

**COMPARATIVE STUDY
OF
MEDICAL SPECIALTY FOUNDATIONS**

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Prepared For:

American Association of Orthodontists Foundation

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EXECUTIVE SUMMARY

Medical Specialty Foundations

- The sizes of medical specialty foundation's boards range from five to thirty-two.
- The majority of the mission statements of medical specialty foundations are focused on education and research.
- All the medical specialty associations and foundations have a website.
- The number of members of the associations ranges between 462-110,000.
- The percent of members eligible for membership range between 25%-100%. Several are not given or not known by the participant.
- Four out of five (80%) of the medical specialty foundations have been or currently are engaged in an endowment campaign.
- Target markets for the campaigns are primarily the association's members and professionals in the industry. Corporations are also targeted in some cases.
- The highest amount raised to date through an endowment campaign is \$53 million by the Orthopaedic Research and Education Foundation. Orthopaedic Surgeons, corporations, and individuals have donated this amount during the campaign.
- The highest amount of money funded for research by a medical specialty foundation is about \$15 million. The American Digestive Health Foundation, which is the foundation of the American Gastroenterological Association, has 15,000 members. This averages to \$1,000 per member.
- More than four out of five (83%) of the foundations receive support from their associations.
- The number of employees at the medical specialty foundations ranges from 0-72 people. Those who do not have any formal employees rely completely on volunteers.
- Financial support for operational expenses comes from contributions, the associations, and fundraising activities.
- Half (50%) of the foundations have a planned giving effort established or are in the development stage.
- Donors are recognized in publications, programs, on the Internet, and through gift giving.

- Almost nine out of ten (87%) of the medical specialty foundations have or are in the development stage of establishing an investment policy.
- Four in five (80%) of the medical specialty foundations present awards.

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I. INTRODUCTION

Background

The American Association of Orthodontists Foundation (AAOF) is a charitable arm of the American Association of Orthodontists (AAO), established in 1961, to support orthodontic research and promote excellence in education and practice.

In 1990, *A CASE FOR THE FUTURE* was initiated to increase the endowment fund and broaden the support provided by the AAOF. The campaign is underway and the AAOF Endowment Fund is established.

Purpose

The main objective of this study is to learn how other medical specialty foundations are performing.

Methodology

Since this study is a continuation of a study begun by AAOF Executive Vice President, Robert Hazel there is a combination of methodologies; however, the end results are the same. Surveys were mailed out initially by the AAOF to dental specialty associations and medical specialty foundations. Five dental and thirteen medical specialty foundations responded to the mail survey. The Research & Planning Group completed the follow-up and continued the study. In-depth telephone interviews with seventeen key contacts at medical specialty foundations were conducted during December 2000 and January 2001.

II. SUMMARY OF RESULTS

ASSOCIATIONS AND FOUNDATIONS PARTICIPATING IN STUDY

Medical Specialty Associations & Foundations

ASSOCIATION	FOUNDATION
American Academy of Allergy, Asthma & Immunology (AAAAI)	The Education & Research Trust of the American Academy of Allergy, Asthma & Immunology (ERT of AAAAI)
American Academy of Cosmetic Surgery (AACS)	The Cosmetic Surgery Foundation for Education, Research & Patient Safety, Inc. (CSF)
American Academy of Family Physicians (AAFP)	American Academy of Family Physicians Foundation
American Academy of Ophthalmology	Charitable Educational & Scientific Sub-Fund of the American Academy of Ophthalmology
American Academy of Orthopaedic Surgeons	Orthopaedic Research & Education Foundation
American Academy of Otolaryngology – Head & Neck Surgery	American Academy of Otolaryngology – Head & Neck Surgery Foundation
American College of Chest Physicians	The CHEST Foundation
American College of Emergency Physicians (ACEP)	Emergency Medicine Foundation (EMF)
American College of Medical Genetics (ACMG)	American College of Medical Genetics Foundation
American College of Occupational & Environmental Medicine (ACOEM)	Samuel Bacon Foundation
American College of Physicians – American Society of Internal Medicine (ACP-ASIM)	American College of Physicians – American Society of Internal Medicine Foundation
American College of Rheumatology (ACR)	American College of Rheumatology Research & Education Foundation (ACR/REF)
American Gastroenterological Association	American Digestive Health Foundation (ADHF)
American Geriatrics Society (AGS)	American Geriatrics Foundation & AGS for Health and Aging (AGS for FHA)
American Psychiatric Association (APA)	American Psychiatric Foundation (APF)
American Roentgen Ray Society (ARRS)	American Roentgen Ray Society Foundation
American Society for Aesthetic Plastic Surgery (ASAPS)	Aesthetic Surgery Education & Research Foundation (ASERF)
American Society for Surgery of the Hand (ASSH)	American Foundation for Surgery of the Hand (AFSH)
American Society of Anesthesiologists	Foundation for Anesthesia Education & Research
American Society of Ophthalmic Plastic & Reconstructive Surgery (ASOPRS)	American Society of Ophthalmic Plastic & Reconstructive Surgery Foundation
American Society of Plastic Surgery	Plastic Surgery Educational Foundation
American Urological Association (AUA)	American Foundation for Urologic Disease (AFUD)
College of American Pathologists (CAP)	College of American Pathologists Foundation (CAPF)
Contact Lens Association of Ophthalmology (CLAO)	CLAO Education & Research Foundation
The Endocrine Society	The Hormone Foundation
International Society for Cardiovascular Surgery, N. American Chapter & the Society for Vascular Surgery	The Lifeline Foundation
Society of Cardiovascular & Interventional Radiology	Cardiovascular & Interventional Radiology, Research & Education Foundation
Society of Nuclear Medicine (SNM)	Society of Nuclear Medicine Education & Research Foundation (SNMERF)
Society of Thoracic Surgeons, American Assn. of Thoracic Surgery, Western Thoracic Surgical Assn., & Southern Thoracic Surgical Assn. (STS)	Thoracic Surgery Foundation for Research & Education
U.S. and Canadian Academy of Pathology (USCAP)	Continuing Medical Education of Pathologists

Dental Specialty Associations And Foundations

ASSOCIATION	FOUNDATION
American Academy of Endodontists	American Academy of Endodontists Foundation
American Academy of Oral and Maxillofacial Pathology	American Academy of Oral and Maxillofacial Pathology Foundation
American Academy of Oral and Maxillofacial Surgery	Oral and Maxillofacial Surgery Foundation
American Academy of Pediatric Dentistry	American Academy of Pediatric Dentistry Foundation
American Academy of Periodontology	American Academy of Periodontology Foundation

TAX CLASSIFICATIONS

The tax classification of the associations, both Medical Specialty and Dental Specialty, listed above is 501(c)6, with the following exceptions: AAAAI, American College of Chest Physicians, ASOPRS, American Gastroenterological Association, AGS, ARRS, and STS Association. These associations have the tax classification of 501(c)3.

The tax classification of all the foundations listed above is 501(c)3. In addition, The CHEST Foundation is under section 509(a)3, which designates it as a supporting foundation.

NUMBER ON THE BOARD AND ROTATION POLICY

Dental Specialty Foundations

The sizes of the boards range from nine members to seventeen members. The dental specialty boards are composed of members of the association and non-members, with *ex officio* members serving on the board as well.

Terms range from three to five years for foundation board members, who are also association members. Lay director terms are for one year.

Medical Specialty Foundations

The sizes of the boards range from five members to thirty-two members. Some board members are elected, while others are appointed. The following is a breakdown of the individual foundations.

ERT of AAAAI

The ERT Board of Trustees is composed of 7 members that are elected from the 7 Regional, State, and Local Allergy Society regions who serve 4-year terms.

The Training Program Directors Committee appoints one trustee for a 2-year term, and the AAAAI Board of Directors appoints one non-voting trustee for a 2-year term. The associates of the AAAAI, spouses and friends, appoints a non-voting trustee for a 4-year term. The Chair and Chair-elect, selected by the trustees, serves for one year. The non-voting Chair serves for two years and the Past Chair serves a 1-year term. The rotation is staggered so 2-3 trustees rotate annually.

CSF

The Board of Directors is composed of 5 individuals, elected by the trustees of the American Academy of Cosmetic Surgery (AACS). The treasurer is automatically appointed, and the number of Directors may not exceed 7 members.

The Directors hold office for two years and cannot serve for more than three consecutive terms. The Directors are divided into two classes, originally elected at the AACS annual meeting. One class is elected for a 1-year term and one class for a 2-year term in order to mix the turnover rate over the years.

AAFP

The American Academy of Family Physicians (AAFP) Foundation Board is composed of 17 individuals. Four represent the Network Affiliated Chapter Foundations, four the industry, four are at-large members, two represent the AAFP Board of Directors, one is the staff Executive Vice President (EVP) of AAFP, and finally the President and Vice President are elected by the AAFP Board of Directors.

The terms of corporate, chapter, and at-large trustees is one 4-year term, unless the individual is filling an unexpired term. They may be re-elected for an additional 4-year term. The EVP of AAFP is a permanent position. AAFP Directors serve 1-year terms and may be re-elected. The President and Vice President do not have term limitations, and are also 1-year terms. Typically, the President and Vice President are re-elected for a maximum of two years. Therefore, if the Vice President is elected President, that person serves on the Board of Directors for 4 years.

Charitable Educational & Scientific Sub-Fund of the American Academy of Ophthalmology

The foundation's board is composed of 16 individuals and is a combination of association members and non-members. The Board of Directors votes on the nominations.

The board appoints 1-year terms for various positions as needed. Those elected may serve two 3-year terms, and the typical maximum years of serving on the Board is six years.

Orthopaedic Research & Education Foundation

There are 20 people who serve on the foundation's board. Board members come from recommendations of current American Ophthalmic Society board members. There are two positions for corporate "big" donor representatives.

The terms are for three years and may be renewed for an additional three years. If the position is an officer, they may renew for another two years, which amounts to a total of eight years on the board.

American Academy of Otolaryngology – Head & Neck Surgery Foundation

There are 19 people who serve on the foundation's Board of Directors. The board consists of 6 at-large members, 6 officers, and 7 specialized coordinators. The officers are voted on by the general membership of the association, and the coordinators are interviewed and decided upon by the Board of Directors.

Board members serve as officers for 2-year terms. The coordinators serve on the board for three years and may serve two times. The President's term is for one year, but first serves as President-elect for one year, and holds the position of Past-President for one year. The Vice President serves a 2-year term, while the Secretary-Treasurer and At-large members both serve 3-year terms.

The CHEST Foundation

The CHEST Foundation currently has 13 of the eligible 11-16 Trustees. The ACCP's Executive Committee and the Foundation's ad-hoc Nominations Committee select them. Two trustees can be non-members of the ACCP.

Trustees may serve as many as 4 years, with an initial term of 2 years that can be renewed for a second 2-year term.

EMF

The EMF's foundation board consists of 18 members. It is made up of an Executive Committee, American College of Emergency Physicians (ACEP) appointees, representatives from the industry, and an ex-officio member. The Executive Committee consists of a Chair, Chair-elect, Executive Director, Secretary-Treasurer, and a Member-at-Large.

The terms range from 1-year to 3-year terms. A second 3-year term is allowed. Information regarding the selection process is not available.

ACMG Foundation

The foundation's board is composed of 5 people. They are selected through the American College of Medical Genetics Board of Directors. All association members eventually are required to serve on the foundation's board.

The directors hold office for 5-year terms, and the officers serve 3-year terms, beginning in January and ending in December.

ACOEM - Samuel Bacon Foundation

There are 7 people who serve on the foundation's board. The board consists of a President, President-elect, 1st Vice President, 2nd Vice President, Secretary, Treasurer, and the Speaker of the House. The Board of Directors "roll-up" a step each year to keep the rotation going.

ACP-ASIM

The ACP-ASIM Foundation Board is composed of as many as 15 individuals. Two-thirds come from college membership and one-third from external corporations and organizations. The ACP-ASIM Board of Regents appoints the Board.

