidays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid family leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unpaid family leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability (long- or short-term)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NONE OF THE ABOVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. If the foundation offered health insurance, what was the average total monthly health insurance premium per employee (whether paid by the foundation, employee, or a mix of both)? (If the foundation did not offer health insurance, skip to question 5.)

Average monthly health insurance premium for:

An individual \$ _____

A couple \$ _____

A family \$ _____

4. If the foundation offered health insurance, who contributed to the premium? (Select one.)

- Employee only (skip to question 5)
- Foundation only (skip to question 5)
- Both the employee and foundation

4a. If the foundation paid a portion of the monthly health insurance premium, what percentage did it pay?

Percentage of the monthly health insurance premium paid by the foundation:

- An individual _____%
- A couple _____%
- A family _____%

5. What type(s) of retirement did the foundation offer? (Check all that apply. If the foundation does not offer a retirement plan, skip to question 7.)

- 401(k)
- 403(b)
- Traditional IRA (skip to question 7)
- SEP IRA (skip to question 7)
- Other (please specify): _____(skip to question 7)

6. If the foundation offered a 401(k) and/or 403(b), who contributed to the plan? (Select one.)

- Employee only (skip to question 7)
- Foundation only (skip to question 7)
- Both employee and foundation

6a. If the foundation contributed to the retirement plan, what percentage of the employee's salary did it contribute? _____ %

6b. If the foundation contributed to the retirement plan, was the contribution:

- A match contribution
- An employer contribution

7. Did the foundation collect self-reported demographic information on board members or employees? (For example, did it ask individuals to share their gender, sexual orientation, race/ethnicity, and/or disability status on a survey or an organizational form?)

Position	Yes	No	Unsure
Board members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following tables ask about each employee's self-reported demographic information. To the degree possible, please indicate how each employee self-reported that demographic information, or self-identified. If you answered "Yes" to question 7, use that information to complete the table. Please do not make assumptions about anyone's gender, sexual orientation, race/ethnicity, and/or disability status. If you are unsure how a specific employee self-identified, leave the item blank. As with everything in this survey, we will not attribute your responses to you or your foundation in the survey's report.

Please refer to the following definitions when completing the tables below:

Gender Identity

- **Nonbinary (also Non-Binary):** According to Trans Student Educational Resources, nonbinary is a "preferred umbrella term for all genders other than female/male or woman/man, used as an adjective."
- **Transgender:** According to the Gender and Sexuality Center at UT Austin, transgender is "an umbrella term people may use to describe their gender identity and/or gender expression as different from the sex they were assigned at birth. People who identify as transgender may describe themselves using one or more of a wide variety of terms including genderqueer, non-binary, and transgender. Transgender people may claim/affirm their gender identity through hormones and/or surgery. Transgender identity is not dependent on surgery. Transgender identity is not a sexual orientation."
- **Cisgender:** The Gender and Sexuality Center at UT Austin describes cisgender as "a term used to describe a person whose gender identity is the same as the sex assigned to them at birth."

Disability Status

- **Disability:** The Americans with Disabilities Act defines a person with a disability as, "a person who has a physical or mental impairment that substantially limits one or more major life activities, a record of such an impairment, or being regarded as having such an impairment, even if they do not currently have a disability."

8. Did your foundation have a **CEO/president/executive director/top administrator** (also known as a foundation manager or something similar)? This position directs the foundation's day-to-day management, including working with the board, grantees, and personnel. (In some cases, this is the foundation's only position.)

Yes No (If no, please skip to question 11.)

Please complete the following table about the foundation's **CEO/president/executive director/top administrator**.

