



**FAIR PAY FOR NORTHERN CALIFORNIA NONPROFITS:  
THE 2017 COMPENSATION AND BENEFITS SURVEY**

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**This document lists all of the questions asked in the online survey questionnaire.**

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 **FairPayNCA2017Glossary.pdf** file for definitions of terms. Refer to the separate **FairPayNCA2017JobDescriptions.pdf** file for a complete list of all jobs covered in the survey and a description of each.

Submit your data by **Friday, February 10, 2017** 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 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 any of our regional partners, please check the box(es) next to their name(s) here. 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"/> Napa Valley Coalition of Nonprofit Agencies, Napa                    |
| <input type="checkbox"/> California Council of Community Mental Health Agencies, Sacramento | <input type="checkbox"/> Nonprofit Alliance of Monterey County, Pacific Grove                 |
| <input type="checkbox"/> CALNonprofits, San Francisco                                       | <input type="checkbox"/> Northern California Community Loan Fund, San Francisco               |
| <input type="checkbox"/> CALNonprofits Insurance Services, Capitola                         | <input type="checkbox"/> Placer Community Foundation, Auburn                                  |
| <input type="checkbox"/> Center for Excellence in Nonprofits, Redwood City                  | <input type="checkbox"/> San Francisco Human Services Network                                 |
| <input type="checkbox"/> Center for Volunteer and Nonprofit Leadership, San Rafael          | <input type="checkbox"/> Sierra Health Foundation, Sacramento                                 |
| <input type="checkbox"/> Chinese American Community Foundation, Oakland                     | <input type="checkbox"/> THRIVE – The Alliance of Nonprofits for San Mateo County, San Carlos |
| <input type="checkbox"/> Community Collaborative of Tahoe Truckee, Truckee                  | <input type="checkbox"/> United Way Bay Area, San Francisco                                   |
| <input type="checkbox"/> Community Foundation for Monterey County, Monterey                 | <input type="checkbox"/> United Way of Fresno and Madera Counties, Fresno                     |
| <input type="checkbox"/> Community Foundation for San Benito County, Hollister              | <input type="checkbox"/> United Way of Northern California, Redding                           |
| <input type="checkbox"/> Community Foundation of Santa Cruz County, Soquel                  | <input type="checkbox"/> United Way of Santa Cruz County, Capitola                            |
| <input type="checkbox"/> CompassPoint Nonprofit Services, Oakland                           | <input type="checkbox"/> United Way of the Wine Country, Santa Rosa                           |
| <input type="checkbox"/> Foundation Center, San Francisco                                   | <input type="checkbox"/> United Way of Tulare County, Tulare                                  |
| <input type="checkbox"/> Human Care Alliance, Santa Cruz                                    | <input type="checkbox"/> United Way Silicon Valley, San Jose                                  |
| <input type="checkbox"/> Human Services Alliance of Contra Costa, Pleasant Hill             | <input type="checkbox"/> United Ways of California, South Pasadena                            |
| <input type="checkbox"/> Humanics Program at CSU Fresno                                     | <input type="checkbox"/> Volunteer Center of Sonoma County, Santa Rosa                        |
| <input type="checkbox"/> Impact Foundry, North Highlands                                    | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Kings Community Action Organization, Hanford                       |   |

**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.** \$ \_\_\_\_\_

**How many full-time equivalent (FTE) employees does your organization employ as of January 1, 2017? Do not include temporary or contract staff.** \_\_\_\_\_

**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"/> Animal Welfare                                      | <input type="checkbox"/> Health, Medical Clinics                |
| <input type="checkbox"/> Association Mgmt., Membership, Support Organization | <input type="checkbox"/> Housing, Shelters                      |
| <input type="checkbox"/> Child Care/Child Welfare                            | <input type="checkbox"/> Legal Services, Advocacy, Civil Rights |
| <input type="checkbox"/> Community/Economic Development                      | <input type="checkbox"/> Religious, Churches                    |
| <input type="checkbox"/> Conservation, Environment, Parks                    | <input type="checkbox"/> Substance Abuse Treatment/Prevention   |
| <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               | <input type="checkbox"/> Other: _____                           |