Trustees serve a maximum of two 3-year terms. The Secretary and the Treasurer each serve 1-year renewal terms. The Chair serves as follows: Chair-elect for one year, Chair for a 2-year term, and Immediate Past Chair for a 1-year term.

ACR/REF

The American College of Rheumatology's (ACR) Treasurer and Vice President serve ex-officio, and there are three Committee Chairs ex-officio. The rest of the Board consists of 9 At-large members, and 1 representative of our industry roundtable.

The At-large Directors serve 3-year terms. All other terms are consistent with their other position.

ADHF

The foundation's board is composed of 18 people. It is a combination of experts and those having no societal affiliation, but have expertise in the field.

Officers serve 3-year terms. The Partner Society is allowed to appoint three people to the board for 1-3 year periods.

AGS for FHA

The foundation's board consists of 6 people. According to the by-laws, they must be members of the American Geriatrics Society. The selection process was not given.

All serve 3-year terms, with the possibility of serving an additional three years.

APF

The APF Board is made up of 15 people. There are three officers, the President, Treasurer, and Secretary. The Medical Director of the American Psychiatric Association (APA) is ex-officio.

The APA Board of Directors selects all the foundation's board. Psychiatrists and psychologists represent the board equally, split 50/50. All serve 3-year terms and cannot exceed three terms.

ARRS Foundation

There are 15 people serving on the foundation's board. They come up through committee work. There are 10 Chairmen and 5 elected officers.

The Chairs serve 5-year terms and the officers serve 1-year terms of the office.

ASERF

The ASERF Board is composed of as many as 12 people. Of the total, 3 are representatives of the American Society for Aesthetic Plastic Surgery (ASAPS), the ASAPS President, President-elect, and Vice President. Up to 4 lay positions are elected by the ASERF Board for 4-year terms.

All terms on the ASERF Board are 4-year terms.

AFSH

The Board of Trustees is comprised of not less than 8, but not more than 13 members, the exact number to be fixed by resolution of the Council of the American Society for Surgery of the Hand (ASSH). One trustee is the Immediate Past-President of ASSH, one the President of ASSH, and one the Treasurer of ASSH. Each serves on the Board for as long as they hold their respective positions with ASSH. Additionally, the Council of ASSH elects 2 trustees each year for 2-year terms, all of whom being members of ASSH and one being a member of the Council. The Council of ASSH may also elect up to 3 trustees each year for 2-year terms, all of whom may, but need not, be members of the ASSH.

No elected trustee serves for more than 3 consecutive terms, with the exception of officers, who may serve until the expiration of their terms in office.

Foundation for Anesthesia Education & Research

There are 12 people who serve on the foundation's board. They are selected by conversations between the President of the Foundation and the President of the society, the American Society of Anesthesiologists.

They may serve three consecutive 3-year terms. Officers of the Board may serve an additional 3 years beyond the three consecutive 3-year terms. There is a maximum of twelve years for serving on the Board in the same position.

ASOPRS Foundation

The foundation's board consists of 5 people. The foundation is in its infancy and a Past-President of the American Society of Ophthalmic Plastic & Reconstructive Surgery decided to spearhead it.

The board is composed of Past-Presidents of the society and doctors that have been very prominent in the society. They will initiate new by-laws, and if they are prominent people who will promote the society, like Bill Cosby, they would be eligible to serve on the Board. Terms of office are two 3-year terms.

Plastic Surgery Educational Foundation

Twenty people serve on the foundation's board. There is a nominating committee and a voting process at the annual meeting. Then, each year the incoming President of the Foundation selects the board members.

The officers serve 1-year terms. The President serves one-year and the Vice President, Secretary, and Treasurer cannot serve more than three years.

AFUD

The foundation's board is made up of 25 people. They are top Urologists in the country and those who are affected in some way by prostate cancer.

All are 4-year terms, and usually rotate off after the four years are up.

CAPF

There are 10 Board of Directors. One is ex-officio, the Executive Vice President of the College of American Pathologists (CAP), and the remaining 9 are recommended by CAP and ultimately approved by the CAPF Board. All are CAP members and pathologists, with the exception of the ex-officio position.

Board members serve 3-year terms, which are staggered so no more than two or three board members rotate off at any one time. The maximum number of years someone can serve on the board is nine years (three terms).

CLAO Education & Research

The foundation's board is currently made up of 5 people. The Founding Board of Trustees nominates people to serve on the board. The maximum that can serve on the Board is 9 people. They are elected by the Directors of the Contact Lens Association of Ophthalmology.

Each trustee may serve a 3-year term and can have two consecutive terms in office.

The Hormone Foundation

There are 9 people who serve on the foundation's board. They are selected through a nominating committee.

The foundation, founded in 1997, is still deciding on the rotation policy of the foundation's board. They are in the development stage and are regarding the length of duty and logistics of the board.

The Lifeline Foundation

There is a total of 15 people who serve on the foundation's board. Six from each of the sponsoring societies: International Society for Cardiovascular Surgery, North American Chapter; and the Society for Vascular Surgery. Additionally there are two ex-officio members who are the secretaries of each of the sponsoring societies, and up to 4 representatives from the industry. The sponsoring societies determine their representatives, secretaries, and the Board elects the industry representatives.

Terms of the offices are 3-year terms, with up to two consecutive terms, for a maximum of 6 years of serving on the board.

Cardiovascular & Interventional Radiology, Research & Education Foundation

The foundation's board consists of 10 people. A new process was just initiated. The Society of Cardiovascular & Interventional Radiology has overall approval of appointments to the Board. The Board members who are on both the Society's Board and the foundation's Board will make the appointments.

The terms are for 3 years. As of March 2001, officers will have 2-year terms that are renewable. The Board members are for 3-year terms and are also renewable.

SNMERF

There are 32 people who serve on the foundation's board. They serve on the board for 4-year terms. They are nominated by the Board of Directors and voted on and elected by the membership. All are 4-year terms and there is no maximum length that they can serve.

STS Foundation for Research & Education

Currently there are 16 people serving on the foundation's board, with a maximum of 17 serving. There is a Council that is appointed through the Board. They go to the councils of the associations and ask for recommendations. The societies being: Society of Thoracic Surgery, American Association of Thoracic Surgery, Western Thoracic Surgical Association, and the Southern Thoracic Surgical Association. It is recommended that 3 people be nominated from each society and all are voted on.

There are 3-year terms, which may be served for two consecutive terms. Officer's positions are for 1-year and they are appointed. Officers can serve for more than one term.

USCAP

There is a 14 member Council that oversees the foundation. The Executive Committee of the Council consists of the President, President-Elect, Vice-President, Secretary, Treasurer, and the most immediate Past President.

A slate of names of candidates for positions of Councillors are formulated by the Nominating Committee, and approved by the Executive Committee. Election is determined by majority vote of ballots that are returned before the Annual Meeting and is announced at the Business Meeting.

They serve 3-year terms in such a way that three Councillor's terms expires each year. The President-Elect and the Vice-President are elected at the annual meeting of the members.

FOUNDATION'S MISSIONS

Dental Specialty Foundations

The Pediatric Dentists and the Periodontists have broader patient care missions than the Endodontists, Oral Surgeons, and the Orthodontists. The former are concerned with aspects of the nation's oral health, while the latter are concerned with research and education within their dental specialties.

Medical Specialty Foundations

Nine out of ten (90%) of the medical specialty foundations missions are concerned with the education and research within their specialty fields. The education is continuing education for professionals in the field as well as educating students in the particular field. In addition to education and research, some are the fundraising and investment arms of the associations.

The Charitable Educational and Scientific Sub-Fund of the American Academy of Ophthalmology, American Geriatrics Foundation and AGS for Health and Aging, and The Hormone Foundation missions are more public oriented. They focus on public education and improving the quality of life of those effected by visual impairment, older adult needs, and diseases that hormones play a role, respectively.

Dental Specialty Foundations

All of the dental specialty foundations that responded have websites that are linked through the association's websites.

Dental Specialty Foundations

Dental Specialty	Website Address
Endodontists	www.aae.org
Pediatric Dentists	www.aapd.org
Periodontists	www.perio.org
Oral Surgeons	www.aaoms.org
Orthodontists	www.aaortho.org

Medical Specialty Foundations

All of the medical specialty foundations in this study have websites. Three out of ten of the foundations in this study (30%) have their own website, separate from the association's, and 7% are in the process of developing an independent website, i.e. not going through the association's website to reach the foundation's website.

More than three out of five (63%) of the foundation's websites are linked through the association's websites.

Medical Specialty Foundations

Foundation	Website Address
ERT of AAAAI	www.aaaai.org
CSF	www.cosmeticsurgery.org
AAFP Foundation	www.aafp.org (moving to own site soon)
Charitable Educational & Scientific Sub-Fund of the American Academy of Ophthalmology	www.evenet.org
Orthopaedic Research & Education Foundation	www.oref.org
American Academy of Otolaryngology – Head & Neck Surgery Foundation	www.entnet.org
The CHEST Foundation	www.chestnet.org
EMF	www.acep.org
ACMG Foundation	www.faseb.org
Samuel Bacon Foundation	www.acoem.org
ACP-ASIM Foundation	www.acponline.org developing www.foundation.acponline.org
ACR/REF	www.rheumatology.org
ADHF	www.adhs.org
AGS for FHA	www.healthinaging.org
APF	www.psych.org
ARRS Foundation	www.aars.org
ASERF	www.surgery.org
AFSH	www.hand-surg.org
Foundation for Anesthesia Education & Research	www.f aer.org
ASOPRS	www.asoprs.org
American Society of Plastic Surgery	www.plasticsurgery.org
AFUD	www.afud.org
CAPF	www.cap.org
CLAO Education & Research Foundation	www.CLAO.org
The Hormone Foundation	www.hormone.org
Lifeline Foundation	www.vascsurg.org
Society of Cardiovascular & Interventional Radiology	www.scvir.org
SNMERF	www.snmerf.org
STS Foundation for Research & Education	www.tsfre.org
Continuing Medical Education of Pathologists	www.uscap.org

NUMBER OF MEMBERS IN ASSOCIATIONS

Dental Specialty Foundations

Dental Specialty	Number of Members
Endodontists	4,955
Pediatric Dentists	4,315
Periodontists	7,000 (approximately)
Oral Surgeons	6,568
Orthodontists	10,643

According to the information provided, approximately 80% of the members are Active Members, engaging in full-time practice and graduated from their respective programs in a couple of years. The market penetrations, when provided, range from approximately 83% (Oral Surgeons) to 95-98% for the remaining specialty groups.

Medical Specialty Foundations

Medical Specialty	# of Members	% Eligible are Members
AAAAI	6,025 Internationally	94% Unknown outside the U.S.
AACR	1,500	Not Given
AAFP	89,033	Not Given
American Academy of Ophthalmology	27,000 worldwide	95% of those eligible in U.S.
American Academy of Orthopaedic Surgeons	2,000	90%
American Academy of Otolaryngology – Head & Neck Surgery	12,000 worldwide	98% of those eligible in the U.S. Unknown outside the U.S.
American College of Chest Physicians	15,064	Not Given
ACEP	21,000	Not Given
ACMG	1,200	70%
ACOEM	6,000	Unknown
ACP-ASIM	110,000 (Internat'l)	55% Unknown outside the U.S.
ACR	7,222	90% +
American Gastroenterological Association	15,000	90%
AGS	6400	100%
APA	40,000 (Internat'l)	Approx. 85% eligible in U.S.
ARRS	14,500	50%
ASAPS	1,450	25% (approximately)
ASSH	1,683	Unknown
American Society of Anesthesiologists	35,000	75% (approximately)
ASOPRS	462	Unknown
American Society of Plastic Surgery	5,000	100%
AUA	5,000	N/A this is patient based, any patient is eligible
CAP	15,000	Not Given
CLAO	1,200	100%
The Endocrine Society	10,000 +	Not Given
International Society for Cardiovascular Surgery, N. American Chapter & the Society for Vascular Surgery	2,315	Not Given
Society of Cardiovascular & Interventional Radiology	3,700	Not Given
SNM	12,000	60% (approximately)
STS	Approx. 4,400	Not Given
USCAP	7,600	Not Given

Association membership numbers range from 462 to as many as 110,000 internationally. The respondents giving the percentage of members that are eligible for membership ranges from 25% to 100%.