CEO/president/executive director/top administrator	
a. Gender identity: How did the CEO/top administrator describe their gender identify? (Select one.)	
<input type="checkbox"/>	Woman
<input type="checkbox"/>	Man
<input type="checkbox"/>	Non-binary
<input type="checkbox"/>	Other
<input type="checkbox"/>	Decline to state
Did the CEO/top administrator also describe their gender identity as the following? (Select one.)	
<input type="checkbox"/>	Transgender
<input type="checkbox"/>	Not transgender (<i>cisgender</i>)
<input type="checkbox"/>	Decline to state
b. Sexual orientation: How did the CEO/top administrator identify? (Select one.)	
<input type="checkbox"/>	Gay, lesbian, bisexual
<input type="checkbox"/>	Heterosexual or straight
<input type="checkbox"/>	Other
<input type="checkbox"/>	Decline to state
c. Race and ethnicity: How did the CEO/top administrator identify? (Select one.)	
<input type="checkbox"/>	Asian/Asian American/Pacific Islander only
<input type="checkbox"/>	Black/African American/African only
<input type="checkbox"/>	Hispanic/Latino/Latina/Latinx only
<input type="checkbox"/>	Native American/American Indian/Indigenous Group only
<input type="checkbox"/>	White/Caucasian/European only
<input type="checkbox"/>	Another race/ethnicity only
<input type="checkbox"/>	Multiracial/Multiethnic (<i>two or more races or ethnicities</i>)
<input type="checkbox"/>	Decline to state
<input type="checkbox"/>	Unknown
d. Disability status: How did the CEO/top administrator identify? (Select one.)	
<input type="checkbox"/>	Person with a disability
<input type="checkbox"/>	Person without a disability
<input type="checkbox"/>	Decline to state
<input type="checkbox"/>	Unknown
e. Caregiver status: Did the current CEO/top administrator adjust their work schedule to care for an adult, child, or friend/neighbor?	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Unsure

If yes, please explain how their work schedule was adjusted:

CEO/president/executive director/top administrator

f. How did the foundation compensate the CEO/top administrator?

- Salaried** as a foundation employee Yes No If **salaried**, what was the CEO/top administrator's base **annual salary** at the end of the most recently completed fiscal year? \$ _____/Year
- Paid **hourly wages** as a foundation employee Yes No If paid **hourly wages**, what was the CEO/top administrator's **hourly rate** at the end of the most recently completed fiscal year? \$ _____/hour

g. Did the CEO/top administrator get a bonus in the most recently completed fiscal year?

- Yes
 No

h. Did the CEO/top administrator regularly work outside of the foundation's main office?

- Yes No If yes, in what **zip code** did they work? (This information helps us more accurately report results by state and region.) _____

i. What best described the CEO/top administrator's work schedule?

- Traditional hours – the CEO/top administrator works a traditional 9-5 schedule
 Flexible – the CEO/top administrator works flexible hours

j. Approximately how many hours per week did the CEO/top administrator work for the foundation in the most recently completed fiscal year? _____hours/week

k. What best described the CEO/top administrator's work arrangement?

- Fully in foundation's office Fully remote Hybrid If hybrid, how many **days a week**, on average, was the CEO/top administrator in the foundation's office? _____

l. How many years of work experience did the CEO/top administrator have in the philanthropic and/or nonprofit sector, including their current job? _____years

m. Was the CEO/top administrator on the foundation's board?

- Yes
 No

n. For family foundations, was the CEO/top administrator a relative of the donor family?

- Yes
 No

Exponent Philanthropy wants to learn how our members spend their time conducting work on behalf of their foundation. Please provide information for the foundation's **CEO/President/Executive Director/Top Administrator**.

9. How many hours a week does the foundation's **CEO/President/Executive Director/Top Administrator** typically spend on foundation work? _____ hours

10. Approximately what percentage of time does your **CEO/President/Executive Director/Top Administrator** spend on the following?

Task	% Time
Administrative tasks (accounting, filing, paying bills, etc.)	_____%
Building relationships with current or potential grantees	_____%
Community engagement (meeting with community leaders, collaborating with other funders, convening grantees, etc.)	_____%
Generative work (thinking about the foundation's broader mission, strategy, or how the foundation can create a greater impact)	_____%
Managing relationships with foundation staff , other board members, or consultants (excluding investment consultants)	_____%
Managing the foundation's investment portfolio and/or engaging with an investment consultant	_____%
Pre-grant work (soliciting proposals, reviewing proposals, conversations with potential grantees, site visits, etc.)	_____%
Post-grant work (grant agreements, reviewing reports, follow-up conversations with grantees, site visits, etc.)	_____%
Professional development (attending webinars and events, researching best practices, etc.)	_____%
Other	_____%
TOTAL	_____%

Please make sure the total equals 100%.

NOTE: For the following questions, refer to the position descriptions below:

- **Administrative/support staff** (also known as a program associate, administrative assistant, or grants manager): This position includes clerical responsibilities, such as responding to general inquiries, maintaining paper and electronic files for bookkeeping and grantmaking, processing correspondence, and supporting the board (taking meeting minutes, compiling board reports, etc.)
- **Professional/grantmaking staff** (also known as a program officer): This position involves evaluating grant proposals and reports, managing relationships with current and potential grantees, doing background research on current and potential grantees, and providing geographic or subject area expertise to guide grant program development.

11. Did the foundation have professional/grantmaking staff and/or administrative/support staff in the **most recently completed fiscal year**?

