State of Nonprofits 2024

This survey should take approximately 15-20 minutes to complete.
Please complete this survey **by Tuesday, February 20.**

Introduction

Thank you for your participation in this research study conducted by the Center for Effective Philanthropy! We recognize you have a lot of responsibilities and appreciate you making time in your day to complete this survey. To thank you for your time, you will receive a $40 gift card after the completion of the survey. **Please ensure you reach the end and "submit" your responses to receive the gift card.**

In this survey, we will be asking you to share your perspective on what things are currently like at your organization. This includes asking you about your staffing, finances, and relationships with funders. The information collected will be reflected back to the nonprofit and funder communities to help provide a timely understanding of the landscape that nonprofit leaders are currently working in and with.

Your responses to this survey will be kept **completely confidential**. When results of this survey are shared:
- All numeric rating responses to this survey will be reported as averages and percentages, and no individual responses will be reported.
- If we quote part of your response to an open-ended question, we will mask all identifying information in the quote to thoroughly protect your anonymity.

Instructions

- **Please do not use the forward and back buttons on your browser's navigation bar** to move forward and back in the survey. Instead, use the directional buttons at the bottom of each screen.
- **To stop and continue the survey at a future time**, close your browser and use the survey link found in your email to resume the survey.
- **To receive your "thank you" gift card**, please make sure to hit "submit" at the very end. The giftcard will be sent from "noreply@tangocard.com," so be sure to check spam and make sure there are no filters blocking messages from that address.

ABOUT YOUR ORGANIZATION

1. How would you describe the geographical scope(s) of your organization? *(Please check all that apply)*
   - ❑ Local
   - ❑ State
   - ❑ Regional
   - ❑ National
   - ❑ Global

2. Do your organization's efforts include a direct service component?
   - ❑ No
   - ❑ Yes

3. What are your organization's key focus areas? *(Please check all that apply)*
   - ❑ Arts, culture, and humanities
   - ❑ Civic engagement and government
   - ❑ Education
   - ❑ Environment and animals
   - ❑ Health
   - ❑ Human services
   - ❑ International/foreign affairs
   - ❑ Mutual/membership benefit
   - ❑ Public, societal benefit
   - ❑ Religion
   - ❑ Social justice
   - ❑ Other (*please specify)*: _____

4. Are any of the following populations the **primary** intended people and/or communities served by your organization? *(Please check all that apply)*
   - ❑ People of color
   - ❑ Members of the LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, and Queer) community
   - ❑ Individuals with disabilities
   - ❑ Individuals from lower-income communities
   - ❑ Other (*please specify:* _____)
   - ❑ None of the above (*Mutually exclusive*)

STAFFING, MENTAL HEALTH, AND WELL-BEING

5. In the **last year**, have you had more staff leave the organization than is typical?
   ○ More staff left than typical
   ○ About the same number of staff left as typical
   ○ Fewer staff left than typical
   ○ Don't know / unsure

   (Qualtrics: Display only if "More staff left than typical" was selected in Q5.)
   What do you believe is contributing to the increase in staff departures?
   _____

6. In the **last year**, have you added more staff members to the organization than is typical?
   ○ More staff added than typical
   ○ About the same number of staff added as typical
   ○ Fewer staff added than typical
   ○ Don't know / unsure

   (Qualtrics: Display only if "More staff added than typical" was selected in Q6.)
   Why has your organization added more staff members than typical?
   _____

7. In the **last year**, has your organization experienced a leadership transition at CEO/Executive Director level or equivalent?
   ○ Yes, we have had a leadership transition in the last year
   ○ As CEO/ED, I have announced an upcoming departure but am still with the organization
   ○ No change
   ○ Other (please specify: _____)

8. In the **last year**, have you had difficulties filling staff vacancies?
   ○ No difficulty
   ○ A little difficulty
   ○ Some difficulty
   ○ A lot of difficulty

9. In the **last year**, has staff burnout been a concern to you?
   ○ Not at all a concern
   ○ A little bit a concern
   ○ Somewhat a concern
   ○ Very much a concern

