



NONPROFIT  
COMPENSATION  
ASSOCIATES

## FAIR PAY FOR NORTHERN CALIFORNIA NONPROFITS: THE 2012 COMPENSATION AND BENEFITS SURVEY

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**This document lists all of the questions asked in the survey questionnaire, whether you choose to enter your data online or via email with the Excel version.**

This questionnaire contains the following sections: Organization, Compensation & Employment Practices, Paid Time Off Benefits, Insurance Benefits, Retirement Benefits, Executive Director/CEO Profile and Compensation. Refer to the separate **Glossary.2012.pdf** file for definitions of terms. Refer to the separate **JobDescriptions.2012.pdf** file for a complete list of all jobs covered in the survey and a description of each.

Submit your data by **Monday, March 26, 2012** and you will be eligible to purchase a copy of the survey report at the discounted participant rate. Visit [www.nonprofitcomp.com](http://www.nonprofitcomp.com) for details.

**Your survey response will be strictly confidential and data from this research will be reported only in the aggregate. All information entered online is encrypted and will remain confidential.**

If you have any questions, please contact Rita Haronian of Nonprofit Compensation Associates, our survey consultant, at 510-645-1005 or [survey@nonprofitcomp.com](mailto:survey@nonprofitcomp.com).

### ORGANIZATION

**Organization name:** \_\_\_\_\_  
**Name of person completing survey:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Telephone (w/ext. if applicable):** \_\_\_\_\_  
**Email address:** \_\_\_\_\_  
**Website:** \_\_\_\_\_  
**Street address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_  
**County:** \_\_\_\_\_

**Please enter name, job title and email address for any of the following employees not already listed as the contact person completing the survey above:**

**Executive Director/CEO:** \_\_\_\_\_  
**Job title at your organization:** \_\_\_\_\_  
**Email address:** \_\_\_\_\_

**CFO or Business Manager:** \_\_\_\_\_  
**Job title at your organization:** \_\_\_\_\_  
**Email address:** \_\_\_\_\_

**Human Resources Officer:** \_\_\_\_\_  
**Job title at your organization:** \_\_\_\_\_  
**Email address:** \_\_\_\_\_

**How did you find out about this survey? If you heard about it through one of our regional partners, please check the box next to that organization's name here. They will receive a small donation from Nonprofit Compensation Associates for each participant that checks their box. If you heard about it some other way, please check "Other" and tell us how.**

- |   |   |
|---|---|
| <input type="checkbox"/> Alameda Council of Community Mental Health Agencies                | <input type="checkbox"/> Nonprofit Resource Center, Sacramento                                |
| <input type="checkbox"/> California Association of Nonprofits, Los Angeles                  | <input type="checkbox"/> Northern California Community Loan Fund, San Francisco               |
| <input type="checkbox"/> Center for Volunteer and Nonprofit Leadership of Marin, San Rafael | <input type="checkbox"/> Placer Community Foundation, Auburn                                  |
| <input type="checkbox"/> Community Collaborative of Tahoe Truckee, Truckee                  | <input type="checkbox"/> San Francisco Human Services Network                                 |
| <input type="checkbox"/> Community Foundation for Monterey County, Monterey                 | <input type="checkbox"/> Shasta Regional Community Foundation, Redding                        |
| <input type="checkbox"/> Community Foundation of Mendocino County, Ukiah                    | <input type="checkbox"/> Sierra Health Foundation, Sacramento                                 |
| <input type="checkbox"/> Community Foundation of Santa Cruz County, Soquel                  | <input type="checkbox"/> Sierra Nonprofit Support Center, Sonora                              |
| <input type="checkbox"/> CompassPoint Nonprofit Services, San Francisco                     | <input type="checkbox"/> Silicon Valley Council of Nonprofits, San Jose                       |
| <input type="checkbox"/> Foundation Center, San Francisco                                   | <input type="checkbox"/> THRIVE – The Alliance of Nonprofits for San Mateo County, San Carlos |
| <input type="checkbox"/> Great Valley Center, Modesto                                       | <input type="checkbox"/> United Way of Merced County, Merced                                  |
| <input type="checkbox"/> Human Care Alliance, Santa Cruz                                    | <input type="checkbox"/> United Way of Santa Cruz County, Capitola                            |
| <input type="checkbox"/> Human Services Alliance of Contra Costa, Pleasant Hill             | <input type="checkbox"/> United Way of Tulare County, Tulare                                  |
| <input type="checkbox"/> Kings United Way, Armona   | <input type="checkbox"/> United Way of the Wine Country, Santa Rosa                           |
| <input type="checkbox"/> Napa Valley Coalition of Nonprofit Agencies, Napa                  | <input type="checkbox"/> United Ways of California, South Pasadena                            |
| <input type="checkbox"/> Nonprofit Alliance of Monterey County, Pacific Grove               | <input type="checkbox"/> Volunteer Center of Sonoma County, Santa Rosa                        |
- Other: \_\_\_\_\_