Yes No (If no, please skip to question 12.)

Please complete the following table about the foundation's **professional/grantmaking staff and/or administrative/support staff** for up to **four paid employees**. (If your foundation had more than four paid employees, only include the information that most closely aligns with the position descriptions listed above.)

Question	Person A	Person B	Person C	Person D
a. Which role best described this person? (Select one for each person.)				
Professional/grantmaking staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrative/support staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Gender identity: How did this person describe their gender identity? (Select one for each person.)				
Woman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Man	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-binary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decline to state	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did this person also identify as the following? (Select one for each person.)				
Transgender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not transgender (cisgender)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decline to state	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Sexual orientation: How did this person identify? (Select one for each person.)				
Gay, lesbian, bisexual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heterosexual or straight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decline to state	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Race and ethnicity: How did this person identify? (Select one for each person.)				
Asian/Asian American/Pacific Islander only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black/African American/African only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic/Latino/Latina/Latinx only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native American/American Indian/Indigenous Group only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White/Caucasian/European only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another race/ethnicity only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiracial/Multiethnic (two or more races or ethnicities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decline to state	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question	Person A	Person B	Person C	Person D
e. Disability status: How did this person identify? <i>(Select one for each person.)</i>				
Person with a disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person without a disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decline to state	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Caregiver status: In their current position, has this person adjusted their work schedule to care for an adult relative, partner, child, or friend/neighbor?				
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. How did the foundation compensate this person? <i>(Select one for each person.)</i>				
Salaried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid hourly wages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. If salaried, what was this person's base annual salary at the end of the most recently completed fiscal year?				
	\$_____	\$_____	\$_____	\$_____
i. If paid hourly wages, what was this person's hourly rate at the end of the most recently completed fiscal year?				
	\$____/hr.	\$____/hr.	\$____/hr.	\$____/hr.
j. Did this person get a bonus in the most recently completed fiscal year?				
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Did this person regularly work outside of the foundation's main office?				
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, in what zip code did they work? <i>(This information helps us report aggregate employee compensation results by state and region more accurately.)</i>				
	_____	_____	_____	_____
l. What best described this person's work schedule?				
Traditional office hours – this person works a traditional 9-5 schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible work schedule – this person works flexible hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Approximately how many hours per week did this person work for the foundation in the most recently completed fiscal year?				
	_____	_____	_____	_____
n. What best described this person's work arrangement?				
Fully in the foundation's office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fully remote	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hybrid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If hybrid, how many days a week , on average, was this person in the foundation's office?				
	_____	_____	_____	_____
o. How many years of work experience in the philanthropic and/or nonprofit sector did this person have (including in their current job)?				
	____yrs.	____yrs.	____yrs.	____yrs.

Question	Person A	Person B	Person C	Person D
p. Was this person on the foundation's board?				
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. For family foundations, was this person a relative of the donor family?				
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Did the foundation make cost of living adjustments to employee salaries in response to inflation in 2023?

Yes No (If no, please skip to question 13.)

12a. If yes, what was the average percentage increase for all employees? _____%

13. Please list the following for the most recently completed fiscal year:

Total dollar amount of compensation for all employees (Include full-time and part-time employees)	\$ _____
Total dollar amount of benefits paid by the foundation for all employees	\$ _____
Total dollar amount of bonuses for all employees (If none, list '0')	\$ _____

SECTION THREE: Board and Governance

In this section, we want to know about the foundation's board and governance.

1. How many people were on the foundation board at the end of the most recently completed fiscal year? _____
2. If a family foundation, how many board members were related to the donor family? _____
3. *The following table asks about your board members' gender, race/ethnicity, and disability status. Please indicate how board members self-identified or reported demographic information on board surveys. Please do not make assumptions about board members' gender, race/ethnicity, and/or disability status. If you are unsure how a specific board member publicly self-identified, check "Unknown." As with everything in this survey, we will not attribute your responses to you or your foundation in the survey's report.*

Use the following definitions when completing the table below:

Gender Identity

- **Nonbinary (also non-binary):** According to Trans Student Educational Resources, nonbinary is a "preferred umbrella term for all genders other than female/male or woman/man, used as an adjective."
- **Transgender:** According to the Gender and Sexuality Center at UT Austin, transgender is "an umbrella term people may use to describe their gender identity and/or gender expression as different from the sex they were assigned at birth. People who identify as transgender may describe themselves using one or more of a wide variety of terms including genderqueer, non-binary, and transgender. Transgender people may claim/affirm their gender identity through hormones and/or surgery. Transgender identity is not dependent on surgery. Transgender identity is not a sexual orientation."
- **Cisgender:** The Gender and Sexuality Center at UT Austin describes cisgender as "a term used to describe a person whose gender identity is the same as the sex assigned to them at birth."