10. Relative to this time last year, are you more or less concerned about staff burnout today?
   ○ Less concerned
   ○ No change
   ○ More concerned

11. In the **last year,** has your own burnout as the Executive Director, CEO, or equivalent been a concern to you?
   ○ Not at all a concern
   ○ A little bit a concern
   ○ Somewhat a concern
   ○ Very much a concern
   ○ I am not the Executive Director, CEO, or equivalent

12. *(Qualtrics: Display only if a response other than "I am not the Executive Director" was selected in Q11.)* Relative to this time last year, are you more or less concerned about your own burnout today?
   ○ Less concerned
   ○ No change
   ○ More concerned

13. To what extent is burnout among your staff impacting your organization's ability to achieve its mission?
   ○ Not at all impacting ability to achieve our mission
   ○ Slightly impacting ability to achieve our mission
   ○ Moderately impacting ability to achieve our mission
   ○ Significantly impacting ability to achieve our mission

14. Which of the following tools, if any, does your organization use to **understand** the mental health and well-being of staff?

	Used prior to 2023	Began using in the last year	N/A – we do not use this tool
Individual check-ins (e.g., by supervisors, HR, leadership)	○	○	○
Staff-wide check-ins	○	○	○
Staff surveys and assessments	○	○	○

15. In the **last year**, how many times have you discussed a staff member's mental health or well-being with them in one-on-one check-ins?
    - ◯ 0-4 times
    - ◯ 5-11 times
    - ◯ 12 or more times

16. Which of the following practices and policies, if any, does your organization use to **support** the mental health and well-being of staff? *(Please check all that apply)*
    - ❑ Organization-sponsored counseling / therapy programs
    - ❑ Employee assistance programs
    - ❑ Healthcare coverage for mental health treatment
    - ❑ Healthcare coverage fully paid for by the organization
    - ❑ Wellness stipends
    - ❑ Mental health days / personal days
    - ❑ Unlimited sick time
    - ❑ Organization-wide pauses in operations
    - ❑ Sabbaticals
    - ❑ Mental health workshops / information sessions
    - ❑ Flexibility in work hours / work location
    - ❑ Subscriptions to mobile wellness services (e.g., Headspace)
    - ❑ Other (*please specify*: _____)
    - ❑ None of the above *(Mutually exclusive)*

17. What is the biggest barrier, other than a need for increased funding, that your organization faces to supporting the mental health or well-being of staff?

    _____
    _____

FINANCIAL PROJECTIONS

18. In the **last fiscal year**, what was your organization's operating budget (in dollars)?
    $ _____

    (Qualtrics: Validation in place so that only numerical whole numbers can be entered.)

19. Does your organization currently have at least six months' operating expenses for emergencies or opportunities in the form of reserves, endowment funds, or other funding sources?
    - ◯ No
    - ◯ Yes

20. In the **last fiscal year,** did you have a...
- ◯ Budget deficit
- ◯ Balanced budget (no deficit or surplus)
- ◯ Budget surplus
- ◯ Don't know / unsure

(Qualtrics: Display only if "Budget deficit" was selected in Q20.)

Which of the following, if any, do you believe contributed to your deficit? *(Please check all that apply)*
- ❑ Higher than expected costs
- ❑ Lower than expected foundation revenue
- ❑ Lower than expected individual giving
- ❑ Lower than expected fee for service (including government contracts)
- ❑ Timing / revenue recognition
- ❑ Other (*please specify*: _____)
- ❑ Don't know / unsure
- ❑ None of the above *(Mutually exclusive)*

(Qualtrics: Display only if "Budget surplus" was selected in Q20.)

Which of the following, if any, do you believe contributed to your surplus? *(Please check all that apply)*
- ❑ Lower than expected costs
- ❑ Higher than expected foundation revenue
- ❑ Higher than expected individual giving
- ❑ Higher than expected fee for service (including government contracts)
- ❑ Timing / revenue recognition
- ❑ Other (*please specify*: _____)
- ❑ Don't know / unsure
- ❑ None of the above *(Mutually exclusive)*

21. In the **current fiscal year**, do you believe your organization will have a...
- ◯ Budget deficit
- ◯ Balanced budget (no deficit or surplus)
- ◯ Budget surplus
- ◯ Don't know / unsure

(Qualtrics: Display only if "Budget deficit" was selected in Q21.)