**Total annual expenses of the organization:** \$ \_\_\_\_\_

**Total payroll budget for the current fiscal year: Include all employees whose pay is reported on form W-2, including seasonal employees. Do not include contractors whose pay is reported on Form 1099.** \$ \_\_\_\_\_

**Total number of employees:**  
**(Do not include temporary staff, contract staff or volunteers)**

**Number of employees who are new in their positions during the past 12 months due to VOLUNTARY TURNOVER:**  
**(Do not include newly created positions, temporary employees, contractors or volunteers.)**

**Number of employees who are new in their positions during the past 12 months due to INVOLUNTARY TURNOVER:**  
**(Do not include newly created positions, temporary employees, contractors or volunteers.)**

	Full-Time	Part-Time

**Please check the field of service in the list below that most accurately reflects your organization's mission:**

- |  |   |
|--|---|
| <input type="checkbox"/> Association Mgmt., Membership, Support Organization | <input type="checkbox"/> Health, Clinics, Hospitals             |
| <input type="checkbox"/> Child Care/Child Welfare                            | <input type="checkbox"/> Housing, Shelters                      |
| <input type="checkbox"/> Community/Economic Development                      | <input type="checkbox"/> Legal Services, Advocacy, Civil Rights |
| <input type="checkbox"/> Conservation, Environment, Animal Welfare, Parks    | <input type="checkbox"/> Religious, Churches                    |
| <input type="checkbox"/> Culture, Arts, Museums, Theater                     | <input type="checkbox"/> Youth/Recreation                       |
| <input type="checkbox"/> Education, Schools, Colleges, Research              | <input type="checkbox"/> Social Service, One Major Program      |
| <input type="checkbox"/> Family Counseling/Mental Health Services            | <input type="checkbox"/> Social Service, Multiple Programs      |
| <input type="checkbox"/> Foundation, Philanthropy, Fundraising               |   |
- Other: \_\_\_\_\_

**COMPENSATION & EMPLOYMENT PRACTICES**

<p><b>By what percentage, on average, do you expect salaries paid by your organization to increase during the next twelve months?</b></p>		
<p><b>What method(s) describes your salary increase practices? Check all that apply. For each selected, enter the average increase over the past 12 months and the average projected increase over the next 12 months.</b></p>		
	<p>Avg increase over past 12 months</p>	<p>Avg projected increase over next 12 months</p>
<input type="checkbox"/> Across-the-board increase	_____ %	_____ %
<input type="checkbox"/> Merit (or performance-based) increase	_____ %	_____ %
<input type="checkbox"/> Cost-of-living increase	_____ %	_____ %
<input type="checkbox"/> Length-of-service increase	_____ %	_____ %
<p><b>Does your organization offer incentive pay or bonuses to any full-time employees? Check all that apply.</b></p>		
<input type="checkbox"/> CEO/Executive Director		
<input type="checkbox"/> Management staff		
<input type="checkbox"/> Professional staff		
<input type="checkbox"/> Support or administrative staff		
<p><b>What is your organization's full-time workweek?</b></p>		
<input type="checkbox"/> 40 hours/week		
<input type="checkbox"/> 38 hours/week		
<input type="checkbox"/> 37.5 hours/week		
<input type="checkbox"/> 35 hours/week		
<input type="checkbox"/> Other, please explain:		
<p><b>What is your practice for dealing with extensive overtime for EXEMPT staff?</b></p>		
<input type="checkbox"/> No formal policy		
<input type="checkbox"/> Provide compensatory time off		
<input type="checkbox"/> Pay straight time		
<input type="checkbox"/> Pay overtime rates		
<input type="checkbox"/> Do not compensate exempt staff for overtime		
<input type="checkbox"/> Other, please explain:		
<p><b>Do you have employees who work on-call? If Yes, which of the following best describes your organization's practice?</b></p>		
<input type="checkbox"/> Yes, pay for hours worked, including overtime		
<input type="checkbox"/> Yes, pay flat rate for being on call		
<input type="checkbox"/> Yes, provide compensatory time off or flex-time		
<input type="checkbox"/> Yes, do not pay or provide time off (exempt staff only)		
<input type="checkbox"/> Yes, pay show-up rate and hourly pay for time worked		
<input type="checkbox"/> Yes, some other policy (or no formal policy)		
Please describe policy:		
<input type="checkbox"/> No		
<p><b>Do you have employees who work the evening or night shift?</b></p>		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<p><b>If Yes, please describe policy regarding any additional compensation for evening or night shift work (or send in an attached file):</b></p>		
<p><b>Do you use salary grades and ranges?</b></p>		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<p><b>If Yes, when were your ranges last updated (MM/DD/YY)?</b></p>		