Disability Status

- **Disability:** The Americans with Disabilities Act defines a person with disability as "a person who has a physical or mental impairment that substantially limits one or more major life activities, a record of such an impairment, or being regarded as having such an impairment, even if they do not currently have a disability."

Question	Number of board members
a. Gender identity: How did each foundation board member describe their gender identity? (The total should equal the number listed on question one.)	
Woman	_____
Man	_____
Non-binary	_____
Decline to state	_____
How many individuals on the foundation's board identified as the following?	
Transgender	_____
Not transgender (<i>cisgender</i>)	_____
Other	_____
Decline to state	_____
b. Race and ethnicity: How did each foundation board member identify? (The total should equal the number listed on question one.)	
Asian/Asian American/Pacific Islander only	_____
Black/African American/African only	_____
Hispanic/Latino/Latina/Latinx only	_____
Native American/American Indian/Indigenous Group only	_____
White/Caucasian/European only	_____
Another race/ethnicity only	_____
Multiracial or multiethnic (<i>two or more races or ethnicities</i>)	_____
Decline to state	_____
Unknown	_____
c. Disability status: How did each foundation board member identify? (The total should equal the number listed on question one.)	
Person with a disability	_____
Person without a disability	_____
Decline to state	_____
Unknown	_____

4. How many **times per year** did the foundation's board meet? (*Please enter '0' if the foundation does not use a meeting format.*)

	Number of meetings
In person	_____
Virtually/by phone	_____

4a. On average, how many hours did each board member spend on the following activities for the most recently completed fiscal year? (*An estimate is fine.*)

	Average # of hours
Board meetings	_____
Administrative board-related activities (<i>e.g., administration services, audit services, bookkeeping, legal work, etc.</i>)	_____
Community relations activities (<i>e.g., engaging in site visits, meeting with grantees, attending conferences related to your funding areas, etc.</i>)	_____

4b. What activities does the board engage in during a typical board meeting? (Select all that apply.)

- Conducting or reviewing due diligence materials
- Discussing opportunities (for the foundation) to make an impact
- Generative conversations around the foundation's goals and strategies
- Hearing from grantees and/or community members
- Professional development for the board
- Reviewing and approving grant proposals
- Reviewing investment performance
- Other: _____

5. Does the foundation have term limits for board members?

- Yes No

5a. What is the length of one term in years? _____ years

5b. What is the maximum number of consecutive terms someone can serve as a board member? _____ terms

6. On a scale of 1 to 10, how robust is the foundation's pipeline of prospective board members?

1-No prospects	2	3	4	5	6	7	8	9	10 – More prospects than seats on the board
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6a. If the foundation has a robust pipeline of board prospects, how has the foundation developed its board pipeline? If the foundation does not have a robust pipeline, what challenges is it encountering?

To help Exponent Philanthropy explore our members' **board meetings and board recruitment strategies** more deeply, could we contact you for a follow-up interview?

- Yes No

7. Did the foundation compensate any board members for routine board service? (Routine board service includes duties such as preparing for and attending board and committee meetings, approving grants, hiring and evaluating employees, reviewing the foundation's investment performance, selecting and orienting new board members, and approving foundation policies. Please exclude fees for professional services or compensation for employee duties.)

- Yes No, not paid (If no, please skip to question 8.)

7a. What was the **average annual compensation** per board member for the most recently completed fiscal year? (*Excluding fees for professional services and compensation for employee duties.*) \$ _____

Exponent Philanthropy wants to learn how our members spend their time conducting work on behalf of their foundation. Please provide information for **the most engaged board member**.