CAMPAIGNS

Dental Specialty Foundations

Endowment Campaign

Pediatric Dentists are just beginning their endowment campaign. The Endodontists have over \$9 million pledged, \$6.7 million coming from their membership of 4,955, averaging \$1,340 per member.

The Periodontists report having \$5.1 million in pledges, with approximately \$3 million coming from their membership of 7,000, which averages \$429 per member.

Although the Oral Surgeons did not respond to this question, previously they reported a total of approximately \$8 million in pledges with as much as \$7 million pledged by their 6,568 members. This averages to \$1,066 per member.

The Orthodontists have a total of \$10.5 million in pledges, of which about \$8.6 million has been pledged by its 10,643 members, thus averaging \$808 per member.

Annual Campaign

The Endodontists are funded by their association for operational, fundraising and administrative expenses. The Pediatric Dentists hold two membership campaigns annually, and the funds are dispersed to the endowment. The operational and administrative expenses are borne by their association.

The Periodontists hold an annual campaign, which supports the operational expenses. The Oral Surgeons indicated they launched their first annual campaign in 1999 and offered foundation memberships. This revenue would go towards the operational expenses for several years.

The Orthodontists do not hold an annual campaign, nor do they offer foundation memberships. Operational expenses come from the proceeds of special events and endowment earnings.

Medical Specialty Foundations

Endowment Campaign

More than four out of ten (43%) of the medical specialty foundations do not engage in an endowment campaign, nor have they engaged in a campaign in the past ten years.

One out of five (20%) are currently engaged in an endowment campaign. Those that are engaged in a campaign include: The AAAI, Plastic Surgery Educational Foundation, ACR/REF, CLAO Education and Research, Orthopaedic Research and Education Foundation, and The CHEST Foundation. Of these only one, the AAAI, conducted a feasibility study prior to the campaign.

One in six (17%) are not currently engaged in an endowment campaign, but have conducted a campaign within the last ten years. Of these, two of the respondents state a feasibility study was not conducted prior to the endowment campaign. The remaining three foundations do not know if a feasibility study was conducted.

One out of fifteen (7%) is in the process of developing an endowment campaign. Both, the ACP-ASIM Foundation and CAPF conducted feasibility tests prior to beginning the campaigns.

The same number (7%), are not engaged in an endowment campaign, but received designated endowments. The AFSH, and the AAFP foundations have endowments valued between \$3 million and \$40,000. The remaining 7%, the ASERF and the CSF have not and will not engage in an endowment campaign.

Annual Campaign

Two out of three (67%) of the medical specialty foundations participating in the study conduct an annual fund drive. More than one-fourth (27%) do not hold an annual fund drive. The remaining 6% are either in the development stage or all monies go directly towards scholarships and funding for research.

TARGET MARKETS

Dental Specialty Foundations

Members of the associations are the primary target markets for the dental specialty foundations.

Medical Specialty Foundations

Virtually all of the medical specialty target markets include professionals in the industry and members of the association. Additionally, corporations, individuals, foundation supporters and patients are targeted markets. The AGS, however, exclusively targets baby boomers.

DISBURSEMENT OF FUNDS

Dental Specialty Foundations

All monies go towards the operational expenses of the foundation and continuing education. Special events, revenue from endowments, and special education offerings also support the operations of the foundations.

Medical Specialty Foundations

Continuing education and research in the specialty area, and public education is funded by the proceeds of the various campaigns and endowments. Operational expenses come from members, corporations, campaigns and proceeds from special events.

ASSOCIATION SUPPORT OF FOUNDATION

Dental Specialty Foundations

All dental foundations report that their respective associations support them financially to some extent. The indirect support ranges from donated office space and telephone, to direct support in the form of salaries and benefits. Outright gifts and loans have supported the operational expenses as well.

Medical Specialty Foundations

Four out of five (83%) of the foundations receive support either directly or indirectly from their associations. One in six (17%) associations do not support their respective foundations in any way.

The support foundations receive from the associations range from 100% financial support for the foundation, to office space, personnel, financial management, systems, salaries and benefits, seed money for the start-up, loaning money, allocating annually a percentage of funds raised, operational expenses, computer equipment, and marketing.

NUMBER OF EMPLOYEES

Dental Specialty Foundations

Although there are some slight variations in the particulars, each of the associations supports its respective foundations by providing staff. Staff members of the foundations are employees of the respective associations, with the foundations reimbursing the associations for the costs.

Medical Specialty Foundations

Four out of five (79%) of the medical specialty foundations employ 4 or fewer individuals. On the other end of the spectrum, there are 72 employed at the American Academy of Otolaryngology-Head and Neck Surgery Foundation, 32 at the ARRS Foundation, and 21 at the Charitable Educational and Scientific Sub-Fund of the American Academy of Ophthalmology. The remaining 10% employ

between 9-13 people.

SPECIAL EVENTS

Dental Specialty Foundations

All hold at least one annual special event, held through the association's annual meeting. The most common events held include silent auctions held by Endodontists, Pediatric Dentists, Periodontists, and Oral Surgeons. Additionally, Endodontists, Periodontists, Oral Surgeons, and Orthodontists hold golf tournaments.

Medical Specialty Foundations

Three in five (59%) of the medical specialty foundations hold special events. The CSF is in the development stages of organizing special events. Art sales, golf outings, dinner meetings, and silent auctions are the most popular special events. However, several are not geared towards fundraising. They are purely informational, both for the general public and professionals in the industry. The events are used to educate the public through programs, lectures and the Internet.

PLANNED GIVING EFFORT

Dental Specialty Foundations

All the dental specialty foundations have at least the rudiments of a planned giving effort.

Medical Specialty Foundations

One-half (50%) of the medical specialty foundations participating either have a planned giving effort or are in the development stages. The planned giving efforts are publicized at the annual meetings as well as through mass mailings, newsletters, brochures, and the Internet. Pro-bono financial advice is often given to those interested. The American Academy of Ophthalmology's foundation offers free noontime seminars approximately 250 times a year. The STS

Foundation has an interactive website on the Internet and explains the benefits of planned giving. The information most often made available outlines the benefits of deferred giving and provides names of financial consultants to those parties interested in planned giving.

DONOR RECOGNITION

Dental Specialty Foundations

Donors are recognized by donor level, with the most common form of recognition being listed in the foundation's newsletter. The Endodontists list their donors in alphabetical order, by level, annually in their scientific journal.

Medical Specialty Foundations

Virtually all donors are recognized in some manner. The most common forms of recognition are being listed in the newsletters, member directories, annual reports, and in the annual meeting programs. A placard on recognition walls located at the foundations' headquarters is another form of recognition mentioned quite often. Lapel pins are given to donors at the annual meetings as a "thank you" for their support.

Several of the medical specialty foundations honor donors at the annual meeting by publicly acknowledging them on stage and providing special accommodations for donors to take advantage of prior to the meeting. One form of recognition that is growing in popularity is listing the donors on the foundations' websites. The AFSH is making plans to make their website donor recognition "real-time." As soon as a donation is entered into the system, the website will be automatically updated. Additional means of recognition mentioned include special luncheons, donor receptions, listing donors on kiosks at the foundation headquarters lobby, and giving plaques to the donors.

FUND MANAGEMENT

Dental Specialty Foundations

All, with the exception of the Periodontists, have outside managers investing their respective foundations' endowment funds. The Periodontists Investment Committee oversees the administration of the association's comptroller. All the dental specialty groups, except for the Pediatric Dentists, have a written investment policy.

Medical Specialty Foundations

Nearly nine in ten (87%) of the medical specialty foundations have an investment policy or are in the development stages of establishing a policy. More than half (54%) of the foundations with an investment policy hire an investment firm to manage the money. The investment firms must adhere to the foundation's policy guidelines.

There are several foundations that specifically require that all investments must be backed by the U.S. government, and have a rating of BAA or higher. In some instances, the association and the respective foundation work together to decide on investment policies. The Board then approves the policy before implementation. In one instance, if the investment advisory committee recommends a change in investment firms, 3 formal presentations by investment firms must be made to the Board, and one firm is selected. Banks and financial associations are used by some of the participating foundations for investing. There are a few foundations that rely completely on internal managers for their investment needs. Whatever the case might be, the final responsibility and approval of investment of funds lies within the Board of Directors of the respective medical specialty foundations.

AWARDS & PROCESS

Dental Specialty Foundations

Pediatric Dentists fund research, educational and recognition awards.

Endodontists support research, but not fellowships. The Periodontists, Oral Surgeons, and Orthodontists all support research and fellowships.

The Endodontists and Pediatric Dentists associations' committees determine which projects are funded for research. The remaining dental specialties receive recommendations from an outside committee when determining which projects are funded. The foundation's Boards make the final decisions.

Medical Specialty Foundations

Four out of five (80%) of the medical specialty foundations participating in the study present awards. The majority of the awards are for research and continuing education in the form of grants and scholarships. However, there are awards given based on other criteria. Enhancing patient safety and trust, training, donors, and program volunteer awards are given by the foundations. The medical specialty foundations also give mentor awards, pro-bono service awards, and cash awards for completed research papers.

For the most part, the Board of Directors of the associations and foundations make the final decisions concerning awards. While several are based on peer reviews, some have a panel of experts, committees, or trustees who make the final decisions. Other decisions are based on specific guidelines, such as the guidelines of the NIH. One of the foundations participating in the study base its decision on relationship building, while another requirement of a foundation is at least one award is given to a female. Grants by the ASSH are awarded to fund research, outcome studies, lectures at the ASSH Annual Meeting, newsletters for families of children with limb differences, overseas volunteer efforts, and other educational programs related to the hand.

MAJOR HIGHLIGHT / ACCOMPLISHMENT

Dental Specialty Foundations

The Endodontists are proud of the solidarity and commitment to the specialty their foundation's endowment campaign has fostered. The Pediatric Dentists foundation continues to fund projects considered of importance to the members of their association. Periodontists are pleased with the results of their endowment campaign, especially since there was no formal philanthropy within their association culture. Oral Surgeons are pleased with the early response to their planned giving effort. The Orthodontists are gratified that their endowment campaign has focused on participation rather than on dollars raised.

Medical Specialty Foundations

ERT of AAAAI

The Education and Research Trust of the AAAAI is pleased with the "Looking to our Future" campaign, which has increased awareness, creating a high energy level that will be used to generate \$500,000 in new pledges each year from the membership.

AAFP

The American Academy of Family Physicians is pleased with the rapid growth rate. Because of this, they are able to initiate new programs and continue to meet their endowment goal of \$5 million by the year 2008.

Charitable Educational & Scientific Sub-Fund of the American Academy of Ophthalmology

The American Academy of Ophthalmology Foundation is proud to be the first medical society in history to partner with HCFA (Medicare) on a nationwide initiative that involves over 50% of United States members as volunteers.

Orthopaedic Research & Education Foundation

The OREF is very pleased with the overall planned giving gifts and the total they will accomplish over the next 10 to 15 years.

American Academy of Otolaryngology – Head & Neck Surgery Foundation

This foundation has accomplished getting NIH Clinical Trials grant for \$7.2 million 5-year award.

The CHEST Foundation

The foundation is proud of the Governors Community Service Award that recognizes and rewards volunteer services. Through this program, the winning recipient's organization that benefits from the volunteer service receives a \$2,500 grant, and is fostering community service around the world.

ACMG Foundation

The American College of Medical Genetics Foundation is pleased with the nationally recognized research that studies the predisposition to breast cancer.

ACOEM - Samuel Bacon Foundation

Although the foundation has been relatively inactive, they are proud of its purpose, which is to develop new educational programs.