**How many months long is your introductory or probationary period?**

**If you do not have an introductory or probationary period, skip to the next group of questions.**

\_\_\_\_\_ months

Are employees eligible for paid time off benefits during the introductory or probationary period?

Yes       No

Are employees eligible for insurance benefits during the introductory or probationary period?

Yes       No

**Apart from after any probationary or introductory period, when are employees reviewed?**

- Never
- Every 6 months
- Annually
- No set schedule

**Are any of your employees covered by a union contract?**

Yes       No

**If Yes, which job classifications?**

**Do you pay a premium for jobs requiring bilingual skills?**

Yes       No

**If Yes, how much do you pay in addition to the standard salary? Please specify amount as % of salary or \$ per hour.**

**Which job classifications at your organization are subject to additional pay for bilingual skills?**

As a general rule, does your organization provide any of the following benefits to staff at any level? Please check for whom each benefit applies.

	Exec. Dir/ CEO	Other Mgrs/ Executives	Other Staff
Employee Assistance Program (EAP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telecommuting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial planning services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reimbursement for acquiring and/or maintaining professional license or other credentials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional conferences attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional development classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low-interest or no-interest loan program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation and/or travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse's/domestic partner's travel expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local mass transit subsidy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car or car allowance:			
Car leasing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car ownership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing or housing allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cellular phone use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home computer purchase or lease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of home internet provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal legal expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal liability insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional liability insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memberships:			
Country/residential club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fraternal club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional membership dues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sabbatical (paid time off)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional vacation time	<input type="checkbox"/>	<input type="checkbox"/>	
Additional contribution to medical insurance	<input type="checkbox"/>	<input type="checkbox"/>	
Additional contribution to life insurance	<input type="checkbox"/>	<input type="checkbox"/>	
Additional contribution to disability insurance	<input type="checkbox"/>	<input type="checkbox"/>	
Additional contribution to long-term care insurance	<input type="checkbox"/>	<input type="checkbox"/>	
Additional contribution to retirement plan	<input type="checkbox"/>	<input type="checkbox"/>	

**Impact of Economic Environment**

For each of the following actions, check the box to indicate:

- whether your organization has taken this action during the past 12 months
- whether you expect that your organization is likely to take this action during the next 12 months (rate as likely, uncertain, not likely)