8. Who is your **most engaged board member**?

- Board Chair or President
- Vice Chair or Vice President
- Secretary
- Treasurer
- Other (Please specify): _____

9. How many hours a week does your **most engaged board** member typically spend on foundation work? _____ hours

10. Over a year, about what percentage of time does your most engaged board member spend on the following?

Task	% Time
Administrative tasks (accounting, filing, paying bills, etc.)	____%
Building relationships with current or potential grantees	____%
Community engagement (meeting with community leaders, collaborating with other funders, convening grantees, etc.)	____%
Generative work (thinking about the foundation's broader mission, strategy, or how the foundation can create a greater impact)	____%
Managing relationships with foundation staff , other board members, or consultants (excluding investment consultants)	____%
Managing the foundation's investment portfolio and/or engaging with an investment consultant	____%
Pre-grant work (soliciting proposals, reviewing proposals, conversations with potential grantees, site visits, etc.)	____%
Post-grant work (grant agreements, reviewing reports, follow-up conversations with grantees, site visits, etc.)	____%
Professional development (attending webinars and events, researching best practices, etc.)	____%
Other	____%
TOTAL	____%

11. Which of the following does your foundation have as a **formal written policy**? (Select all that apply.)

- Board position descriptions
- Board chair position description
- Board term limits/board rotation policy
- Board composition policy
- Code of Ethics and Conduct Policy
- Conflict of interest statement
- Donor intent statement
- Discretionary Grantmaking Policy
- Emergency/Disaster Plan
- Grant guidelines statement
- Harassment and/or discrimination policy
- HR/ Personnel Policies
- Inclusiveness and Diversity Statement
- Investment policy
- Records retention policy
- Remote work/telecommuting policy
- Social media policy
- Spending policy/budget
- Strategic or long-range plan
- Vision/mission statement
- Whistleblower policy

SECTION FOUR: Grantmaking and Practices

In this section, we want to know about the foundation's grantmaking practices, priorities, and funding areas.

1. Please check if the foundation engaged in any of the following practices in the most recently completed fiscal year. *(Select all that apply.)*

Collaborated with other funders	<input type="checkbox"/>
Connected grantees with other funding opportunities (i.e., the grantee received the funding or just learned about another funding opportunity)	<input type="checkbox"/>
Convened grantees and/or nonprofits	<input type="checkbox"/>
Convened beneficiaries (i.e., those receiving services from nonprofits)	<input type="checkbox"/>
Engaged constituents in the grantmaking process (e.g., involved grantees and/or community members that benefited from the grantees' programs)	<input type="checkbox"/>
Funded community organizing or movement building	<input type="checkbox"/>
Invested in professional development or coaching for employees	<input type="checkbox"/>
Invested in professional development or coaching for the board	<input type="checkbox"/>
Provided financial support to grantees for evaluation	<input type="checkbox"/>
Provided seed funding for start-up nonprofit organizations or social entrepreneurs	<input type="checkbox"/>
Streamlined/simplified grant application requirements	<input type="checkbox"/>
Streamlined/simplified reporting requirements	<input type="checkbox"/>
Supported grantee collaboration	<input type="checkbox"/>

1a. If the foundation engaged constituents in the grantmaking process, please check the box that best describes their role *(Select all that apply)*:

- Constituents provided input or reviewed grant proposals
- Constituents provided input or advice on the foundation's grantmaking priorities
- Constituents had decision-making power for a portion of the foundation's grantmaking budget
- Constituents had decision-making power for the entirety of the foundation's grantmaking budget
- Other *(please specify)*: _____

2. Does the foundation champion the work of its grantees through advocacy strategies, public relations, or any other approach?

Yes No

2a. In the past 3 years, have foundation board or staff met with *(Select all that apply)*:

- Local elected officials (town, city, or county level)
- Local policymakers/government employees (town, city, or county level)
- State elected officials
- State policymakers/government employees
- Federal elected officials
- Federal policymakers/government employees

2b. Do you fund organizations that engage in advocacy? If yes, at what level of government does that organization engage in advocacy? (Select all that apply.)

- Local
- State
- Regional
- Federal
- Not applicable. We did not fund organizations that engage in advocacy.

2c. In the past 3 years, has a representative of the foundation participated in *Foundations on the Hill*?

- Yes No

2d. In the past 3 years, has the foundation engaged in any of the following activities (Select all that apply):

- Commissioned, funded, or conducted research on your issue area
- Conducted town hall meetings with policymakers
- Convened other funders to directly engage policymakers about shared concerns and interests
- Met directly with policymakers at all levels of government
- Met with candidates for elected offices at the county or state level
- Monitored regulatory and administrative hearings
- Participated in city council, school board and county commissioner meetings
- Participated in legislative briefings and organized meetings at legislatures and other government functions
- Provided and supported public testimony
- Sponsored candidate debates

3. Does the Foundation have a website?

- Yes No

3a. If the foundation has a website, please indicate the ways the foundation uses its website or other online tools to share information (Select all that apply):

- Host webinars about the foundation's application process
- Host webinars to highlight the work of grantees
- Make the Form 990-PF publicly available
- Provide a list of board members
- Provide a staff list
- Provide foundation contact information
- Provide instructions about the foundation's reporting requirements
- Provide instructions for applying for funding
- Publicly share the foundation's grantmaking focus areas
- Publicly share the foundation's mission/vision
- Publish a newsletter
- Share stories about the work of grantees
- Share the foundation's history, including its source of wealth and the original donor's intent

4. We want to know about the foundation's grantmaking strategies for the **most recently completed fiscal year** in the tables below.