**COMPENSATION & EMPLOYMENT PRACTICES**

**By what percentage, on average, do you expect salaries paid by your organization to increase during the next twelve months? Enter 0 if you expect no increase overall. Consider existing staff only. Do not include additional payroll costs due to an increase in your workforce.**

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**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.**

|  | Avg increase over<br>past 12 months | Avg projected increase<br>over next 12 months |
|--|-------------------------------------|---|
| <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            | _____ %                             | _____ %                                       |
| <input type="checkbox"/> External labor market considerations  | _____ %                             | _____ %                                       |
| <input type="checkbox"/> Internal job equity considerations    | _____ %                             | _____ %                                       |

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**Does your organization offer incentive pay or bonuses to any full-time employees? Check all that apply.**

CEO/Executive Director

Management staff

Professional staff

Support or administrative staff

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**What is your organization's full-time workweek?**

40 hours/week

38 hours/week

37.5 hours/week

35 hours/week

Other, please explain:

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**What is your practice for dealing with extensive overtime for EXEMPT staff?**

No formal policy

Provide compensatory time off

Pay straight time

Pay overtime rates

Do not compensate exempt staff for overtime

Other, please explain:

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**Do you have employees who work on-call? If Yes, which of the following best describes your organization's practice?**

Yes, pay for hours worked, including overtime

Yes, pay flat rate for being on call

Yes, provide compensatory time off or flex-time

Yes, do not pay or provide time off (exempt staff only)

Yes, pay show-up rate and hourly pay for time worked

Yes, some other policy (or no formal policy)

Please describe policy:

No

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**Do you have employees who work the evening or night shift?**

Yes       No

**If Yes, please describe policy regarding any additional compensation for evening or night shift work (or send in an attached file):**

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**Do you use salary grades and ranges?**

Yes       No

**If Yes, when were your ranges last updated (MM/DD/YY)?**

**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       Annually  
 Every 6 months       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?**

**If your organization is located in a city which has recently passed an ordinance increasing the minimum wage, which of the following best describes your organization's response so far to the increase?**

- Our organization has developed a formal plan with respect to employee compensation in response to the ordinance.
- Our organization has discussed the issue but has not developed a formal plan.
- The minimum wage increase may affect our organization in the near future but we have not addressed it yet.
- The minimum wage increase does not affect our organization in the near future so we have not discussed it.
- Other, please describe: \_\_\_\_\_

**If you checked one of the first two boxes above, please select the description that best describes your organization's most likely response with respect to compensation adjustments due to the minimum wage increase:**

- Compensation will be adjusted only for employees at the minimum wage level.
- Compensation will be adjusted for some nonexempt employees whose current pay is above minimum wage.
- Compensation will be adjusted for some nonexempt employees whose current pay is above minimum wage and also for some exempt employees.
- Compensation will be adjusted for most or all of our organization's employees.

The following question is for organizations based in San Francisco only.

During the most recent quarter, how many part-time employees who are eligible for coverage under San Francisco's Health Care Security Ordinance were in each of the following two categories?

1. Organization provides benefits directly to part-time employee: \_\_\_\_\_ employees
2. Organization pays into the City Option Program to cover part-time employee: \_\_\_\_\_ employees
3. Other: \_\_\_\_\_ employees

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/<br>CEO        | Other Mgrs/<br>Executives | Other<br>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 the Current Economic Environment

**Do you anticipate that your organization will experience increased competition from other employers to attract and attract and retain the "best and brightest" employees in the year ahead?**

Yes       No

**The 2016 survey reported a voluntary turnover rate of 14% for full-time employees and 18% for part-time employees. Do you consider these numbers to be high?**

Yes       No

**Does you see turnover as a significant problem for your organization in the year ahead?**

Yes       No

**Overall, does your organization plan to increase the number of full-time equivalent employees in the year ahead?**

Yes       No

**In the year ahead, does your organization plan to increase its dollar contribution toward employee medical insurance per enrolled employee, reduce it or keep it about the same?**

Increase       Reduce       About the same

**In the year ahead, does your organization plan to increase its retirement plan contribution per enrolled employee, reduce it or keep it about the same?**

