## 2023 Colorado Nonprofit Salary \& Benefits Survey - copy

## Login

1. What is the name of your organization? We are asking to track participants for the $50 \%$ discount and will not share or single out any responses.
$\square$
2. Are you just starting the survey or returning to your survey?
© I'm just starting the survey
© I'm returning to my survey

## Email *

 name@domain.orgOrganization Information
3. Please select your organization's primary focus of service.

○ Animal related

- Arts/Culture
© Civic Improvement/Philanthropy
- Education
o Environmental
o Health/Mental Health
o Human Services
- Legal/Advocacy/Civil Rights
- Religion
o Youth Development
o Other

4. In which county is your organization's main Colorado location?

Adams
Alamosa
Arapahoe
Archuleta
Baca
Bent
Boulder
Broomfield
Chaffee
Cheyenne
Clear Creek
Conejos
Costilla
Crowley
Custer
Delta
Denver
Dolores
Douglas
Eagle
Elbert
El Paso
Fremont

| Garfield |
| :---: |
| Gilpin |
| Grand |
| Gunnison |
| Hinsdale |
| Huerfano |
| Jackson |
| Jefferson |
| Kiowa |
| Kit Carson |
| Lake |
| La Plata |
| Larimer |
| Las Animas |
| Lincoln |
| Logan |
| Mesa |
| Mineral |
| Moffat |
| Montezuma |
| Montrose |
| Morgan |
| Otero |
| Ouray |
| Park |
| Phillips |
| Pitkin |
| Prowers |
| Pueblo |
| Rio Blanco |
| Rio Grande |
| Routt |
| Saguache |
| San Juan |
| San Miguel |
| Sedgwick |
| Summit |
| Teller |
| Washington |
| Weld |
| Yuma |

5. What is your organization's operating budget for the current fiscal year?*

- Less than $\$ 500 \mathrm{k}$

C $\$ 500 \mathrm{k}$ - $\$ 999,999$
C \$1M-\$2.49M
○ $\$ 2.5 \mathrm{M}-\$ 4.9 \mathrm{M}$
C $\$ 5 \mathrm{M}-\$ 9.9 \mathrm{M}$
C $\$ 10 \mathrm{M}_{+}$
6. How many full-time employees does your organization have?

7. How many part-time employees does your organization have?


## Executive Director Position Information

8. Executive Director Salary

Annual Salary ( if position is 40 hours per week, fulltime)

OR Hourly Wage (if position is less than 40 hours per week)
9. What is the minimum years of experience required for an Executive Director position at your organization?

0 years
1-2 years
$3-5$ years
6-10 years
More than 10 years
10. What is the highest level of education attained by your current Executive Director/CEO/President?

Some high school
High school or GED
Some College
Associate's Degree or Trade School
Bachelor's Degree
Master's Degree
Ph.D., M.D., J.D.

## 11. How many years of experience does your current Executive Director/CEO/President have in the following:

| As executive director at your organization | None or 0 years Less than 2 years 2-5 years $6-10$ years 11-20 years More than 20 years |
| :---: | :---: |
| In for-profit, public (government), or other sectors | None or 0 years Less than 2 years 2-5 years $6-10$ years 11-20 years More than 20 years |
| In the nonprofit sector (including at your organization) | None or 0 years Less than 2 years 2-5 years 6-10 years 11-20 years More than 20 years |

12. Please select the gender identity of your current Executive Director. Select all that apply. *

We are asking for demographic information to analyze and understand salary disparities within the nonprofit sector.
Data is reported in aggregate only and will not include any identifying information.
You may select more than one
Г Man
$\ulcorner$ Woman
「 Transgender
「 Non-binary/non-conforming
Г Prefer not to answer / don't know

## 13．Please select the racial identity of your current Executive Director＊

We are asking for demographic information to analyze and understand salary disparities within the nonprofit sector．
Data is reported in aggregate only and will not include any identifying information．

## You may select more than one

「 African American，Black
$\ulcorner$ Asian，Asian American
$\ulcorner$ Hispanic，Latino，Latina，Latinx
■ Native American，American Indian，Alaska Native
「 Native Hawaiian，Pacific Islander
「 White，Caucasian
$\Gamma$ Not listed：