	During past 12 months	During next 12 months		
		Likely	Uncertain	Unlikely
Made a net reduction in staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Made a net increase in staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mandated a temporary hiring freeze or continued a previously mandated freeze	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifted a temporary hiring freeze	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terminated contractors or any third party/outside employee arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hired new contractors or made new third party/outside employee arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mandated work furloughs for any employees or continued previously mandated furloughs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifted previously mandated work furloughs for any employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced the percentage or amount the organization pays toward medical insurance premiums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased the percentage or amount the organization pays toward medical insurance premiums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced, frozen or terminated a defined benefit plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instituted or increased contribution to a defined benefit plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eliminated or reduced retirement plan contributions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instituted or increased retirement plan contributions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced travel, training or other employee-related expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased travel, training or other employee-related expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eliminated any other employee benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Added any new employee benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced base pay for any employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Froze salaries for any employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifted previously instituted pay reductions or freezes for any employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eliminated or postponed bonuses for any employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instituted or increased bonuses for any employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gave one-time bonus in lieu of otherwise expected pay increases to any employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PAID TIME OFF BENEFITS**

What best describes your organization’s time off practices? Please choose from these five options:

- 1. **STANDARD - SAME ACCRUALS FOR BOTH EXEMPT & NONEXEMPT STAFF**  
You have separate policies for vacation, holiday, sick leave and personal time off AND both exempt and nonexempt employees are given the SAME benefits.
- 2. **STANDARD - DIFFERENT ACCRUALS FOR EXEMPT AND NONEXEMPT STAFF**  
You have separate policies for vacation, holiday, sick leave and personal time off WITH exempt and nonexempt staff receiving different levels of benefits.
- 3. **PAID TIME OFF (PTO) - SAME FOR BOTH EXEMPT AND NONEXEMPT STAFF.**  
Employers combine the various paid absences (most commonly vacation and sick time) and employees may use their accrued PTO for any type of absence.
- 4. **PAID TIME OFF – DIFFERENT ACCRUALS FOR EXEMPT AND NONEXEMPT STAFF.**  
Employers combine the various paid absences (most commonly vacation and sick time) and employees may use their accrued PTO for any type of absence.
- 5. **OTHER (A combination of practices or other type of policy).**  
**Please describe here:**

If you checked #1 or #3, enter the number of vacation days (#1) or PTO days (#3) given to regular, full-time employees according to their number of years of service in your organization.

If you checked #2 or #4, enter the number of vacation days (#2) or PTO days (#4) given to both non-exempt and exempt regular, full-time employees according to their number of years of service in your organization.

<b>Years of service</b>
<b>1 Year</b>
<b>2 Years</b>
<b>3 Years</b>
<b>4 Years</b>
<b>5 Years</b>
<b>6 - 9 Years</b>
<b>10 Years</b>
<b>11 + Years</b>

<b>Vacation or PTO days per year for all full-time employees</b>

<b>Vacation or PTO days per year for full-time non-exempt employees</b>

<b>Vacation or PTO days per year for full-time exempt employees</b>

**How many holidays per year are given to regular, full-time employees? (If you have a PTO program, answer this question only if holidays are given separately from PTO days.)**

**How many sick days per year are given to regular, full-time employees? (Answer only if you do NOT have a PTO program.)**

**How many personal days or floating holidays per year are given to regular, full-time employees? (Answer only if you do NOT have a PTO program.)**

**Are part-time employees eligible for paid time off benefits?**

- No, only full-time employees are eligible.
- Part-time employees working a sufficient number of hours per week are eligible:  
They must work a minimum of \_\_\_\_\_ hours per week.
- All part-time employees are eligible regardless of their work schedule.
- Not applicable; we have no part-time employees.

**If your organization has a WRITTEN POLICY providing for any other type of PAID time off, please check the appropriate box(es) below. Enter the maximum number of days given per event, if applicable. If there is no maximum, enter "no max."**

- |   | <b>Max. number of days</b> |
|---|----------------------------|
| <input type="checkbox"/> Jury service           | _____                      |
| <input type="checkbox"/> Family illness         | _____                      |
| <input type="checkbox"/> Bereavement            | _____                      |
| <input type="checkbox"/> Job-related education  | _____                      |
| <input type="checkbox"/> Maternity/paternity    | _____                      |
| <input type="checkbox"/> Military service       | _____                      |
| <input type="checkbox"/> Volunteer service      | _____                      |
| <input type="checkbox"/> Other, please explain: | _____                      |

**INSURANCE BENEFITS**

**Does your organization offer insurance coverage as a benefit for regular, full-time employees?**

- Yes, we offer employer-sponsored group health insurance for employees and fall under the following market size::
  - Small group (50 employees or fewer)
  - Large group (51+ employees)
  - Both small and large group (i.e. at least one plan is considered small group at least one plan is considered large group)
- We do not offer group insurance coverage but do provide a stipend (cash payment) to employees, who purchase their own insurance coverage. Average cost to the organization cost per employee per month: \$ \_\_\_\_\_
- No, there is no employer-sponsored insurance coverage, nor is there a stipend for individual purchase by employees.