	Percent of the total grantmaking budget allocated	Number of grants awarded	Average number of years
a. Capacity-building grants (funded core organizational skills and capabilities, such as leadership, fundraising, and management.)			
Single year	_____%	_____	
Multiyear (i.e., provided for more than one year)	_____%	_____	_____
b. General operating support grants (also known as unrestricted grants, core operating grants, or general-purpose grants)			
Single year	_____%	_____	
Multiyear (i.e., provided for more than one year)	_____%	_____	_____
c. Project specific grants (restricted grants to support a specific project, or program):			
Single year	_____%	_____	
Multiyear (i.e., provided for more than one year)	_____%	_____	_____

5. Did the foundation's grants specifically focus on any of the following populations in the most recently completed fiscal year? (Select all that apply.)

Populations
<input type="checkbox"/> Aging/senior
<input type="checkbox"/> Children and youth
<input type="checkbox"/> Economically disadvantaged
<input type="checkbox"/> Ethnic/racial minorities
<input type="checkbox"/> Immigrants, migrants, and refugees
<input type="checkbox"/> Incarcerated people
<input type="checkbox"/> Indigenous people in the U.S.
<input type="checkbox"/> Indigenous people outside the U.S.
<input type="checkbox"/> LGBTQ
<input type="checkbox"/> Military personnel and veterans
<input type="checkbox"/> Men and boys
<input type="checkbox"/> People with disabilities
<input type="checkbox"/> People with HIV/AIDS
<input type="checkbox"/> Religious groups
<input type="checkbox"/> Substance abusers
<input type="checkbox"/> Women and girls
<input type="checkbox"/> NONE OF THE ABOVE

6. Did the foundation make grants focused on a specific geographic area in the most recently completed fiscal year? For example, a grantee based in the foundation's local area could do work that is focused locally, nationally, or internationally. (Select all that apply.)

Geographic focus area	
Local (approx. 50-mile radius depending on state)	<input type="checkbox"/>

Geographic focus area

- | | |
|---------------|--------------------------|
| State | <input type="checkbox"/> |
| Multistate | <input type="checkbox"/> |
| National | <input type="checkbox"/> |
| International | <input type="checkbox"/> |

6a. How did the foundation make international grants in the most recently completed fiscal year? *(Select all that apply):*

- We used a U.S. based intermediary.
- We conducted equivalency determination.
- We conducted expenditure responsibility.
- Not applicable – we did not make international grants
- Other (please specify): _____

6b. About what percentage of the total grantmaking budget was allocated to local grants in the most recently completed fiscal year? _____%

6c. How would you describe the community where the foundation allocated the majority of its grant funding?

- Rural
- Suburban
- Urban

To help Exponent Philanthropy explore our members' **grantmaking practices** more deeply, could we contact you for a follow-up interview?

- Yes No

7. Did the foundation implement any of the following disability inclusion strategies? *(Select all that apply.)*

- Surveyed grantees to learn what disability inclusive work they were already engaged in.
- Invited disability activists who focused on the foundation's issue areas to share their work, challenges, and opportunities with leadership and program staff.
- Conducted a disability audit of the foundation's recruitment, hiring, and retention policies, including making reasonable accommodation modifications or adjustments.
- Created a resource list for staff on operational inclusion and disability awareness that included statistics about disabled people as they related to the foundation's grantmaking practices.
- Conducted disability awareness staff training using off-the-shelf resources or an experienced consultant.
- Connected with and learned from academia that focused on disability rights and justice.
- Conducted a disability inclusion mapping analysis for one or more of the foundation's issue areas to find ways to support grantees addressing disability inequality.

Racial equity is a growing area of focus in the broader philanthropic community. We want to understand how lean funders fit into this movement. We recognize that the relevancy of racial equity to your foundation's mission may be in flux, change over time, and/or limited by the environment in which it operates.

8. On a scale of 1 to 10, with 1 being "Not relevant" and 10 being "Central" to the foundation's purpose for existence, please rate how relevant racial equity was to your foundation's mission. The Annie E. Casey Foundation defines racial equity as, "The systematic fair treatment of people of all races that results in equitable opportunities and outcomes for everyone."