Increase       Reduce       About the same

**In the year ahead, does your organization plan to increase its spending on other employee benefits, reduce its spending or keep it about the same?**

Increase       Reduce       About the same

**In the year ahead, do you expect your organization to be operating under an employee salary freeze?**

Yes, for the entire year       Yes, for part of the year       No

**Are there any specific job families for which you are finding it especially difficult to hire and/or retain employees? Check all that apply.**

- |  |   |
|--|---|
| <input type="checkbox"/> Accounting/Finance            | <input type="checkbox"/> Information Technology           |
| <input type="checkbox"/> Administrative/General Office | <input type="checkbox"/> Legal                            |
| <input type="checkbox"/> Communications/Marketing      | <input type="checkbox"/> Maintenance/Facilities/Grounds   |
| <input type="checkbox"/> Development/Fundraising       | <input type="checkbox"/> Medical/Clinical                 |
| <input type="checkbox"/> Executive                     | <input type="checkbox"/> Mental Health/Counseling         |
| <input type="checkbox"/> Human Resources               | <input type="checkbox"/> Social Services Program Delivery |
| <input type="checkbox"/> Housing Development/Services  | <input type="checkbox"/> Other, please describe: _____    |

**PAID TIME OFF BENEFITS**

**With respect to paid time off for regular, full-time employees, does your organization offer separate vacation, sick and holiday time off or does your organization offer "PTO" time off that combines vacation and sick time?**

- Separate vacation, sick and holiday time off
- "PTO" time combining vacation and sick time
- Other, please describe: \_\_\_\_\_

**Do regular, full-time exempt and non-exempt employees earn vacation/PTO at the same rates or at different rates?**

**Please note that each of these options allows for different vacation schedules depending on employee length of service.**

- Same rates for exempt and non-exempt
- Different rates for exempt and non-exempt

If you checked "Same rates for exempt and non-exempt" above, enter the number of vacation days or PTO days given to regular, full-time employees according to their number of years of service in your organization.

If you checked "Different rates for exempt and non-exempt" above, enter the number of vacation days or PTO days given to both exempt and non-exempt regular, full-time employees according to their number of years of service in your organization.

| <b>Years of service</b> | <b>Vacation or PTO days per year for all regular, full-time employees</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 regular, full-time exempt employees</b> | <b>Vacation or PTO days per year for regular, full-time non-exempt employees</b> |
|--|--|
|  |  |
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|  |  |
|  |  |

**If you offer separate vacation, sick and holiday time:**

**Are part-time employees eligible for paid vacation time?**

**(Please note that under California’s Healthy Workplace Healthy Family Act, part-time employees must be eligible for paid sick time, with few exceptions.)**

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

**Can earned vacation or PTO days that are not taken be carried forward to the next year?**

- Yes
- No

**If Yes, What is the maximum number of vacation or PTO days that can be carried forward by regular, full-time employees? If the number varies based on an employee’s length of service or job category, enter the largest number that can be carried forward by a non-exempt employee with the highest level of seniority.**

\_\_\_\_\_

**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.)**

**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.)**

**Do you offer additional paid time off between the Christmas and New Year's holidays to regular, full-time employees? Answer "Yes" only if this time off is not included in the time off that you have already entered.**

- Yes
- No

**If Yes, how many additional days off are typically given to regular, full-time employees at this time?**

\_\_\_\_\_

**For each line below:**

**If your organization has a written policy providing for specific PAID time off, please check the box under “Paid time off.”**

**If accrued sick leave may be used instead of or in addition to specifically provided paid time off, please check the box under “Sick leave may be used.”**

|                       | Paid time off            | Sick leave may be used   |
|-----------------------|--------------------------|--------------------------|
| Jury service          | <input type="checkbox"/> | <input type="checkbox"/> |
| Bereavement           | <input type="checkbox"/> | <input type="checkbox"/> |
| Family illness        | <input type="checkbox"/> | <input type="checkbox"/> |
| Job-related education | <input type="checkbox"/> | <input type="checkbox"/> |
| Maternity/paternity   | <input type="checkbox"/> | <input type="checkbox"/> |
| Military service      | <input type="checkbox"/> | <input type="checkbox"/> |
| Volunteer service     | <input type="checkbox"/> | <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