ACP-ASIM

The American College of Physicians is proud of the rapid recruitment of Board members, the formation of committees, and how quickly the infrastructure was built.

ACR/REF

The American College of Rheumatology has created an Industry Roundtable that consists of eight members. These members have contributed /pledged \$300,000 each per year for the next three years.

ADHF

The American Digestive Health Foundation has been able to fund approximately \$15 million since 1995 for research.

AGS for FHA

The foundation had the opportunity of presenting a “Lifetime of Caring Award” to President and Mrs. Carter at their gala. Mrs. Carter came to the gala to accept the awards.

APF

The Psychiatric Foundation has successfully completed the first part of the strategic planning process. The results are a new mission, goals, and grant making that can be built on.

ARRS Foundation

This foundation is proud of the good response by members on the first call. There is a high level of commitment to support research and education.

AFSH

The American Foundation for Surgery of the Hand is proud of keeping expenses down in 1999, and increasing the annual campaign income by 116%. This represents more than twice as much money collected in 1998.

Foundation for Anesthesia Education & Research

The outcome of award recipients published about three years ago had a very favorable outcome. The result was about twenty doctors became Chairmen of Teaching Departments.

ASOPRS Foundation

A highlight of this foundation is the interest of the membership in establishing and starting to grow a foundation.

Plastic Surgery Educational Foundation

They are very proud of getting 30 members into the Maliniac Circle in a period of two years. The Maliniac Circle is reserved for gifts of \$100,000 or more in deferred giving, or \$50,000 in cash.

AFUD

The Urological Disease Foundation is proud of the research scholar awards given. There are millions of dollars awarded annually for research in specific fields.

CAPF

The major accomplishment of this foundation is the increased member participation in giving to the foundation. The foundation is creating a larger giving pool that did not previously exist. Now, the foundation raises enough money to meet expenses.

CLAO Education & Research

Although this foundation is only three years old, it has saved \$200,000, has a Board in place, and a specific giving campaign in mind.

The Hormone Foundation

In 1999 there was a health update in *Better Homes and Gardens* that mentioned a booklet on menopause put together by the foundation. Our 1-800 number was given in the magazine for consumers to find out more about it. The booklet has been well received and has been sent to physician's offices.

The Lifeline Foundation

The foundation is proud of the collaborative success of negotiating a Memo of Understanding with the NHLBI, a part of NIH. The funding for awards, and a highly successful endowment are major accomplishments of this foundation.

Cardiovascular & Interventional Radiology, Research & Education Foundation

The foundation is proud of the Annual Report, and the success of the society.

SNMERF

The Nuclear Medicine Foundation is proud that they published their first Annual Report this year.

STS Foundation for Research & Education

The Thoracic Society Foundation is proud of the regional campaign. This past year the campaign was reorganized. The reorganization created 44 regions and 44 regional volunteer chairs were filled.

III. APPENDIX A

**AMERICAN ASSOCIATION OF ORTHODONTISTS FOUNDATION
MEDICAL SPECIALTY COMPARISON INTERVIEW GUIDE**

Interviewer _____

Person interviewed _____

Association _____

Address _____

City, State, Zip _____

Position _____

Phone No. (including area code) _____

Date/Time _____ Length of interview _____ minutes

Hello, Mr./Ms. _____. My name is _____. I am calling from **The Research & Planning Group** in St. Louis for the **American Association of Orthodontists Foundation**.

Does your association have a foundation?

___ Yes (continue)

___ No (terminate) *Thank you for your time, but we are interested in medical specialty associations that have separate foundations.*

This interview will take about 15-20 minutes to complete. Would this be a good time for you?

Each of the following questions concerns a specific aspect of medical specialty foundations.

Q1a. What is the legal name of the association and the foundation?

Q1b. What are the tax classifications of both the association and foundation?

Q2. How many people serve on your foundation's board? *PROBE ALL: How are they selected?* _____

Q3. Please describe the rotation policy of the foundation's board, e.g. how long a board member can serve in the same position.

Q4. What is the foundation's mission? Would you be willing to provide us with a copy of it? *(If yes, ask them to either fax or email it to The Research & Planning Group. FAX: 314-961-6038, email pat@a-zuc.com)*

Q5a. Does your foundation/association have a website?

Yes No (*Skip to Q6*)

Q5b. What is the website address? _____

Q5c. Is the foundation's site linked through

Association's website *or is it* Separate

Q6a. How many members are there in the association? _____

Q6b. What percentage of those eligible for membership are association members?

Q7a. Is your foundation currently engaged in an endowment campaign?

Yes (*Skip to Q7c*) No

Q7b. Has your foundation been engaged in an endowment campaign in the last ten years?

Yes No (*Skip to Q8a*)

Q7c. Who are your target markets?

Q7d. What are the goals of the endowment campaign? (*Probe All: Approximately how much money has been raised to date?*) _____

Q7e. Was a feasibility study conducted prior to the campaign?

Yes No

Q8a. Does your foundation hold an Annual Fund Drive?

Yes No (*Skip to Q9*)

Q8b. How are the proceeds from this fund drive dispersed? (*Where does the money go?*)

Q9. How does the association financially support the foundation (either directly or indirectly)?

Q10a. How many are employed at the foundation? _____

Q10b. Where do you get financial support for the operational expenses?

Q11a. Does the foundation hold any special events?

____ Yes _____ No (*Skip to Q12a*)

Q11b. How are the proceeds dispersed?

Q12a. Does your foundation have a planned giving effort, e.g. estate planning?

____ Yes _____ No (*Skip to Q13*)

Q12b. How does it work?

Q13. How are donors recognized?

Q14a. Has your foundation established an investment policy?

___ Yes ___ No (*Skip to Q15a*)

Q14b. How are the funds managed or invested?

Q14c. Would you be willing to provide a copy of your investment policy?

___ Yes (*ask them to either fax or email it to The Research & Planning Group. FAX: 314-961-6038, email pat@a-zuc.com*)

___ No

Q15a. Does your foundation present awards? (e.g. for research, continuing education, etc.)

___ Yes ___ No (*Skip to Q16*)

Q15b. How are the awards determined?

Q15c. Who has the final responsibility in the awards process?

Q16. Please describe one highlight or accomplishment your foundation has experienced.

May I have your permission to forward your name, address and telephone number to AAOF in order that they may provide a copy of the report as a token of their appreciation of your valuable time and feedback provided for this study? *(If yes, please verify the address on the list.)*

Thank you!

IV. APPENDIX B
Verbatim Responses

Q1a. What is the legal name of the association and the foundation?

MEDICAL SPECIALTY ASSOCIATION	MEDICAL SPECIALTY FOUNDATION
American Academy of Allergy, Asthma & Immunology (AAAAI)	The Education & Research Trust of the American Academy of Allergy, Asthma & Immunology (ERT of AAAAI)
American Academy of Cosmetic Surgery (AACS)	The Cosmetic Surgery Foundation for Education, Research & Patient Safety, Inc. (CSF)
American Academy of Family Physicians (AAFP)	American Academy of Family Physicians Foundation
American Academy of Ophthalmology	Charitable Educational & Scientific Sub-Fund of the American Academy of Ophthalmology
American Academy of Orthopaedic Surgeons	Orthopaedic Research & Education Foundation
American Academy of Otolaryngology – Head & Neck Surgery	American Academy of Otolaryngology – Head & Neck Surgery Foundation
American College of Chest Physicians	The CHEST Foundation
American College of Emergency Physicians (ACEP)	Emergency Medicine Foundation (EMF)
American College of Medical Genetics (ACMG)	American College of Medical Genetics Foundation
American College of Occupational & Environmental Medicine (ACOEM)	Samuel Bacon Foundation
American College of Physicians – American Society of Internal Medicine (ACP-ASIM)	American College of Physicians – American Society of Internal Medicine Foundation
American College of Rheumatology (ACR)	American College of Rheumatology Research & Education Foundation (ACR/REF)
American Gastroenterological Association	American Digestive Health Foundation (ADHF)
American Geriatrics Society (AGS)	American Geriatrics Foundation & AGS for Health and Aging (AGS for FHA)
American Psychiatric Association (APA)	American Psychiatric Foundation (APF)
American Roentgen Ray Society (ARRS)	American Roentgen Ray Society Foundation
American Society for Aesthetic Plastic Surgery (ASAPS)	Aesthetic Surgery Education & Research Foundation (ASERF)
American Society for Surgery of the Hand (ASSH)	American Foundation for Surgery of the Hand (AFSH)
American Society of Anesthesiologists	Foundation for Anesthesia Education & Research
American Society of Ophthalmic Plastic & Reconstructive Surgery (ASOPRS)	American Society of Ophthalmic Plastic & Reconstructive Surgery Foundation
American Society of Plastic Surgery	Plastic Surgery Educational Foundation
American Urological Association (AUA)	American Foundation for Urologic Disease (AFUD)
College of American Pathologists (CAP)	College of American Pathologists Foundation (CAPF)
Contact Lens Association of Ophthalmology (CLAO)	CLAO Education & Research Foundation
The Endocrine Society	The Hormone Foundation
International Society for Cardiovascular Surgery, N. American Chapter & the Society for Vascular Surgery	The Lifeline Foundation
Society of Cardiovascular & Interventional Radiology	Cardiovascular & Interventional Radiology, Research & Education Foundation
Society of Nuclear Medicine (SNM)	Society of Nuclear Medicine Education & Research Foundation (SNMERF)
Society of Thoracic Surgeons, American Assn. of Thoracic Surgery, Western Thoracic Surgical Assn., & Southern Thoracic Surgical Assn. (STS)	Thoracic Surgery Foundation for Research & Education
U.S. and Canadian Academy of Pathology (USCAP)	Continuing Medical Education of Pathologists

Q1b. What are the tax classifications of both the association and foundation?

The AAAAI is a 501(c)3. The Education and Research Trust exists as a “committee” within the AAAAI. It is not a separate entity.

The Cosmetic Surgery Foundation for Education, Research and Patient Safety, Inc. is a 501(c)3.

American Academy of Family Physicians is 501(c)6 and American Academy of Family Physicians Foundation is 501(c)3.

American Academy of Ophthalmology is a 502(c)6, and the Charitable Educational and Scientific Sub-Fund of the American Academy of Ophthalmology is 502(c)3.

The American Academy of Orthopaedic Surgeons and the Orthopaedic Research and Education Foundation are 501(c)3.

The American Academy of Otolaryngology Head and Neck Surgery is a 501(c)6, and the American Academy of Otolaryngology Head and Neck Surgery Foundation is a 501(c)3.

The legal name of the association is the American College of Chest Physicians (ACCP) and it is a 501(c)3 organization. The foundation is The CHEST Foundation and it is a 501(c)3 under section 509(a)(3), designating it a supporting foundation.

The American College of Emergency Physicians (501 c 6); Emergency Medicine Foundation (501 c 3).

American College of Medical Genetics is 501(c)6, and American College of Medical Genetics Foundation is 501(c)3.

American college of Occupational and Environmental Medicine and the Samuel Bacon Foundation are 501(c)3's.

ACP-ASIM is a 501(c)6, and the ACP-ASIM Foundations is a 501(c)3.

ACR is 501(c)6, ACR/REF is 501(c)3.

American Gastroenterological Association and the American Digestive Health Foundation are both 501(c)3's.

AGS and AGS/FHA are both 501 (c)3's.

American Psychiatric Association – 501(c)6; American Psychiatric Foundation – 501(c)3.

American Roentgen Ray Society – 501(c)3.

The American Society for Aesthetic Plastic Surgery – 501(c)6; Aesthetic Surgery Education & Research Foundation – 501 (c)6.

American Foundation for Surgery of the Hand – 501(c)6; American Foundation for Surgery of the Hand – 501(c)3.

Foundation for Anesthesia Education & Research – 501(c)3; 501(c)5 or 6.

American Society of Ophthalmic Plastic and Reconstructive Surgery – 501(c)3; American Society of Ophthalmic Plastic and Reconstructive Surgery Foundation – 501(c)3.