**If you did not check the first box above, please skip this section and continue with the Retirement Benefits section.**

**Are part-time employees eligible for health insurance benefits?**

- No, only full-time employees are eligible.
- Part-time employees working a minimum of \_\_\_\_\_ hours per week receive FULL BENEFITS.
- Part-time employees working a minimum of \_\_\_\_\_ hours per week receive PRO-RATED BENEFITS depending on their work schedules.
- All part-time employees are eligible regardless of their work schedule and receive FULL BENEFITS.
- All part-time employees are eligible regardless of their work schedule and receive PRO-RATED BENEFITS depending on their work schedules.
- Not applicable; we have no part-time employees.

**Are domestic partners eligible to participate in your health insurance plan on the same basis as a spouse?**

- Yes, same sex only
- Yes, same and opposite sex
- No

**What is the waiting period for new employees' health insurance benefits? Please specify days, months, etc.**

\_\_\_\_\_

**Does your organization offer any type of Section 125 plan? Check all that apply. See Glossary for definitions.**

- Premium only plan
- Flexible Spending Account (FSA):
  - Health Care Spending Account (HCSA) Max annual amount employee can allocate: \$ \_\_\_\_\_
  - Dependent Care Spending Account (DCSA)
- Cafeteria plan Enter organization's contribution per employee \$ \_\_\_\_\_ circle (annual) or (monthly)  
Enter the number of employees participating in the cafeteria plan: \_\_\_\_\_

**Cafeteria Plan**

**If you checked Cafeteria plan above, indicate below which types of plans employees can choose. Check all that apply.**

**If you did not check Cafeteria plan above, please skip this question.**

- HMO (Health Maintenance Organization)
- PPO (Preferred Provider Organization)
- POS (Point of Service)
- Dental
- Vision
- Life Insurance
- Long-Term Disability Insurance
- Long-Term Care Insurance
- Voluntary supplemental plan
- Retirement plan, any type
- Other, please describe: \_\_\_\_\_

**Now skip the Non-Cafeteria Plans section and answer the questions about Special Accounts.**

**Non-Cafeteria Plans**

Answer this section only if you did NOT check the box for Section 125 Cafeteria plan.

What is the average cost per month to your organization, per eligible employee, for insurance benefits? Include the cost for HMO/PPO/POS as well as any organization contributions to dental, vision, life, disability and/or long-term care insurance. \$ \_\_\_\_\_ per month per employee

Please enter the number of employees who participate in these plans: \_\_\_\_\_ employees

For each type of insurance that your organization offers, enter:

- Average % of the premium paid by the organization for employee coverage
- Average % of the premium paid by the organization for dependent coverage
- Co-payment for doctor office visits
- Annual deductible for employee only (if applicable)
- Annual deductible for a family (if applicable)

If more than one plan is offered for any type (i.e. more than one HMO), answer these questions based on the plan with the highest level of employee enrollment.

If the insurance is offered, but employees pay the entire cost, enter zero (0).

If the insurance is not offered, enter "NA".

	% paid by org for employees	% paid by org for dependents	Co-payment for doctor office visit	Annual deductible for employee only	Annual deductible for family
Medical: HMO					
Medical: PPO					
Medical: POS					
Dental					
Vision					
Life					
Long-Term Disability					
Long-Term Care					
Voluntary supplemental plan					
Other, please explain:					

**Special Accounts**

Does your organization offer any high-deductible health plan (HDHP) that is compatible with a Health Savings Account (HSA)? See Glossary for definition.

- Yes, HMO       Yes, PPO       No

If Yes, please enter the organization's annual HSA contribution per participating employee.