「 Prefer not to answer／don＇t know

14．Who determines the compensation for the Executive Director／CEO／President？

C Board Chair
o Entire Board
© Board Committee（e．g．executive committee or finance committee）
o Other
15. What resources does your organization rely on to determine executive compensation?
$\ulcorner$ Professional advice
■ Salary surveys
$\ulcorner$ Other organizations

- Other

- Not Sure

Comments about data on this page:

## Salaries

## 16. Salaries

## Position

## Executive

Associate Director, Assistant Director, Executive Vice President Operations

Vice President of Operations, Chief Operating Officer
Operations Manager/Business Manager
Operations Director
Finance
Vice President of Finance, Chief Financial Officer
Finance Director, Controller
Accountant
Accounting Clerk
Bookkeeper
Human Resources
Vice President of Human Resources
Human Resources Director
Human Resources Assistant
Director of Volunteer Services
Volunteer Manager

Volunteer Coordinator

## Administration

Executive Assistant, Executive Secretary
Administrative Assistant
Office Manager
Receptionist
Intake Specialist
Fundraising \& Development
Vice President of Development, Chief Development Officer
Development Director
Development Officer
Development Associate
Director of Major Gifts
Donor Relations Manager
Grant Writer
Special Events Manager
Events Coordinator
Communications
Vice President of Communications, Chief Information Officer
Communications Director
Communications Coordinator/Marketing Associate
Art Director, Graphic Designer
Communications Manager
Programs - General
Vice President of Programs, Chief Impact Officer
Program Director
Program Manager
Program Coordinator
Program Assistant
Director of Education
Manager of Education
Evaluation \& Research
Director of Evaluation
Researcher
Research Assistant
Data Analyst
IT
IT Director
Computer Systems Manager
Programmer/Developer
Database Administrator
Technical Support

## Other

Legal Advocate, Court Advocate
Driver
Public Policy \& Advocacy
Director of Government Relations/Public Policy
Community Organizer
Manager of Government Relations/Public Policy
Mental Health
Case Supervisor
Counselor (e.g., treatment counselor, vocational counselor)
Direct Services Advocate

ivavigator/reer inavigator
Outreach Coordinator
Social Worker/Case Manager
Victim Advocate
Outreach Director

## Arts \& Culture

House Manager
Museum Registrar (Director)
Production/Company Manager
Technical Director
Ticketing Manager
Ticketing Staff

## Facilities Management

Buildings and Grounds Supervisor
Property/Site Manager
Housing
Housing Manager: Residential Units
Shelter Director, House Manager

## Retail

Cashier
Store Manager
Diversity, Equity \& Inclusion
DEI Manager
DEI Director
Chief Equity Officer

| time) | week) |
| :--- | :--- |
| $\$$ | per |
| year |  |
| \# of Employees in This | Minimum Years of Experience |
| Position | Required |
| 1 | 0 years <br> $1-2$ years <br> $3-5$ years <br> $6-10$ years <br> $10+$ years |

Race
African American/Black
Asian/Asian American
Latina, Latino. Latinx/Hispanic
Native American/American Indian/Alaska Native
Native Hawaiian/Pacific Islander
White/Caucasian
Multi-racial
Not listed

Gender

```
Man
Woman
Transgender
Non-binary/non-conforming
Prefer not to respond
```

Add Another
Position

Comments about data on this page:

## 17. Does your organization offer a health insurance plan forfull-time employees?

o Yes, we have a single health insurance plan available
c Yes, we offer two (2) or more plans for employees to choose from
O No
18. How many months does an employee work before qualifying for coverage?
© Immediately or less than 1 month
o 1 month
o 2-3 months
o More than 3 months - 6 months
c More than 6 months
19. Please answer the following question(s) regarding pay for health insurance premiums for employees:

Does your organization pay (or reimburse) health insurance premiums for employees?
C Yes, we pay $100 \%$ of employee premiums
o Yes, we pay a percentage (\%) of employee premiums

- Yes, we pay a flat dollar amount / stipend per employee

O No

What percentage (\%) of employee premiums is paid by your organization?


What is the stipend or flat dollar amount does your organization provides to employees?
\$
per employee per month
20. Please answer the following question(s) regarding pay for health insurance premiums for dependents:

Does your organization pay (or reimburse) health insurance premiums for dependents (e.g. domestic partners, spouses, children, etc.)?

- Yes, we pay $100 \%$ of premiums for dependents
o Yes, we pay a percentage (\%) of premiums for dependents
- No, but we provide a stipend to purchase health insurance

O No

What percentage (\%) of dependent premiums is paid by your organization?