American Society of Plastic Surgery – 501(c)6; Plastic Surgery Educational Foundation – 501(c)3

American Foundation for Urologic Disease is a 501(c)3.

CAP is a 501(c)6, CAPF is a 501(c)3.

CLAO is 501(c)6, CLAO Education and Research is 501(c)3.

The Endocrine Society (unknown), The Hormone Foundation is a 501(c)3.

The Lifeline Foundation, 501(c)3. Sponsored by two vascular societies, i.e. International Society for Cardiovascular Surgery, North American Chapter, and the Society for Vascular Surgery, both 501(c)6.

Q2. How many people serve on your foundation's board? *PROBE ALL: How are they selected?*

Q3. Please describe the rotation policy of the foundation's board, e.g. how long a board member can serve in the same position.

The ERT Board of Trustees is composed of 7 members elected from the 7 Regional, State, and Local Allergy Society regions for 4-year terms. One trustee is appointed for a 2-year term by the Training Program Directors Committee, and one non-voting trustee is appointed for the same term by the AAAAI Board of Directors. The Associates of the AAAAI (spouses and friends) appoints a non-voting trustee for a 4-year term. Chair-elect serves for 1 year. Non-voting Chair serves for 2 years, and Past Chair serves for 1 year. Rotation is staggered so that 2-3 trustees rotate annually. Chair and Chair-elect are selected by the trustees.

The CSF Board of Directors is composed of 5 individuals, elected by the Trustees of the American Academy of Cosmetic Surgery. The Treasurer of AACS is automatically appointed. The number of Directors may not exceed 7 members. Directors hold for two years and cannot serve for more than three consecutive terms. The Directors are divided into two classes, originally elected at the annual meeting of AACS in 2000. One class is elected for a one-year term and one class for a two year term, so as to mix the turnover rate over years.

The Foundation Board is composed of 17 individuals; 4 represent our Network of Affiliated Chapter Foundations; 4 represent industry' 4 are At-Large; 2 represent AAFP Board of Directors; 1 is staff EVP of AAFP; and finally the President and Vice President. They are elected by the AAFP Board of Directors. The term of corporate, chapter, and At-large trustees is one four-year term unless filling an unexpired term. They may be re-elected for a 4-year term. EVP of AAFP is a permanent position. AAFP Directors are 1-year term re-electable. President and Vice President do not fall in term limitations and are 1-year terms. Typically they are re-elected for a max of 2 years. Thus, if VP becomes President, they typically serve office roles for 4 years.

There are 16 members; the Board votes and the Board is a combination of members and non-members. They are 1-year appointments for various positions, for 2 3-year terms. The typical maximum is 6 years.

There are 20 members on the Board. They are from recommendations of current Board members of the AOS and we have two spots for corporate big donor representatives. They are 3-year terms renewable for another three years, and if they are an officer, for another two years which amounts to eight years.

There are 6 At-Large, 6 Officers and 7 Specialty coordinators. The Officers are voted on by the general memberships and the coordinators are interviewed. There are 2-years terms; coordinators serve 3-year terms two times maximum. The President is for 1-year, but first serves as President-elect for 1 year and Past-President for 1 year. The Vice President is 2 years and the Secretary-Treasurer for 3 years; the At-large term is for 3 years.

The CHEST Foundation currently has 13 of the eligible range of 11-16 Trustees. They are selected by the ACCP's Executive Committee and the Foundation's ad-hoc Nominations Committee. Two Trustees can be non-ACCP members. Trustees may serve as many as 4 years, with an initial term of 2 years that can be renewed for a second 2-year term.

There are 18 board members.

There are 5 members and they are selected through the Board of Directors of the association. Association members eventually are required to serve on the Foundation's Board, and others are selected by the Board. The Director holds office for 5-year terms starting in January and ending in December. Officers serve 3-year terms.

There are 7 on the foundation's board. The Board of Directors roll up a step each year. We have a President, President-elect, 1st and 2nd Vice Presidents, Secretary, Treasurer, and the Speaker of the House.

The ACP-ASIM Foundation Board is composed of as many as 15 individuals. Two-thirds come from College Membership and one-third from external corporations and organizations. The Board is appointed by the ACP-ASIM Board of Regents. Trustees serve a maximum of two 3-year terms. The Secretary and Treasurer serve 1-year renewable terms, and the Chair serves as follows: Chair-elect 1-year, Chair 2-year term, and Immediate Past Chair 1-year.

ACR's Treasurer and Vice President serve ex-officio, three Committee Chairs ex-officio, 9 At-large and 1 representative of our Industry Roundtable. At-large Directors serve 3-year terms. All other terms consistent with their other position.

18 on the Board; it's a combination of expertise, those who have no societal affiliation, but have expertise, serve on the Board. We have 3-year terms for those offices. The Partner Society is allowed to appoint three people to our Board for 1-3 year period.

There are 6 on the Board. By stipulations in by-laws they must be members of our society. Rotation is 3 years for all with a possibility of serving another 3 years.

15- all selected by the APA Board of Trustees on the recommendation of the APF Board of Directors. Evenly split between psychiatrists and non-psychiatrists. Three officers—President, Treasurer and Secretary. The Medical Director of APA is ex-officio. Serve three 4-year terms, maximum of three terms.

They come up through committee work. The chairman, 10 of them service plus 5 elected officers serve also. Five year positions except for officers. They have 1-year terms of office

The ASERF Board is composed of as many as 12 persons. Of the total, 3 are representatives of ASAPS (The ASAPS President, President-Elect and Vice President). Up to four lay positions are elected by the ASERF Board for 4-year Terms. Same

They are selected by conversations between the President of the Foundation and the President of the Society. They can have 3 consecutive 3-year terms and, if they are an officer, another 3 years. It could be a maximum of 12 years.

The foundation is in it's infancy and a past President of our society decided to spearhead it. The Board is composed of past Presidents of our society and doctors that have been very prominent in our society. We will initiate new bylaws and if they are prominent people who will promote our society like Bill Cosby they would be eligible to serve on the Board. It's a 2-term appointment of 3 years so it's actually 6 years.

Each year they are selected by the incoming president of the Foundation. (Rotation policy unknown)

25 serve on the Board. Top Urologists in the country and those affected by prostate cancer. Serve 4-year terms, usually rotate off. We are a young foundation and so far all rotate out of position after 4 years.

10 Board of Directors: one is ex-officio (the EVP of CAP) and the remaining 9 are recommended by CAP and then approved by the CAPF Board. All are CAP members and pathologists (with exception of the ex-officio position). Board members serve 3-year terms which have been staggered so no more than 2 or 3 Board members rotate off at any one time. Maximum years on the Board are 3 terms (a total of 9 years).

5, the founding Board of Trustees nominates people to serve. The maximum that can serve on the Board is 9 people and they are elected by the Directors of the Association. Each Trustee may serve 3 years and can have 2 consecutive terms.

Nine, selected through the nominating committee. We are still deciding. We were founded in 1997 and don't have the rules yet. They are in development at this time regarding length of duty, etc.

Total of 15, with 6 from each sponsoring society and two ex-officio, i.e. the secretary of each sponsoring society, and up to 4 industry reps. Sponsoring societies determine their reps, secretaries are ex-officio, and industry is elected by the Board. 3-year term with up to two consecutive terms, for a max of 6 years.

Q4. What is the foundation's mission? Would you be willing to provide us with a copy of it? (If yes, ask them to either fax or email it to The Research & Planning Group. FAX: 314-961-6038, email pat@a-zuc.com)

The American Academy of Allergy, Asthma Immunology recognizes the need to increase funding support for training, education and research in allergy and immunology in medical centers. Such support in allergy and immunology will help to insure the quality of care for patients with allergic diseases, asthma and immunologic diseases.

The Cosmetic Surgery Foundation is committed to the advancement of the science of cosmetic surgery and to enhancing patient safety and trust.

It is the mission of the AAFP Foundation to: improve the health of the American people, support scientific, educational, and charitable initiatives within the specialty of the Family Practice.

To improve people's quality of life by helping prevent blindness and severe visual impairment through increasing awareness, education, facilitating eye care community outreach and fostering partnerships.

The goal of the Foundation shall be the advancement of knowledge concerning the prevention and treatment of conditions affecting the musculoskeletal and related systems and the maintenance of the general physical well being of the individual. The objectives of the Foundation are exclusively to foster, promote, support, augment, develop and encourage investigation into the causes, cure, and prevention of illnesses, injuries and conditions affecting the musculoskeletal system; encourage surgeons and scientists to develop their individual potential as investigators; strengthen the scientific base and quality of teaching of academic departments; support institutions, societies, and organization in the development of broad informative symposia on topics relating to the musculoskeletal systems; and to aid and encourage residents in the development of research capabilities.

To advance the art and science of otolaryngology—head and neck surgery through state-of-the-art education, research, and learning.

The mission of The CHEST Foundation is to provide resources to advance the prevention and treatment of diseases of the chest.

Dedicated to the promotion of education and research in emergency medicine. The purpose of the Foundation was to serve as a catalyst to advance education and research in emergency medicine.

The American College of Medical Genetics Foundations is organized exclusively to stimulate and support research, education, and knowledge in the field of medical genetics with the overall objective of advancing the art and science of medical genetics, fulfilling the medical genetic needs of the public, and thereby, improving the public health.

ACOEM's Samuel Bacon Foundation is a not-for-profit organization dedicated to the support of education and scientific research in occupational and environmental medicine.

To improve the health of the public through the creation and support of programs in education, research, service, and professionalism.

The mission of the American College of Rheumatology Research and Education Foundation is to support research and training designed to investigate the causes, to improve treatment, and to work toward the prevention and cure of rheumatic diseases, and to attract physicians and other health professionals into careers in Rheumatology.

To provide research funds for investigators doing research in digestive diseases. The ADHF advances digestive health of all Americans through the financial support of research and education in the cause, prevention, diagnosis, treatment and cure of digestive diseases.

The FHA builds a bridge between the research and practice of geriatrics health care professionals and the public and advocates on behalf of older adults and their special needs: wellness and preventive care, self-responsibility and independence, and connections to the family and community.

The APF is a nonprofit philanthropic 501(c)3 organization which provides scholarships, grants, and awards to individuals and groups in order to advance the science and practice of psychology for the understanding of behavior and the benefit of human welfare.

To provide funds for research and education in Radiology. No. That wouldn't be allowed.

The purpose of the foundation is to identify and pursue issues relevant to the effectiveness and safety of aesthetic surgery techniques and technology through directed research and education.

The purposes of the AFSH are to provide educational services and programs concerning hand surgery; to stimulate research and investigation of and teaching on the methods for preventing, correcting and treating diseases of the hand arising from congenital, developmental, nutritional, traumatic, or other causes; to perform and do any and all such other acts as are necessary, convenient, or proper to the attainment of these objectives.

The mission is to foster and develop research capabilities among Anesthesiologists. We take junior faculty and senior residents and try to encourage them to develop their research abilities until they are competitive for research funding.

You can get it on the website. I'd prefer that.

To provide continuing education. The mission statement of the Plastic Surgery Educational Foundation is to develop and support the domestic and international education. Research and public service activities of plastic surgeons.

The mission of AFUD is the prevention and cure of Urologic disease.

The mission of the College of American Pathologists Foundation is to provide leadership and resources to assure continuing excellence in the science, art, and practice of pathology by identifying critical issues that impact pathology and the public, supporting conferences and research to address those issues, and disseminating this information to pathologists and the public.

The CLAO Education and Research Foundation supports education and the advancement of research and technologies related to contact lenses, anterior segment vision care services, and public eye health care.

We had a mission statement and have been working on a new one. I can send the old one to you. The mission of The Hormone Foundation is to improve the quality of life by promoting the prevention, diagnosis, and treatment of human disease in which hormones play a role. In support of its mission, the Foundation will: educate the public about endocrinology, including endocrine research and human diseases involving hormones; provide scholarships and other grant awards; hold forums, seminars, lectures, and meetings; and publish appropriate educational, scientific, and public policy materials.