Which of the following, if any, do you believe will contribute to your projected deficit? *(Please check all that apply)*

- ❑ Higher than expected costs
- ❑ Lower than expected foundation revenue
- ❑ Lower than expected individual giving
- ❑ Lower than expected fee for service (including government contracts)
- ❑ Timing / revenue recognition
- ❑ Other (*please specify*: _____)
- ❑ Don't know / unsure
- ❑ None of the above *(Mutually exclusive)*

(Qualtrics: Display only if "Budget surplus" was selected in Q21.)

Which of the following, if any, do you believe will contribute to your projected surplus? *(Please check all that apply)*

- ❑ Lower than expected costs
- ❑ Higher than expected foundation revenue
- ❑ Higher than expected individual giving
- ❑ Higher than expected fee for service (including government contracts)
- ❑ Timing / revenue recognition
- ❑ Other (*please specify*: _____)
- ❑ Don't know / unsure
- ❑ None of the above *(Mutually exclusive)*

(Qualtrics: Display only if "Budget deficit" was selected in Q20 and/or Q21.)

Please describe what measures, if any, you plan to take to address your organization's current and/or anticipated budget deficit in the current fiscal year.

_____
_____

FUNDING AND FUNDER RELATIONSHIPS

22. Do your funders engage in any of the following practices to strengthen your organization's sustainability? *(Please check all that apply)*
- ❑ No, our funders do not engage in practices that strengthen our organization's sustainability *(Mutually exclusive)*
- ❑ Yes, they provide unrestricted operating support that we can allocate toward our organization's sustainability
- ❑ Yes, they provide restricted grants specifically to strengthen our organization's sustainability
- ❑ Yes, they convene nonprofits to engage in dialogue about our organizations' sustainability
- ❑ Yes, they connect us to third party providers that support our organization's sustainability

❑ Yes, they provide other forms of support to strengthen our organization's sustainability (*please specify)*: _____

23. Are any of the following areas where your funders have been involved in strengthening your organization's sustainability? *(Please check all that apply)*
❑ Financial sustainability
❑ Technology and infrastructure
❑ Human resources (e.g., staffing levels, compensation/benefits)
❑ Strategic planning
❑ Leadership and governance
❑ Other (*please specify*: _____)
❑ None of the above

24. In each of the following areas, in the **last year** have your current foundation funders…

	Made new commitments	Continued existing commitments	Reduced or ended commitments	N/A – our funders have no commitments in this area
Reduced or eliminated funding restrictions	◯	◯	◯	◯
Streamlined application and proposal processes	◯	◯	◯	◯
Streamlined or revised reporting requirements	◯	◯	◯	◯
Provided more multiyear financial support	◯	◯	◯	◯
Advanced racial equity	◯	◯	◯	◯

25. In the **last year**, has your organization experienced a significant change in its number of individual donors?
◯ No
◯ Yes, our number of individual donors has increased significantly

◯ Yes, our number of individual donors has decreased significantly

26. In the **last year**, has your organization received funding through any of the following giving models? *(Please check all that apply)*
   ❑ Donor-advised funds (DAFs)
   ❑ Intermediary grantmakers or philanthropic collaboratives
   ❑ Individual donors working with philanthropy consultants
   ❑ LLCs or other impact investment firms
   ❑ Funding competitions (e.g., The Audacious Project)
   ❑ Other (*please specify*: _____)
   ❑ None of the above *(Mutually exclusive)*

27. In the **last year**, has your organization gained or lost institutional or individual funders due to a statement or position that your organization has made public? *(Please check all that apply)*
   ❑ No *(Mutually exclusive)*
   ❑ Yes, we have gained funders as a result of a public statement or position
   ❑ Yes, we have lost funders as a result of a public statement or position

28. *(Display only if a response other than "No" was selected in Q27.)* Please describe the public statement or position that resulted in the gain/loss of funders for your organization.
   _____