HMO \$ \_\_\_\_\_ PPO \$ \_\_\_\_\_

Does your organization offer a Health Reimbursement Arrangement (HRA)? See Glossary for definition.

- Yes       No

If Yes, please enter the organization's annual HRA contribution per participating employee.

\$ \_\_\_\_\_



**If you have a 403(b) plan, have you conducted a 403(b) audit during the past 12 months?**

Yes       No

**If Yes, have you considered or are you considering discontinuing your 403(b) plan based on the audit?  
Please check all of the following issues that apply.**

- Compliance issues**
- Budgetary issues**
- Other, please describe:**

**EXECUTIVE DIRECTOR/CEO PROFILE**

<p><b>Does your organization current employ an Executive Director/CEO?</b> <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p><b>If No, please skip the rest of this section and continue with the Compensation section.</b></p>
<p><b>Does your Executive Director/CEO have an employment contract?</b> <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p><b>If Yes, what was the length of the original contract in months?</b></p>
<p><b>Is your Executive Director/CEO male or female?</b> <input type="checkbox"/> Male      <input type="checkbox"/> Female</p>
<p><b>For how many years has your Executive Director/CEO worked in his or her current job at your organization?</b></p>
<p><b>Did your Executive Director/CEO work as the Executive Director/CEO in other nonprofit organizations prior to the current job?</b> <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p><b>If yes, for how long, in years?</b></p>
<p><b>What is the highest level of education attained by the Executive Director/CEO?</b> <input type="checkbox"/> High school <input type="checkbox"/> Some college <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate</p>
<p><b>Does your organization have a completed and updated emergency succession plan for the Executive Director/CEO position?</b> <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p><b>Does your organization have a formal, non-emergency transition plan for the Executive Director/CEO position?</b> <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p><b>Does your organization expect to have a Executive Director/CEO transition within the next three years?</b> <input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
<p><b>Please describe any benefits given to the Executive Director/CEO not otherwise mentioned in this questionnaire:</b></p>

## COMPENSATION - INSTRUCTIONS

This chart requests specific compensation information for each employee in your organization. Use one line for **each employee**. If you have multiple employees with the same job title, please include a line for each employee, listing each individual's salary, not an average of every employee in that job position. Make extra copies of the chart as needed.

### Column 1 Job Code

Enter the three-digit code for the job that you are reporting (for example, Executive Director/CEO is 005). A list of the jobcodes with job descriptions can be found in the separate **JobDescriptions.2012.pdf** file. Note: These job codes are the same as those used in the 2011 Compensation & Benefits Survey.

### Column 2 Position Title

Enter the title **your organization** uses for this job. It is okay if this title is different than the job title we use for the survey (see **JobDescriptions.2012.pdf**).

### Column 3 Hourly Pay Rate as of January 1, 2012

Enter the actual hourly rate for the employee as of January 1, 2012. The following chart provides the calculation to convert your annual, monthly, semi-monthly, weekly or bi-weekly rates to hourly rates **providing you have a 40-hour workweek**.

If your system makes it difficult to perform any calculation, please let us know - we will help!

<u>If your pay rate is:</u>	<u>Then:</u>
Annual	Divide the rate by 2080.
Monthly	Divide the rate by 173.33.
Semi-Monthly (24 checks per year)	Divide the rate by 86.67.
Weekly	Divide the rate by 40.
Bi-Weekly (26 checks per year)	Divide the rate by 80.

### Column 4 Eligible for Bonus or Incentive Pay

If the employee in this position is **eligible for** any type of incentive or bonus pay in addition to the regular base salary, enter "Y" (regardless of whether the employee actually received bonus or incentive pay). If the employee is not eligible, enter "N."

### Column 5 Bonus or Incentive Pay Paid During Past Twelve Months

Complete this column only if the employee was eligible for incentive or bonus pay. If the employee was paid any type of bonus or incentive pay during the past twelve months, enter that amount here. Otherwise enter a zero.

### Column 6 Number of Employees Managed (Direct and Indirect)

Enter the number of employees supervised by this position, **directly and indirectly**. For example, for the Executive Director position, list the total number of full-time equivalent employees of the organization. Do **not** include contractors or volunteers supervised by this employee.