The mission of the Lifeline Foundation is to support research and education in vascular disease by: enhancing the development of young surgical scientists and the advancement of vascular science through its comprehensive research funding commitment; and insuring that new knowledge concerning causes, treatment and prevention of vascular disease is disseminated to the medical profession and the public.

Q5a. Does your foundation/association have a website?

Yes: 100%

Q5c. Is the foundation's site linked through

Association's website

ERT web pages are part of the AAAAI web page. Access www.aaaai.org and then click appropriate links.

This information is in development and will exist through www.cosmeticsurgey.org. the website of AACS.

The Foundation is currently on the AAFP's Website through www.aafp.org. We are, however, moving to our own website.

Through www.eyenet.org.

Through www.entnet.org.

The CHEST Foundation has a presence on the ACCP's website, located at www.chestnet.org.

www.acep.org, then go to Research, then Emergency Medicine Foundation.

www.faseb.org

www.acoem.org

www.acponline.org. In process of developing the website www.foundation.acponline.org.

www.rheumatology.org

Through APA website www.psych.org.

It's all the same.

ASERF is represented on the Society website – www.surgery.org.

AFSH web pages may be found through the ASSH by reaching www.hand-surg.org, then clicking on Research and Education Foundation.

It is shared with the association. Bullet to foundation. Then there is a description.

www.ASOPRS.org.

www.plasticsurgery.org

CAPF web pages are found on the cap.org site.

www.CLAO.org

www.hormone.org.

Lifeline Foundation is linked to vascsurg.org.

Separate

It is www.oref.org.

www.adhs.org.

www.healthinaging.org.

It's in the annual report: www.fair.org

www.afud.org.

Q5b. What is the website address?

Foundation	Website Address
ERT of AAAAI	www.aaaai.org
CSF	www.cosmeticsurgery.org
AAFP Foundation	www.aafp.org (moving to own site soon)
Charitable Educational & Scientific Sub-Fund of the American Academy of Ophthalmology	www.eyenet.org
Orthopaedic Research & Education Foundation	www.oref.org
American Academy of Otolaryngology – Head & Neck Surgery Foundation	www.entnet.org
The CHEST Foundation	www.chestnet.org
EMF	www.acep.org
ACMG Foundation	www.faseb.org
Samuel Bacon Foundation	www.acoem.org
ACP-ASIM Foundation	www.acponline.org developing www.foundation.acponline.org
ACR/REF	www.rheumatology.org
ADHF	www.adhs.org
AGF & AGS for Health and Aging	www.healthinaging.org
APF	www.psych.org
ARRS Foundation	www.aars.org
ASERF	www.surgery.org
AFSH	www.hand-surg.org
Foundation for Anesthesia Education & Research	www.faer.org
ASOPRS	www.asoprs.org
American Society of Plastic Surgery	www.plasticsurgery.org
AFUD	www.afud.org
CAPF	www.cap.org
CLAO Education & Research Foundation	www.CLAO.org
The Hormone Foundation	www.hormone.org
Lifeline Foudnation	www.vasc surg.org
Society of Cardiovascular & Interventional Radiology	www.scvir.org
SNMERF	www.snmerf.org
STS Foundation for Research & Education	www.tsfre.org
Continuing Medical Education of Pathologists	www.uscap.org

Q6a. How many members are there in the association?

Q6b. What percentage of those eligible for membership are association members?

The AAAAI has a total membership of 6,025, which includes allied health professionals and corresponding members from 44 countries. Actual U.S. physician membership is 4,416, which represents 94% of the board certified allergists/immunologists in the U.S.

AACS has a membership of 1,500 with a majority located in North America. Of those, 600 are fellows. Its members consist of dermatologic surgeons, facial plastic surgeons, oral and maxillofacial surgeons, plastic surgeons and ocular plastic surgeons.

The AAFO has 89,033 members.

27,000 worldwide, and 95% eligible in the United States are members.

There are 2,000 members, and 90% of those eligible are members.

12,000 total; 98% of those in the U.S. of practicing Otolaryngology physicians.

The ACCP has, as of 5/15/2000, 15,064 members. There are 12,726 located in the United States and Canada and 2,238 located in 98 other countries.

21,000 total members.

1,200 members, and 70% of those eligible are.

6,00 members, I don't know what percentage eligible are members.

ACP-ASIM has over 110,000 in the U.S., Canada, Mexico, Central and South America. 55% eligible are members.

ACR has 7,222 members in all categories. This number includes 900 Allied Health Professionals and 923 International (non-North American) members. Domestic membership represents 90% + of Board eligible/certified rheumatologists.

15,000, with 90% of those eligible are members.

6,400, with 100% membership. Any primary care professional can join.

40,000 members, approximately 85% of all U.S. psychiatrists.

14,500 members - 50% (of those eligible)

Total membership of ASERF is 729. Of these, 711 are eligible for membership in

ASAP.

The ASSH has 1,683 members. This includes all categories of members. Because of strict membership requirements, the exact number of individuals eligible for membership is unknown.

35,000 members; about 75% (of those eligible).

462 members. I don't know. 25 people who have contributed (donors) are the members.

5,000 members; 100% (of those eligible)

5,000; percent is not applicable, it is patient based, anyone is eligible (patients).

CAP has about 15,000 members from U.S., Canada and international.

1,200, 100% eligible are members.

About 10,000; we have no members in the Hormone Foundation.

SDS is 654 members and NA, ISCBS is 1661, for a total of 2,315.

Q7a. Is your foundation currently engaged in an endowment campaign?

Response	N=30
Yes	20%
No	80%

Q7b. Has your foundation been engaged in an endowment campaign in the last ten years?

Response	N=24
Yes	17%
No	43%
Other	40%

Q7c. Who are your target markets?

Q7d. What are the goals of the endowment campaign? (*Probe All: Approximately how much money has been raised to date?*)

Q7e. Was a feasibility study conducted prior to the campaign?

Response	N=18
Yes	11%
No	56%
Other	33%

Following a 1995 feasibility study, the ERT engaged in a 1-year silent and 3-year public campaign to raise \$5 million in pledges from the membership, “Looking to our Future.” The goal was reached on target in March 2000. The purpose of the campaign was to increase membership support of the ERT. Of the 5 million raised, 3.6 million is from 10% of the membership. The remaining 1.4 million is the profit from 3 annual meeting benefits and a (one-time) Universal Studio movie premier benefit in 1997. Up to 25% of these monies came from direct membership participation. The remaining 80% came from industry participation at these events.

We have several endowments the largest being \$3 million and the smallest \$40,000. We have not conducted a large single endowment with feasibility study. Our endowments growth is primarily based upon surplus designation and corporate contributions.

Members in the ophthalmic industry are the targets. \$4 million has been raised to date for continuing education.

Exclusively Ortho Surgeons, corporations and interested lay people. \$53 million; it was \$40 million. No feasibility study was conducted.

Target markets are through the President's appeal and paying members. \$1.9 million has been raised and accumulate resources for research.

The CHEST Foundation is embarking on a 3-year, \$100 million endowment campaign, the first in its 4-year history. (The CHEST Foundation was founded in 1996). To date, the campaign is in its quiet phase and has secured lead pledges of \$2 million. The public launch will occur in fall 2000 during the ACCP's annual meeting. A feasibility study was not undertaken. The target market are members, individual donors, industry, and foundation supporters. The \$2 million pledged to date represents individual gifts.

The ACP-ASIM Foundation is only a year old. We are in the process of a feasibility study.

Yes, but in the very early phases. Goal will be \$5-10 million.

Baby boomers are our targets. About \$800,000 to date.

No specific endowment.

The AFSH is not currently engaged in an endowment campaign. The Board Designated Endowment is valued at \$1.2 million.

We are only two years old. Our Society members and past Presidents of our Society and all Ophthalmologists in the U.S.A. Patients are also targeted. Goal: \$100,000; \$50,000 raised to date.

Never ending (campaign). Strictly to plastic surgeons. Goal: \$5 million; \$3-5 million raised to date.

We are going to do an endowment campaign, but a feasibility study showed that we probably would not meet the goal needed. Timing, support, etc. wasn't right.

Yes, Ophthalmologists. No set goal, \$200,000 so far.

Not currently engaged, but was within past three years. Anonymous donor gave \$1 million, with offer to match an additional \$2 million, if societies could match. This was initiated in '96 and achieved in June, '99. Corpus of \$3 million. Allow additional pledges up to five year.

Q8a. Does your foundation hold an Annual Fund Drive?

Response	N=30
Yes	67%
No	27%
Other	7%

Q8b. How are the proceeds from this fund drive dispersed? (*Where does the money go?*)

In 2000, we launched our first annual campaign, which is tied to our Annual Meeting. Operational funds come from the investment proceeds and the \$16,800 from the AAAAI general budget.

The CSF's fundraising avenues are in the development stages. However, operating expenses will be realized from an annual campaign, special event proceeds and revenue from an initial investment pool.

The AAFP Foundation has an annual campaign, which is directed either to specific programming or the general fund (operating expenses). We also have an annual corporate campaign for general funds as well as corporate campaign to support specific projects.

It supports public service programs.

To fund grants in Ortho research.

The CHEST Foundation, since 1998, has implemented a year-end annual fund campaign to support annual programs and activities. Other ongoing sources for annual operations include: industry support, fund-raising special events, individual gifts, and investment income.

ACEP pays all administrative expenses for EMF. Annual campaign money goes directly to fund research and educational projects. The educational projects are items such as the Emergency Medicine Basic Research Skills Workshop.

The ACP-ASIM Foundation is only a year old. We are in the process of a feasibility study.

Yes, but dedicated to operational expenses. Operational expenses, members, patients, industry.

Public education programs on aging. A grant for outcomes, research for older people, educating Congress on how healthcare is deficient and Medicare is deficient.

Yes, funds go for general fund unless otherwise designated. Revenue sources—direct mail, personal calls, corporate contributions.

No organized annual campaigns.

The AFSH has an annual campaign, including a member-to-member campaign. Proceeds are divided as follows: 50% of all income, after direct expenses, is allocated to grants for the following year. 50% of all income, after direct expenses, is added to the Board Designated Endowment fund.

The money goes into the endowment fund.

Yes - Research Financial Aid and Continuing Education... varies from year to year; there is a committee for each area.

Depends on the year. Research, depends on matching grants, education and advocacy.

We do have annual campaigns. The funds are used for program support. Revenue sources are one-third members, one-third industry, and one-third CAP.

Pledges continue for endowment. Annual campaign (membership), but members are encouraged to direct to either operations or to endowment. Probably 60/40, with 60% giving to operational side.

Q9. How does the association financially support the foundation (either directly or indirectly)?

The AAAAI provides all personnel and support services for a fee of \$16,800. All other day-to-day expenses come from the investment proceeds.

The foundation utilized office space, operational items (computers, fax, phone) and some staff from the association. The CSF reimburses the association quarterly for these costs. The CSF also manages AACCS's investment vehicles.

The association helps to financially support the foundation through project specific grants. They provide limited in-kind support of staff. Most is paid for.

The association makes an annual contribution to support operating expenses. They make a percentage of the Academy operational expenses as their basis for the amount.

They do not fund us. We exist on unrestricted gifts and an endowment fee.

Academy gives money to the foundation. An exchange of money, i.e. loan to the foundation and is paid back after money is raised.

The CHEST Foundation was created from member support. To date, the ACCP has transferred funding to create a quasi-endowment. As a supporting organization, the ACCP supports administrative and creative services for the Foundation including space, personnel, and financial management and systems.

All administrative expenses, including fund-raising, are paid by ACEP.

Seeded the start-up of the Foundation.

It provides financial services. We do their accounting and an annual audit. They don't make contributions to the Foundation, we have been funded from royalties and a book published that royalties also come from.