**Does your organization offer a cash payment to employees who choose to forego insurance benefits because they are covered under a spouse or partner's policy?**

- Yes Enter amount of monthly payment: \$ \_\_\_\_\_
- 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 (allows employee contributions to health insurance premiums to be paid with tax-free dollars)

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)
- EPO (Exclusive Provider 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 enrolled employee, for insurance benefits? Include the cost for HMO/EPO/PPO/POS as well as any organization contributions to dental, vision, life, disability and/or long-term care insurance. Include the organization's share of premium costs only, leaving out any amount contributed by employees. Do not include organization's additional contributions in the case of high-deductible health plans. \$ \_\_\_\_\_ per month per participating 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: EPO                |                             |                              |                                    |                                     |                              |
| 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)? For any that apply, please enter the organization's annual HSA contribution per participating single employee and for family. See Glossary for definition.

- HMO                      annual contribution for single employee \$ \_\_\_\_\_ for family \$ \_\_\_\_\_
- EPO                        annual contribution for single employee \$ \_\_\_\_\_ for family \$ \_\_\_\_\_
- PPO                        annual contribution for single employee \$ \_\_\_\_\_ for family \$ \_\_\_\_\_

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:

**Does your organization offer a 457 plan for highly compensated employees?**

Yes       No

### EXECUTIVE DIRECTOR/CEO PROFILE

**Does your organization current employ an Executive Director/CEO?**

Yes       No

**If No, please skip the rest of this section and continue with the Compensation section.**

**Does your Executive Director/CEO have an employment contract?**

Yes       No

**If Yes, what was the length of the original contract in months?**

**Is your Executive Director/CEO male or female?**

Male       Female

**What is your Executive Director/CEO's age?**

\_\_\_\_\_ years old

**For how many years has your Executive Director/CEO worked in his or her current job at your organization?**

**If five years or less, how did the organization locate this Executive Director/CEO as a candidate to fill the position at the time of hire?**

- Word of mouth
- Craigslist or other online service
- Executive search firm
- Internal promotion
- Current/former board member or founder of organization
- Other, please describe: \_\_\_\_\_

**Did your Executive Director/CEO work as the Executive Director/CEO in other nonprofit organizations prior to the current job?**

Yes       No

**If yes, for how long, in years?**

**What is the highest level of education attained by the Executive Director/CEO?**

- High school
- Bachelor's degree
- Doctorate
- Some college
- Master's degree/Professional Degree/JD

**Does your organization have a completed and updated emergency succession plan for the Executive Director/CEO position?**

Yes       No

**Does your organization have a formal, non-emergency transition plan for the Executive Director/CEO position?**

Yes       No

**Does your organization expect to have a Executive Director/CEO transition within the next three years?**

Yes       No

**Has the board of directors formally approved the current salary of the Executive Director/CEO?**

Yes       No

**What kind of information does organization's board of directors consider in order to determine reasonable compensation for the Executive Director/CEO? Please check the box of all that apply.**

- Informal survey of similar organizations performed internally
- Published survey data
- Form 990s of similar organizations
- Outside consultant
- Other, please describe: \_\_\_\_\_

**Please describe any benefits given to the Executive Director/CEO not otherwise mentioned in this questionnaire:**

## 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 is 005). A list of all job codes with job descriptions can be found on the **Job Descriptions** worksheet of this file. Note: These job codes are the same as those used in the 2015 survey with the addition of several new job this year, which appear in red type.

### **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 FairPay2015JobList.pdf and FairPay2015JobDescriptions.pdf).

### **Column 3 Pay Rate as of January 1, 2017**

Enter the actual pay rate for the employee as of January 1, 2017.

For full-time employees, you may enter either an annual rate or an hourly rate.

For part-time employees, please enter an **hourly** rate. If you need help calculating the hourly rate, please email us at [survey@nonprofitcomp.com](mailto:survey@nonprofitcomp.com) and we will help.

### **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.

### **Column 7 County Location of Job if Different from Organization's Main Location**

Use this column only if the job is located in a county other than the main administrative location of your organization.