1-Not relevant	2	3	4	5	6	7	8	9	10 – Central
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Did your foundation have any of the following policies/practices in place during the most recently completed fiscal year? (Check the most appropriate box for each item. If the foundation does not have employees, check "No" for statements referencing them.)

	Yes	Emerging	No	Unsure
Vision and/or mission statements expressed a commitment to racial equity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board completed training and/or self-assessments on racial equity related topics (e.g., cultural competency, implicit bias)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employees completed training and/or self-assessments on racial equity related topics (e.g., cultural competency, implicit bias)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had an organizational policy/practice/rule for board diversity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had an organizational policy/practice/rule for employee diversity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had an institutional commitment to addressing/eliminating inequities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board had organizational policies dedicated to creating a more equitable environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided intentional support to the board to address racial and ethnic inequities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided intentional support to staff to address racial and ethnic inequities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implemented the same racial equity practices and policies that we require of partners and/or grantees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Did your foundation engage in any of the following strategies during the most recently completed fiscal year? (Check the most appropriate box for each item.)

	Yes	Emerging	No	Unsure
Accepted proposals written for other foundations/funders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Majority of grants went to organizations run by people of color	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The foundation purchased most of its products from businesses owned by women, people of color, or women of color	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The foundation moved part of its endowment to a community development financial institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board and staff had a strong understanding of the social, environmental, and structural determinants of racial and ethnic inequities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board and staff had authentic relationships with members of the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The foundation's data and planning practices were accessible to community stakeholders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community stakeholders drove the foundation's data and planning practices (e.g., incorporated community narratives and experience)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The foundation disaggregated its own data by demographic characteristics (e.g., gender, race, and ethnicity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The foundation shared its own data by demographic characteristics (e.g., gender, race, and ethnicity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The foundation collected demographic data from applicants and/or grantees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To help Exponent Philanthropy better understand our members' **racial equity practices**, could we contact you for a follow-up interview?

Yes No

SECTION FIVE: Investments and Consultants

In this section, we want to know about the foundation's investments and use of consultants.

1. On a scale of 1 to 10, with 1 being "Very conservative" and 10 being "Very aggressive," rate your foundation's investment strategy.

1 - Very conservative	2	3	4	5	6	7	8	9	10 - Very aggressive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. What was the foundation's **net annualized return**? (In other words, what was the total investment percentage gained or lost over the past year, minus fees. Gifts to the endowment are not investment income.)

- 2023** calendar year: ____% *OR*
- Foundation's last fiscal year (if not a calendar year): ____%

3. What best described the foundation's investment management model?

Board does it all model: The board developed the foundation's investment policy, bought and sold assets, and monitored the foundation's portfolio.

Board and small staff do it all model: The board and a small internal staff (sometimes involving an internal chief investment officer (CIO)) developed the foundation's investment policy, bought and sold assets and monitored the foundation's portfolio.

Investment manager model: The board (and key staff) hired investment managers to buy and sell assets in accordance with the foundation's investment policy. The board (and key staff) directly oversaw those managers.

Investment consultant model: The board hired an investment consultant to evaluate and hire managers to buy and sell assets in accordance with the foundation's investment policy, and to oversee the managers in the foundation's portfolio. Consultants may have also helped the board develop the investment policy.

Outsourced CIO model: The board (with help from key staff) hired a firm that offered a full range of investment services on a nondiscretionary or discretionary basis.

Other

- 3a. Does the foundation use a DEI lens when hiring investment advisors, investment managers, or investment consultants?

Yes

No

Unsure

- 3b. If yes, what are the DEI considerations you utilized?

4. What was the foundation's investment portfolio composition at the end of its most recently completed fiscal year? (i.e., percentage of portfolio in each category.)

Total domestic equity investments	_____%
Total fixed income investments	_____%
Total international equity investments	_____%
Total alternative strategies	_____%
Cash and money market investments	_____%
Other	_____%
TOTAL	_____%

Please make sure the total equals 100%.

5. Did the foundation engage in mission investing? (Mission investing, also called impact investing, means investing in companies or projects that align with the foundation's mission to generate direct social returns in support of the mission, in addition to market-rate financial returns. This includes program-related investments.)

- Yes
- No, but we plan to in the next few years (please skip to question 7)
- No, and we do not plan to engage in mission investing (please skip to question 7)
- No, and we are not sure whether we will engage in mission investing in the future (Please skip to question 7)

5a. When did the foundation begin engaging in mission investing?