ACP-ASIM allows a check-off box on the annual dues statement for a \$50.00 donation to the Foundation. Last year approximately 17% gave through their dues.

Primarily indirect expenses. All staff salaries are allocated and paid by the Foundation.

Indirectly we administer the research awards of the "Partners." We get a fee for administering it. Both Partners pay an equity payment to become members.

A portion of proceeds goes to the Foundation.

APA provides 50% of salaries and benefits, office space and administrative services.

Directly. We just launched it and we haven't kicked it off officially. We have a segregated fund within our organization. We support the research fund directly.

ASAPS provides staff assistance, rent, utilities (including telephone) at no charge. ASAPS contributes a budgeted amount for research on an annual basis.

The association (ASSH) has indirectly supported the AFSH by picking up the cost for staffing and indirect overhead to the AFSH (computer support, office expenses). This year, the AFSH is paying the ASSH a flat fee for a half time position, which may not cover the full cost of running the foundation. The AFSH has and continues to pay as it goes for all direct expenses: postage, letterhead, legal services, auditor services, banking fees.
It does both - as an operational budget item.

Indirectly by sharing the management services of the Society and also directly by

covering printing promotions expenses.

Salary.

Not applicable, they are not associated with the association. Completely independent.

CAP supports CAPF a great deal. We have an operational loan that will eventually need to be repaid; one-third of our current revenue support is from CAP; and indirect support such as Marketing, Accounting, etc. is provided. CAPF does pay for office space, postage, I.S. support, printing, etc.

They provide all the financial support for the Foundation.

They give us money directly.

The 2 sponsoring societies committed in '86 to establish by giving \$500,000 each over time. Both have contributed this over a ten year period.

Q10a. How many are employed at the foundation?

Q10b. Where do you get financial support for the operational expenses?

The ERT has a half-time data entry person and three-quarter time manager. Salary comes from the AAAAI budget, except for a \$16,800 administration fee charged by the AAAAI.

AACS employs 2 staff for the foundation, and the foundation reimburses the association for such. Other association staff are utilized also.

There are 21 employed. The association, members, individual contribution, and programs financially support the operational expenses.

13 are employed. Support comes from unrestricted money and our endowment income.

Seventy-two are employed. Financial support is primarily derived from membership dues, product sales, revenue from exhibitor fees and corporate giving.

There are three full-time executive positions (COO, Associate Vice President, and Administrative Assistant) that staff The CHEST Foundation. They are supported exclusively through the Foundation's annual operating budget. The CHEST Foundation also reimburses the ACCP for the support of the ACCP's CEO time allocated to Foundation projects.

Working with the foundation is in the job description of four people: CEO, Deputy Executive Director (serves as Secretary/Treasurer of EMF), Grants and Development Director, Grants Coordinator. All are ACEP employees.

There are 3 employees, plus some association employees help on specific projects. Grants through states, contributions from the membership, and government funds (state and federal) for specific studies.

The foundation does not have any employees. There are none other than the annual audit, which is a gift.

The Foundation has an EVP, VP/COO, Director of Programs, Director of Development, Director of Industry Relations and three administrative staff. Salaries, benefits and all Foundation costs are borne by the Foundation.

Full-time Grants Administrator, Director of Development, and Secretary. Part-time Executive Director, and Industry Relations Manager.

Four, getting financial support through contributions for educational programs.

Three are employed and we get financial support from the American Geriatrics Society.

Four staff members, with 50% of funding coming from APA.

From the donors, Radiologists and corporations.

ASAPS provides staff assistance on an as-needed basis at no cost.

The AFSH is staffed by a half time position. The AFSH reimburses the ASSH a flat fee for the salary for this individual.

Three part time people. They come from the Society.

We volunteer our services. (Financial support) from our society.

2 (employees) – From the association.

9 employees...get support from endowment and sometimes grant money.

CAPF has 2 full-time employees (Executive Director and Administrative Assistant). The Foundation pays the salaries and benefits of these individuals.

One, from the parent organization.

Two and another person part-time. Some support from the association and some from corporations.

The Foundation is staffed by a management firm, contracted by the Foundation. Both societies also have agreements with this firm, i.e. the foundation has no employees and neither does either association.

Q11a. Does the foundation hold any special events?

Response	N=30
Yes	59%
No	41%

Q11b. How are the proceeds dispersed?

The ERT holds an annual benefit during the AAAAI Annual Meeting, which nets around \$300,000, realized from industry contributions. This money is deposited into the ERT investment account.

Special events are in the development stages.

Through the Annual Campaign.

A gold outing every year and a dinner and concert at our annual meeting provides the funding for research and education.

The Annual Meeting and a raft of meetings throughout the year. It is based on the budgets of each department. The budget is gone over by those on the executive level. Last year we concentrated on the website, but funds are dispersed basically where it is needed.

The CHEST Foundation holds an annual fund-raising dinner at its annual meeting each year. The funding, provided through pharmaceutical industry support, is used to support an annual Foundation pro-bono service awards program to recognize the volunteer efforts of ACCP members.

Events are purely informational, we do not use as a fundraising tool.

Rheumatology related posters, and a Past-President has a collection of old English Gout prints. These have been reproduced and are sold as a collection.

There are no proceeds, it doesn't cost to attend.

They support education programs on our website for the general public.

Gala at APA Annual Meeting. Largely in donor recognition and cultivation event.

ASERF holds golf tournaments, corporate sponsors, Research luncheon, drawings for a car, silent auctions, etc. on a periodic, as available basis. Revenue goes into the General Fund.

The AFSH currently does not hold any special events.

There is no charge for the dinner. Some corporations donate. All the money goes to programs funding of faculty people.

Depends as before if the event is targeted towards kidney patients, the proceeds go to that sector.

We have funded lectureships, three scientific lectureships. These are named lectureships.

We have public education forums for the public.

Q12a. Does your foundation have a planned giving effort, e.g. estate planning?

Response	N=30
Yes	50%
No	50%

Q12b. How does it work?

These efforts are also in the planning stages.

We publicize it in magazines, and at the quarterly meetings. Offer free noontime seminars, free financial consultation throughout the years (approximately 250 per year nationwide). We do mailing and provide name of consultants to those interested.

Through their own solicitations; as a result of planned giving programs we do.

The CHEST Foundation will be introducing planned giving and related philanthropic advisory services in conjunction with the endowment campaign.

The EMF provides to ACEP members, their families and their advisors information on estate planning on a complimentary basis and at no obligation through newsletters, brochures and a seminar at the association's annual meeting. Where there is donor intent, the EMF requests that interested parties contact the foundation prior to the organization's gift acceptance policies.

It is just beginning. In the first year it realized a few gifts. Articles have been in the ACP-ASIM Newsletter, a Director of Development has just been hired, a committee of 12 has been recruited.

Just starting the program.

Recently launched a planned giving program. Building awareness of planned giving through newsletters, mailings, activities.

The AFSH has had a planned giving effort in the past. We have several individuals who have purchased annuities or life insurance policies and have named the AFSH as beneficiary. We have not renewed the planned giving effort recently.

\$100,000 or more deferred giving; \$50,000 cash. Maliniac Circle.

Options of stock, individual levels; the individual is talked to and a decision is then made.

CAPF provides extensive information to members—seminars, mailings, articles in CAP Today, complimentary legal service. There is a "Legacy Circle" members can join if they leave an estate gift to CAPF.

Q13. How are donors recognized?

Donors are listed in the annual donor report per giving category and receive a lapel pin signifying that category: Major Donor=\$25,000+, Donor=\$10,000-24,999, Contributor=\$3,500-9,999, and Friend=up to \$3,499. Benefit Donors are listed in association's monthly newsletter in a thank-you article. Non-member donors (grateful patients) are also cited in a special year-end article in the association newsletter.

Donors will be recognized in the foundations Annual Report, at the Annual Meeting of AACCS (special luncheon) and through a recognizable lapel pin.

Donors are listed in the Annual Report and are given badges/ribbons at all family practice meetings. Archives endowment donors are listed in perpetuity on a plaque in the Archives. Major donors are recognized at a Foundation luncheon.

There is a recognition wall; gifts are given at different levels and their names are listed in the programs, like an honor roll listing.

In our Annual Report they get recognized.

In print publications; kiosk in our lobby, and with the names on a bronze plaque. Gifts such as paper weights; and significant endowment is recognized in opening ceremonies at the Annual Meeting.

The CHEST Foundation recognized support in the following ways: through its annual report; publishes donor delineated categorical giving; on a donor wall at ACCP headquarters and a related traveling donor wall; in the annual CHEST program (Friends of the College and The CHEST Foundation); in special event programs and booklets. We will create an endowment campaign donor wall; special recognition newsletter' and provide "de minimus" level gifts (i.e. pens inscribed with the campaign logo-tagline).

Corporate Research Contributor \$1,000. Prominent Recognition Listing including up to two company staff names: EMF Honor Roll of Donors, *SCOPE*; EMF Honor Roll of Donors, *Annals of Emergency Medicine* (4 issues); EMF Honor Roll of Donors, *Scientific Assembly Convention Daily*. Corporate Research Associate \$2,500. All the benefits of Corporate Research Contributor, plus: Prominent Recognition Listing: Convocation Program at ACEP Scientific Assembly; Recognition Sign at ACEP Scientific Assembly. Corporate Research Partner \$5,000. All the benefits of Corporate Research Assistant plus: One representative to be seated on EMF Corporate Advisory Council; Special EMF Reports; Prominent Recognition Listing: ACEP Membership Directory, ACEP Portfolio Stuffer; VIP Ribbon for ACEP Scientific Assembly. Corporate Research Colleague, \$10,000. All the benefits of Corporate Research Partner, plus: Twenty-Five Percent Reduction on One Booth at ACEP Scientific Assembly (value up to \$450). Corporate Underwriter \$15,000. All the benefits of Corporate Research Colleague, plus: Corporate Name on Fellowship; Introduction of Corporate Representative at Awards Luncheon; 50% Reduction on One Booth at ACEP Scientific Assembly (value up to \$900); 2 registrations for ACEP Scientific Assembly (value up to \$1510); 2 President's Reception Tickets (value \$80). Corporate Major Donor \$25,000. All the benefits of Corporate Underwriter, plus: One set of ACEP membership labels for an approved mailing; a plaque; name on a "giving wall" at EMF Headquarters; and invitation to a Special VIP event for major donors. Individuals receive TYLS, and ribbons for name tags at the annual meeting. Donors are listed every other year in the EMF Newsletter. \$500 and up donors are listed in the EMF Newsletter two times a

year, \$1,000 and up donors are listed four times a year in Annals of Emergency Medicine.

Through publications, recognition at meetings, and corporate through listing in programs.

There have been none since 1995 and they got a letter as a way of saying thank you.

An annual donor recognition event held in conjunction with our Annual Scientific Session, the Annual Report, and other acknowledgements which are in the process of being created by the Director of Development and the committee.

Listed in Annual Report, over \$1000 invited to President's reception, preferred housing at the Annual Meeting.

Through publications and our websites.

We have the Drug Industry involved and they sit on the advisory board. At the gala, in the program we give each guest, all donors are mentioned.

Donor listings at Annual Meeting and in publications by giving range.

NA – We do publicize donors in our newsletter. It's just starting to happen as we are launching the effort.

Donors are recognized at the ASSH Annual Meeting on a donor wall, located in the Foundation Booth. Cumulative gifts of over \$1,000 are recognized. In addition, annual donors are listed in the ASSH news. Donors have been recognized on the ASSH Website, but this has not been well maintained. We are planning to make website donor recognition "real-time"; that is, as soon as a donation is entered into the system, the website will be automatically updated. Planned giving donors are listed separately.

They are recognized in our brochure and we have a booth at annual meetings with signs and placards and ribbons.

We had a placard at the registration area of our Society's annual meeting acknowledging donors. We plan to have it on the website and we will host a V.I.P. luncheon honoring donors at our next annual meeting.