What is the stipend your organization provides for dependents?
\$ $\qquad$ per month

## 21. Flexible Spending Account

Does your organization offer any of the following additional health-related supports? FSA; HSA; HRA
o Yes, with an employer contribution
o Yes, with employee contribution only
O No
22. Please answer the following question(s) regarding dental insurance:

Does your organization offer a dental insurance plan for full-time employees?
o Yes
O No

What percentage of premium is paid by your organization for:
Enter as percentage (\%). If your organization does not pay any portion of dental insurance premiums, enter 0.

Employee:

Dependent: $\square$
23. Please answer the following question(s) regarding vision insurance:

Does your organization offer a vision insurance plan for full-time employees?
o Yes
o No

What percentage of premium is paid by your organization for:
Enter as percentage (\%). If your organization does not pay any portion of vision insurance premiums, enter 0.

Employee:

Dependent:
$\square$
$\square$
24. Please answer the following question(s) regarding life insurance:

Does your organization provide group life insurance for full-time employees?
o Yes
O No
25. Please answer the below question(s) regarding disability insurance:

Does your organization provide disability insurance for full-time employees? Check all that apply.
$\ulcorner$ Long-term disability
「 Short-term disability
$\ulcorner$ No, neither

Comments about data on this page:
$\square$
26. Does your organization offer any of the below retirement plans?

Select all that apply.
「 403(b)
「 401(k)
$\lceil$ SEP/SIMPLE
$\square$ Pension Plan

- Other Retirement Plan:


■ None, no retirement plan offered
27. Please answer the following question(s) regarding retirement plan funding:

How are retirement plans funded?
o Organization contributes a percentage of employee salary regardless if employee contributes or not

- Organization matches employee contributions up to a certain limit
o No employer contribution, $100 \%$ employee funded

Percentage of employee salary your organization contributes regardless if employee contributes or not:
$\square$

What limit does your organization place on the amount the organization will contribute?
© By employee salary; we contribute up to a certain percentage of the employee's salary

- By a flat dollar amount; we contribute up to a certain flat dollar amount

Up to what percentage of employee salary does your organization contribute?

Note: This is the maximum amount your organization will contribute.
We contribute up to $\square$ $\%$ of the employee's salary

Up to what flat dollar amount does your organization contribute?

We contribute up to \$ $\square$ per employee per year

How much of the employee's contributions does your organization match?
o We match employee contributions $100 \%$ or dollar-for-dollar
○ We match employee contributions at $50 \%$ (for every $\$ 1$ the employee contributes, the organization contributes $\$ 0.50$ )

- Other:
$\square$

Comments about data on this page:
$\square$

## Other Benefits

28．Select all other benefits your organization offers employees．
$\ulcorner$ Flexible work schedule
$\ulcorner$ Option to work remotely
「 Paid lunch break
「 Training／professional development
$\ulcorner$ Tuition reimbursement
「 Parking reimbursement or paid parking
$\ulcorner$ Public transportation passes
$\ulcorner$ Wellness program（e．g．gym membership）
$\ulcorner$ Employee Assistance Program（EAP）
■ Prepaid legal service
「 Vision insurance／vision plan
$\ulcorner$ Supplemental insurance
－Child care
■ Workplace giving program
$\Gamma$ Other：
$\square$

Comments about data on this page：
29. How many days a week are employees allowed to work remotely?

- 0 days
o 1 day
o 2 days
- 3 days
- 4 days

C $5+$ days
30. What best describes your organization's approach to a flexible work schedule?

C Complete flexibility: each employee can set their own schedule
o Some flexibility: we have set working hours but accommodate each employee as needed

- A little flexibility: employees are expected to work set hours w/ some exceptions

31. Does your organization separate health and vacation time or do you award combined paid time off (PTO)?

- Separate health and vacation time

○ Combined paid time off
32. Does your organization offer an unlimited vacation policy?
o Yes: we offer unlimited vacation time off
o Yes: we offer unlimited health time off

- Yes: we offer unlimited PTO (combined paid time off)
o No

33. How do combined PTO days accrue?

| Yes | Hours |
| :---: | :---: |
| (Select | (amount |
| all that | PTO |
| apply) | capped |
|  | at) |

There is a cap on the amount of combined PTO that employees can accrue/carry at any time
There is a cap on combined PTO that can be carried over at yearend ("use it or lose it")
$\Gamma$

$\ulcorner\quad \square$
34. How many combined PTO hours per year do employees receive in each of the following years of employment?