- In the last 3 years
- More than 3 years ago
- Unsure

5b. What **inclusionary mission investing approaches** did the foundation engage in? (Please check all that apply.)

- Environmental screens on stocks, bonds, and/or mutual funds
- Social screens on stocks, bonds, and/or mutual funds
- Governance screens on stocks, bonds, and/or mutual funds
- Deposits at Community Development Finance Institutions (CDFIs)
- Direct investments in private companies or funds
- Program Related Investments (PRIs)
- Shareholder proxy voting to influence corporate policies
- Thematic investments (please specify): _____
- Other (please specify): _____

5c. What **exclusionary mission investing approaches** did the foundation engage in? (Select all that apply.)

- Sin companies (i.e., tobacco, firearms, gambling, etc.)
- Fossil fuels
- Companies lacking racial and/or gender diversity among management and/or board
- Other (please specify): _____

6. What were the **biggest challenges** to engaging in mission investing? (Select all that apply.)

- Lack of understanding of financial transactions
- Lack of investment opportunities
- Lack of internal capacity to dedicate to mission investing
- Lack of support from investment consultant/advisor
- Lack of support from investment committee
- Legal/regulatory barriers
- Risk aversion
- Lack of alignment with foundation's mission and values
- The foundation did not believe it would earn the same level of returns from mission investing
- Other (please specify): _____

7. Did the foundation **pay an individual consultant or a consulting firm** for any of the following operational services in the most recently completed fiscal year? (Select all that apply.)

- Audit services
- Benefits administration
- Bookkeeping
- Coaching (i.e., for a foundation employee, the board)
- Communications/public relations/annual report
- Foundation administration/grants administration
- Grantee evaluation
- Grantmaking research
- Human resources
- Investment consultant
- Legal work
- Meeting planning and facilitation (e.g., board retreat, committee meeting)
- Next generation engagement
- Organizational strategic planning
- Program planning
- Succession planning
- Tax form preparation
- Website design or maintenance
- Other (please specify): _____
- Fully outsourced foundation management/operations
What is the estimated cost for the foundation to fully outsource operations? \$ _____
- NONE OF THE ABOVE

7a. Does the foundation use a DEI lens when hiring the consultants mentioned in question 7?

Yes

No

Unsure

7b. If yes, what are the DEI considerations you utilized?

8. What was the **total dollar amount the foundation paid to consultants** for operational services in the most recently completed fiscal year? *(This should include all the consultants checked in question 7.)*

\$ _____

SECTION SIX: 990-PF

Complete this section if your foundation has a Form 990-PF. Typically, only family, independent, corporate, and operating foundations have a 990-PF.

Please refer to the foundation's most recent IRS Form 990-PF to answer the questions in this section. If you do not have access to the 2023 Form 990-PF, use your most recent 990-PF (note, the instructions below each question are for the 2023 990-PF).

1. Which year does the foundation's most recent IRS Form 990-PF cover? *(This is the year printed in the upper-right corner of the Form 990-PF. This is the form you will be using to answer questions in this section.)*

2023 2022 Other (please specify): _____

2a. Fair market value of all assets at end of the year
(Page 1, Box I)

\$, ,

2b. Compensation of officers, directors, and trustees
(Page 1, Part I, Line 13, Column a)

\$, ,

2c. Legal expenses
(Page 1, Part I, Line 16a)

\$, ,

2d. Accounting expenses
(Page 1, Part I, Line 16b)

\$, ,

2e. Total operating and administrative expenses
(Page 1, Part I, Line 24, Column a)

\$, ,

2f. Investment-related operating and administrative expenses
(Page 1, Part I, Line 24, Column b)

\$, ,

2g. Disbursement for charitable purposes
(Page 1, Part I, Line 24, Column d)

\$, ,

2h. Total dollar amount of grants paid.
(Page 1, Part I, Line 25, Column d)

\$, ,

2i. Net value of noncharitable-use assets
(Page 8, Part IX, Line 5)

\$, ,

2j. Qualifying distributions
(Page 8, Part XI, Line 4)

\$, ,

SECTION SEVEN: Comments and Contact Information

OPTIONAL: Please share any additional comments or questions about the survey and/or your responses.

If you are willing to do a follow-up interview with Exponent Philanthropy, please provide your contact information.

Name: _____ Phone: _____

Title: _____

E-mail Address: _____

Thank you very much for completing this survey. We plan to share the survey's report with all members in early 2025. Again, **we will not attribute any responses to you or your foundation in the survey's report.**