At the annual meeting, they are brought up on stage; ribbons; plaques. New members of the Maliniac Circle are put in the monthly magazine. Maliniac Lounge that only members of the Maliniac Circle can use.

A letter is sent. \$35 or more become members, listed in quarterly publications, listed in Annual Report, and \$250 or more a special gift is given.

Donors are recognized through a donor gift club, various levels of premium gifts, luncheons, receptions, letters, personal notes, and published honor roll lists.

We have a brochure with donor names and we are planning a donor reception. We also included their names in our quarterly Scientific Journal.

They get letters from us. We also put names in a publication.

Program booklet prepared annually, done in conjunction with the annual meeting of the two associations. At their annual meeting(s), they hold a donor reception.

Q14a. Has your foundation established an investment policy?

Response	N=30
Yes	80%
No	20%

Q14b. How are the funds managed or invested?

The AAAAI and ERT investments are held in separate accounts managed by 1838 Investment Advisors Inc. These investments are overseen by the AAAAI Finance Committee. The portfolios have a 60-70% equity allocation. We have no investment policy, however, we have no investments in tobacco or smoking associated firms.

The CSF has recently appointed Pain Webber, Inc. as their investment manager. An investment policy statement is in its final stages.

The Foundation uses the association investment councilors and policy.

The foundation sets the policy and an investment firm manages the funds accordingly.

We have \$3 million managed by a bank in this area. The rest is split between equities and fixed income assets.

An Investment Club through a professional banking group. An investment advisory committee make recommendations on how to invest the money. If a change is recommended or needed, three formal presentations are made to the Board and one is decided on.

The CHEST Foundation's current assets are managed by 2 outside investment managers. The endowment funds will be managed by 3 managers with specific criteria outlined in The Foundation's investment policies. We have separate investment policies including benchmarks for total return by asset allocation category.

The Board of Trustees of EMF has established this investment policy and accompanying guidelines to aid in the overall administration of EMF's investment funds. Funds available for investment shall be defined as all cash not required for (1) immediate distribution and (2) working capital to fund daily operations of the Foundation. The guidelines do not preclude the use of a single depository bank for ingoing cash activities, although at times funds in the depository bank may temporarily exceed federally insured limits. These guidelines will be reviewed annually by the Board of Trustees, or at any other time such action seems appropriate.

Through Merrill Lynch Advisor and the treasurer of our organization.

The ACP-ASIM Foundation Reserve Fund was established to provide for the anticipated financial needs of the Foundation. The Board of Trustees may delegate investment management of the Reserve Fund to one or more investment managers. The Finance Committee, appointed by the Board of Trustees, is responsible and reports to the Board.

Actively managed by a professional manager. 70% fixed income, 30% equities. The main goal of the REF investment policy is to provide a competitive return on the operating funds/investment funds of the Foundation, while providing for the Foundation's regular cash need.

We have a broker and he is overseen by our finance committee.

Assets are managed by Morgan Stanley Dean Witter. Currently in the process of revamping investment policies.

The percent invested – bonds or equities are managed by our staff and an outside fund manager.

Funds invested in Merrill Lynch, coordinated by the Treasurer.

AFSH funds are invested in conjunction with ASSH funds, although funds remain separate. Investments are managed by our bank's investment department. These investors were selected last year through an RFP and interview process. A joint committee, made up of representatives of both the ASSH and AFSH, reviews the investments and sets investment policy. The AFSH Board of Trustees and the ASSH Council then approve these policies before they are implemented. We engage an advisor to handle and manage the funds. A bank custodian holds

the endowment fund.

We have a money market. We don't have one (investment policy) yet, but we will in the future as we grow.

Funds are managed by a financial association.

Through an investment firm. Those investing have options of using AFUD's firm or they may use another firm and have the funds go to a specific entity within AFUD.

Yes, funds are managed through Smith Barney.

Foundation has agreement with professional fund manager, and there are investment guidelines, and he will mail these also. Booklet received.

Q14c. Would you be willing to provide a copy of your investment policy?

Response	N=26
Yes	35%
No	46%
Other	19%

Q15a. Does your foundation present awards? (e.g. for research, continuing education, etc.)

Response	N=30
Yes	80%
No	20%

Q15b. How are the awards determined?

Q15c. Who has the final responsibility in the awards process?

Earnings from the ERT investment account are used to support research and training awards in allergy and immunology at U.S. medical schools. Since 1993, the ERT has awarded \$930,000 total. RFP's are developed by the trustees. Applications are ranked according to scientific merit by an ad-hoc committee selected by the AAAAI Grant Review Committee. These rankings are presented to the trustees, who select the applicant from this ranking system.

The CSF will award and fund young investigators who research and advance the interests of cosmetic surgery and most importantly, enhance patient safety and trust. The process is to be determined.

The Foundation has both award programs as well as project programs. Funds to support these come from industry or the general fund. We have a Development and Program Committee, lack of whom has some responsibility for awards or grants. Final approval is through the Board.

Awards are given to donors and program volunteers. The top largest donors are awarded, and awards are given to those donors where we want to establish a relationship. The Board has the final responsibility in the process.

To researchers every year. We had a panel review all applicants. We follow the guidelines of the NIH. Our Board of Directors has the final responsibility.

Research awards are given, cash prizes for completed research and papers are complete. There is a very active grant program for research education. Recently we formed a relationship with older societies. Combined with Otolaryngology research efforts \$400,000-500,000 available in grants this year and 13-20 grants given this year. The Board of Directors has the final responsibility.

Awards programs are funded either through board designated operating funds or endowed funds. ACCP members contribute in a membership dues check-off program to the pro-bono service awards program. Industry currently support Clinical Research Trainee awards in disease specific areas. The CHEST Foundation has a standing Awards Committee and shares an ad-hoc awards committee with the college. All awards are peer reviewed by committee

comprised of CHEST Foundation trustees and ACCP members or invited external reviewers. Each review committee has the final authority to confer awards. Awards are conferred annually at either the Foundation's fund-raising dinner or at a separate, Presidents' International Reception and Awards ceremony that occurs on the last evening of the annual meeting.

Ours is called the Scientific Review Committee and they recommend research grants awarded. The EMF Executive Committee approves the grant recommendations. The full board approves non-grant expenditures, such as \$200,000 for a workforce study.

Yes, for scientific educations and research. Awards are determined by the Board of Directors and by request. The Board of Directors have final responsibility.

In the process of development.

In 1985 the ACR created the REF to support Rheumatology research and to encourage outstanding physician investigators in the early years of their research training to continue to focus on rheumatic diseases. Over \$3.2 million in rheumatology research has been provided since 1992. The awards and grants supporting medical students purpose is to cultivate interest among medical students into careers in Rheumatology. We use the Arthritis Foundation's peer review process for basic science type grants. Use our Research Committee and Training Committee for the other awards.

We have a panel of experts, physicians, who determines the awards. The Chair of each committee has the final responsibility.

A research award for people doing outcome research. Determined through a peer review system, just two people a year. We gave an award to President and Mrs. Carter, and she came to our gala. The physicians on the committee have the final say so.

There is a committee that selects the criteria and recipients. Again the committee, but the Board would have the final decision.

Awards are given for outstanding presentations at combined annual meeting, philanthropic service and contribution to the subspecialty. Research projects in clinical aesthetic surgery topics based upon merit.

Funding for annual grants comes from two sources: 50% of the prior year's income from the annual campaign, after administrative expenses, is set aside for grants. 5% of the value of the foundation's net assets, averaged over the last three

years, is also set aside for grants.

Grants are made to fund research, outcome studies, lectures at the ASSH Annual

Meeting, a newsletter for families of children with limb differences, overseas volunteer efforts and other educational programs related to the hand.

We present awards in support of research and the committee serves as the study section that reviews the research protocol and makes them available. Then the FAER Board serves as the “funding agency.” Our committee determines awards by reviewing protocols. The Board approves the funding.

Fellowships, Grants. Committee members make selection.. Committee of each 3.

Nominated and voted on by Board of Directors. Within the Board of Directors are specialists in each of the fields of Urology. Each area is responsible for their specialty. Final responsibility depends on the specialties.

Monies raised support educational and research grants, scholarships, and fellowships. A CAP education committee peer reviews all CAPF program applications and recommends a ranking of awards. The CAPF reviews recommendations and makes the final approval.

Program book outlines this, but they are: Mentored Clinical Scientist Career Development Awards, Wylie Traveling Fellowship, Student Fellowship Awards, and Clinical Research Grant Awards. Awarded on a competitive basis. Research and Education Committee reviews and scores proposals and forms, these are scored, and the committee determines. The committee is NOT composed of members of the foundation. BOD, but those who are members of the two sponsoring associations.

Q16. Please describe one highlight or accomplishment your foundation has experienced.

The “Looking to our Future” campaign has increased overall awareness of the ERT and has created a greater sense of ownership amongst our membership. That energy will be used to generate \$500,000 in new pledges each year from membership.

We are growing at such a rate that we are now able to initiate new programs while still meeting our endowment goal of \$5 million by 2008.

We are the first medical society in history to partner with HCFA (Medicare), Health Care Financing Administration, on a nationwide healthcare initiative that involves over 50% of U.S. members as volunteers.

We are very pleased with the overall planned giving gifts that will total over \$40 million in the next 10 to 15 years.

Getting the NIH Clinical Trials Grant \$7.2 million 5-year award.

The CHEST Foundation is proud of the creation, in 1998, of the Governors Community Service Award program that recognizes and rewards the volunteer service of ACCP members in their communities. Through this program, which confers a \$2,500 grant to the winning recipient's organization that benefits from their volunteer time and expertise, the Foundation is fostering community service across the world.

Nationally recognized predisposition to breast cancer.

It's been rather inactive, but it does exist and its purpose is to develop education programs.

In the first twelve months of operations a Board was recruited with four committees, each having between 5-12 members, six staff hired and the infrastructure was built.

Created an Industry Roundtable that has eight members who have contributed/pledged \$300,000 each per year for three years.

We have funded since 1995 about \$15 million in digestive health research.

At our gala, we gave President and Mrs. Carter a "Lifetime of Caring Award" because of their involvement. She wrote a book on care giving and he wrote one on the virtues of aging. She came to our gala to accept the awards.

Successfully completing the first part of strategic planning process. We now have a new mission, goals, and grant making areas from which to build around.

We have had a significant response from members on the first call. There is high level of commitment and interest among Radiologist to support research and education.

The ASERF Awards Committee review evaluations of speakers' presentations and nominations by the Membership (Philanthropic Service). The Research Committee evaluates Research Grant Applications received. Committee recommendations are reviewed by the Board of Directors for final decision.

Through careful management of expenses, the AFSH kept expenses under 115 IN 1999. Further, annual campaign income increased 116% in 1999, more than doubling what was collected in 1998.

About three years ago we published a survey of award recipients. It was an outcome study and among the recipients we had 20 doctors who subsequently became chairmen of teaching departments.

I feel it's [in] the interest of the membership of our Society in establishing and starting to grow a Foundation.

Maliniac Circle getting 30 members in 2 years.

Research Scholar Awards millions of dollars annually awarded for research in specific fields.

The major accomplishment of the CAPF is also increased member participation (giving) in the Foundation. The Foundation is creating a bigger culture of giving that previously didn't exist. The Foundation now raises enough annual to meet expenses.

We are 3 years old and we have saved \$200,000. We have a Board in place and have a specific giving campaign in mind.

We put together a booklet on menopause, a primer. It's been well received and we have sent some to physician's offices. In December of 1999 there was a health update in *Better Homes and Gardens* and it talked about our magazine and said to call our 800 # for it.

Collaborative success of negotiating a MOU (Memo of Understanding) with the NHLBI (National Heart, Lung and Blood Institute, a part of NIH) and another separate foundation to provide significant funding to Mentor Clinical Scientist Award, i.e. \$75,000 from the foundation/NHLBI and \$75,000 from another foundation for a total of \$150,000 a year, with COLA for up to five years and up to two fellows. Also, highly successful \$3 million endowment in only three years, i.e. '96-99.