29. Does your organization have an official policy regarding the use of artificial intelligence (AI) in your work?
   ◯ We have a policy **permitting** the use of AI in **all** areas of our work
   ◯ We have a policy **permitting** the use of AI in **some, but not all** areas of our work
   ◯ We have a policy **prohibiting** the use of AI in **all** areas of our work
   ◯ We don't have a policy about the use of AI in our work

30. *(Display if a response other than "We have a policy prohibiting the use of AI…" was selected in Q29.)* In which of the following areas, if any, has your organization used AI in the **last year**?
   (Please check all that apply)
   ❑ Internal productivity (e.g., meeting notes)
   ❑ Human resources (e.g., recruiting)
   ❑ Programmatic work
   ❑ Financial administration (e.g., budgeting)
   ❑ Development and fundraising
   ❑ Marketing and communications
   ❑ Other (*please specify*: _____)
   ❑ None of the above *(Mutually exclusive)*

31. Is your organization having or planning to have internal discussions about the implications of the 2023 Supreme Court ruling on affirmative action on your organization's work?
    ○ No, we are not having and do not plan to have discussions about the ruling
    ○ Yes, we are having or have had discussions about the ruling
    ○ Yes, we plan to have discussions about the ruling in the near future

32. Did you consult legal counsel (whether internal or external to the organization) about the Supreme Court's ruling and its potential implications for your organization's work?
    ○ No
    ○ Yes

33. Are your funders having discussions with your organization about the implications of the Supreme Court ruling on your work?
    ○ No, no funders have had discussions with us about the ruling
    ○ Yes, one or more funders are having or have had discussions with us about the ruling

34. Are your funders making changes to their relationships with your organization in response to the Supreme Court ruling on affirmative action?
    ○ No, none have made changes
    ○ Yes, one or more have made changes
    ○ Yes, one or more say they will be making changes

35. *(Display only if an option with "Yes" is selected in Q34.)* Please describe the changes your funders have made in their relationships with your organization given the Supreme Court ruling on affirmative action.
    _____
    _____
    _____

CHALLENGES

36. What is the biggest **challenge**, other than a need for increased funding, that your organization is facing? Feel free to reflect on operational, staffing, budgetary, programmatic, or other areas when considering your response.

    _____

ABOUT YOU

37. How many years have you been in your current role at your organization?
    ○ Less than 1 year
    ○ At least 1 year but fewer than 3 years

○ At least 3 years but fewer than 6 years
○ At least 6 years but fewer than 10 years
○ 10 years or longer

38. Please select the option that represents how you describe yourself: *(Please check all that apply)*
   ❑ Gender non-conforming or non-binary
   ❑ Man
   ❑ Woman
   ❑ Prefer to self-describe/identify (*optional, please describe:* _____)
   ❑ Prefer not to say *(Mutually exclusive)*

39. Are you transgender?
   ○ No
   ○ Yes
   ○ Prefer not to say

40. Do you identify as a member of the LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, and Queer) community?
   ○ No
   ○ Yes
   ○ Prefer not to say

41. Do you have a disability?
   ○ No
   ○ Yes
   ○ Prefer not to say

42. How would you describe your race and/or ethnicity? (*Please check all that apply*)
   ❑ African American or Black
   ❑ American Indian, Alaska Native, or Indigenous
   ❑ Asian or Asian American
   ❑ Latina, Latino, Latinx or Hispanic
   ❑ Middle Eastern or North African
   ❑ Multiracial and/or Multi-ethnic
   ❑ Pacific Islander or Native Hawaiian
   ❑ White
   ❑ Race and/or ethnicity not included above (*optional, please describe:* _____)
   ❑ Prefer not to say *(Mutually exclusive)*

43. Do you identify as a person of color?
   ○ No
   ○ Yes
   ○ Prefer not to say

44. Do you have any comments, questions, or feedback that you would like to share with CEP?

   _____

   _____

   _____

45. Thank you for completing our survey! Please confirm the email address we should send your giftcard to and hit "Submit." You will be receiving two emails from "noreply@tangocard.com," one to choose your retailer and one to redeem your giftcard. _____ *(Qualtrics: Valid email addresses only.)*