Enter number of hours per year.
In their first (1st)
year:


In their (3rd)
year:


In their fifth (5th)
year:

35. How do health days accrue?

|  | Hours |
| :---: | :---: |
| Yes | (amount |
| (Select | health |
| all that | hours |
| apply) | capped |

at)
There is a cap on the amount of health time that employees can accrue/carry at any time
There is a cap on health time that can be carried over at year-end ("use it or lose it")
36. How many hours of health time per year do employees receive in each of the following years of employment?

Enter the number of hours per year.
In their first (1st)
year:


In their (3rd)
year:


In their fifth (5th)
year:

37. How do vacation days accrue?

| Yes | Hours |
| :---: | :---: |
| (amount |  |

at)
There is a cap on the amount of vacation time that employees can accrue/carry at any time
There is a cap on vacation time that can be carried over at year-end ("use it or lose it")
38. How many hours of vacation time per year do employees receive for each of the following years of employment?

Enter the number of hours per year.

> In their first (1st)
year:

40. What other types of paid time off do employees receive?

For each type of paid time off, check the box if your organization offers and enter the number of days offered.

Offered | Number |
| :--- |
| of Days |

Holidays


Floating holidays

Personal days


Other paid $\Gamma$ time off
41. Does your organization allow employees to take any other forms of leave (whether paid or unpaid)? If so, what types of other forms of leave does your organization offer?
$\square$ Bereavement leave
$\square$ FMLA leave for care of a family member with serious health condition
$\square$ For family member's active duty
$\square$ Other:


## Comments about data on this page:

$\square$
42. Parental Leave Policy (for all parents, e.g. biological, adoptive, etc.)

Does your organization have a parental leave policy?
o Yes
○ No

Who is eligible to use this policy?
o Only the parent that is giving birth

C All parents in the household

Time off allotted specifically for parental leave (excluding health, vacation, disability and other leave time):

Enter the number of hours allotted.
Paid time
off:
Unpaid time
off:
43. How has Colorado's upcoming Family and Medical Leave Insurance (FAMLI) program impacted your organization? Select all that apply.
o We have had to cut other parts of our budget to accommodate this program
o We have opted to not hire for roles, or delay hiring, to accommodate this program
o We have had to update our organizational policies to accommodate this program
o We are still in the process of assessing the impacts of this program for our organization
© None of the above
44. Family Leave Policy (e.g. leave for care of a family member with serious health condition)

Does your organization have a family leave policy?
o Yes
© No

Time off allotted specifically for family leave (excluding health, vacation, disability and other leave time):
$\qquad$ hours

## Comments about data on this page:

## Salary Increases \& Incentive Pay

45. Does your organization expect to grant or has it granted any kind of salary increase in 2023? Cost of living adjustments or merit increases?
o Yes
© No
o Unsure
46. On what basis are salary increases generally granted in your organization?

Check all that apply.
■ Cost of living (COLA)/across the board general increase
「 Merit increase/performance-based increase (the percentage amount varies based on individual performance)

「 Adjustments to meet market salaries or wages

- Other:


47. What is the typical cost of living increase per year as a percentage of salary?
$\square$ \%
48. What is the typical merit increase per year as a percentage of salary?
$\qquad$ \%
49. Do you provide bonuses or other variable/incentive pay for the below employees?

| Bonus/variable pay | If yes, <br> provided? | of <br> salary <br> for |
| :---: | :---: | :---: |
| Yes NoNot <br> applicable | typical <br> bonuses/ <br> variable <br> pay |  |


| Executive <br> Director/CEO/President | 0 | 0 | 0 | $\square$ |
| :--- | :--- | :--- | :--- | :--- |
| Other executive or <br> management staff | 0 | 0 | 0 | $\square$ |
| Non-management staff | 0 | 0 | 0 | $\square$ |

50. If bonuses are granted, how are amounts decided?

■ Merit
「 Percentage of salary
$\Gamma$ Other:
$\square$

Comments about data on this page:


## Part-Time Employees

## 51. Insurance

Do part-time employees qualify for any kind of insurance benefits? Which of the following kinds of insurance are offered to part-time employees (select all that apply).
o Health Insurance
o Dental Insurance
o Vision Insurance
© Not applicable

- Other Insurance (please describe)

What is the minimum number of hours an employee must work to receive any kind of insurance?
$\square$

## 52. Retirement/Savings Plan

Do part-time employees qualify for retirement/savings plan(s)?
o Yes, full benefit is available to all employees regardless of hours worked
c Yes, if employee works a minimum number of hours per week
o No, benefit is only available to full-time employees
C N/A

What is the minimum number of hours an employee must work to receive retirement/savings plan(s)?
$\square$ hours per week

## 53. Paid Time Off

## Do part-time employees qualify for paid time off?

o Yes, full benefit is available to all employees regardless of hours worked
o Yes, benefit is prorated (offered partially based on hours worked)
o Yes, if employee works a minimum number of hours per week
O No, benefit is only available to full-time employees
o N/A

What is the minimum number of hours an employee must work to receive paid time off?
$\square$ hours per week

Comments about data on this page:

## Internships

54. What is the term length (in months) of a typical internship?
55. Please answer the following question(s) regarding compensation for interns:

How are interns typically compensated?
o Stipend

- Hourly
© Interns are not compensated
o Other:


Stipend amount:
\$
per (frequency)


Typical hourly rate of
pay:
\$ $\square$ per hour
56. Can students earn class credit for internships at your organization?
o Yes
© No

Comments about data on this page:


HR \& Employment Survey (Optional)
57. What percentage of your organization's executive leadership team are people of color?

Executive Leadership includes ED/CEO, C-level staff, vice presidents

58. What percentage of your organization's staff who are not on your executive leadership team are people of color?
59. Select the statement below that best represents your organization's diversity, equity, and inclusion (DEI) efforts. Select all that apply.
c We do not feel that DEI efforts are relevant to our organization.
o We understand the value of DEI efforts but are not currently focusing on any efforts.
o We value and are working on diversifying our team.

- We are working to build a workplace culture that values all people's experiences, backgrounds, and cultures.
© We are working on evaluating and assessing inequities internally throughout all areas of our work.
o We are working on changing systems internally and externally that address systemic racism and inequities.
o Other

60. Did you have any staff voluntarily leave/resign from your organization in the past 12 months?

- Yes
© No
o Unsure

61．For what reasons did they leave／resign？
Select all that apply．
「 Salary or wage increase
$\ulcorner$ Changed mission area focus
$\ulcorner$ Relocating out of state
$\ulcorner$ Changed career field（s）
「 Relocating within Colorado
「 Unsure／I don＇t know
■ Other

$\ulcorner$ Career advancement

62．Do you have a succession plan for your organizational leaders？
o Yes
O No
o Unsure

63．Does your organization have an overall strategy to develop talent within your organization？
o Yes
o No
o Unsure
64. In what ways does your organization support talent development? Select all that apply.

■ We have specific pathways for staff to move into leadership positions
$\ulcorner$ We have a budget for employee professional development
$\square$ We have a mentoring program available for employees
$\square$ We have action plans for staff to pursue their career goals
$\Gamma$ Other:


■ We do not have specific ways in which we support talent development
65. When was the last time your organization conducted a compensation review of all employee salaries, raises, and bonuses?

- Within the past 12 months

C 1-2 years ago
C 3-5 years ago

- Over 5 years ago
© Never
© I don't know/ Not sure


## 66. Change in Benefits

In the past 12 months, did your organization add or increase employee benefits?
o Yes
o No
© Not applicable

What benefits did you add or increase?
Select all that apply.
「 Health
■ Vision
$\ulcorner$ Dental
$\ulcorner$ Leave Time
$\ulcorner$ Retirement
$\Gamma$ Other:

In the past 12 months, did your organization eliminate or decrease employee benefits?
o Yes
© No

What benefits did you eliminate or decrease?
Select all that apply.

- Health

Г Vision
$\ulcorner$ Dental
$\ulcorner$ Leave Time
$\ulcorner$ Retirement
$\Gamma$ Other:
67. Are you providing any additional compensation or resources for your employees that you haven't already mentioned? Select all that apply.
o Stipends for mental health appointments
© Additional paid time off
C Wellness stipends
○ Mindfulness apps + technologies

- An Employee Assistance Program (EAP)

○ Other (please describe)


