NONPROFIT
COMPENSATION
ASSOCIATES

FAIR PAY FOR NORTHERN CALIFORNIA NONPROFITS:
THE 2020 COMPENSATION AND BENEFITS SURVEY

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 **FairPayNCA2020Glossary.pdf** file for definitions of terms. Refer to the separate **FairPayNCA2020JobDescriptions.pdf** file for a complete list of all jobs covered in the survey and a description of each.

Submit your data by ~~**Friday, February 7, 2020**~~ **Friday March 6, 2020 (extended deadline)** and you will be eligible to purchase a copy of the survey report at the discounted participant rate. Visit 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.

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.

- ☐ Alameda Council of Community Mental Health Agencies
- ☐ Arts Council Santa Cruz County, Santa Cruz
- ☐ Boys & Girls Clubs of the Sequoias, Exeter
- ☐ California Community Action Partnership Assn. (CalCAPA), Sacramento
- ☐ California Council of Community Mental Health Agencies, Sacramento
- ☐ California Council of Land Trusts, Sacramento
- ☐ California ReLeaf, Sacramento
- ☐ CALNonprofits, San Francisco
- ☐ CALNonprofits Insurance Services, Capitola
- ☐ Center for Excellence in Nonprofits, Redwood City
- ☐ Center for Nonprofit Leadership, Nevada City
- ☐ Center for Volunteer and Nonprofit Leadership, San Rafael
- ☐ CoCo Kids, Concord
- ☐ Community Action Council of Butte County, Chico
- ☐ Community Collaborative of Tahoe Truckee, Truckee
- ☐ Community Foundation for Monterey County, Monterey
- ☐ Community Foundation for San Benito County, Hollister
- ☐ Community Foundation of Mendocino County, Ukiah
- ☐ Community Foundation of Santa Cruz County, Aptos
- ☐ CompassPoint Nonprofit Services, Oakland
- ☐ First 5 Napa, Napa
- ☐ Foundation Center, San Francisco
- ☐ Human Care Alliance, Santa Cruz
- ☐ Humboldt Area Foundation, Bayside
- ☐ Humanics Program at CSU Fresno

- ☐ Impact Foundry, North Highlands
- ☐ Kings Community Action Organization, Hanford
- ☐ Nonprofit Alliance of Monterey County, Pacific Grove
- ☐ Northern California Community Loan Fund, San Francisco
- ☐ Pajaro Valley Community Health Trust, Watsonville
- ☐ Placer Community Foundation, Auburn
- ☐ San Francisco Human Services Network
- ☐ Shasta Regional Community Foundation, Redding
- ☐ Sierra Health Foundation, Sacramento
- ☐ Silicon Valley Council of Nonprofits, San Jose
- ☐ Solano Community Foundation, Fairfield
- ☐ THRIVE – The Alliance of Nonprofits for San Mateo County, San Carlos
- ☐ United Way Bay Area, San Francisco
- ☐ United Way of Fresno and Madera Counties, Fresno
- ☐ United Way of Northern California, Redding
- ☐ United Way of San Joaquin County, Stockton
- ☐ United Way of Santa Cruz County, Capitola
- ☐ United Way of the Wine Country, Santa Rosa
- ☐ United Way of Tulare County, Tulare
- ☐ United Ways of California, South Pasadena
- ☐ Volunteer Center of Sonoma County, Santa Rosa
- ☐ Wild Rivers Community Foundation, Crescent City
- ☐ Yolo Community Foundation, Woodland
- ☐ 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. $ _____

How many full-time equivalent (FTE) employees does your organization employ as of January 1, 2020? Do not include temporary or contract staff.   _____

	Full-Time	Part-Time
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.)		

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

- ☐ Animal Welfare
- ☐ Association Mgmt., Membership, Support Organization
- ☐ Child Care/Child Welfare
- ☐ Community/Economic Development
- ☐ Conservation, Environment, Parks
- ☐ Culture, Arts, Museums, Theater
- ☐ Education, Schools, Colleges, Research
- ☐ Employment Counseling/Workforce Programs
- ☐ Family Counseling/Mental Health Services
- ☐ Foundation, Philanthropy, Fundraising

- ☐ Health, Medical Clinics
- ☐ Housing, Shelters
- ☐ Legal Services, Advocacy, Civil Rights
- ☐ Religious, Churches
- ☐ Substance Abuse Treatment/Prevention
- ☐ Youth/Recreation
- ☐ Social Service, One Major Program
- ☐ Social Service, Multiple Programs
- ☐ Other: _____

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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.

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 past 12 months	Avg projected increase over next 12 months
☐ Across-the-board increase	_____%	_____%
☐ Merit (or performance-based) increase	_____%	_____%
☐ Cost-of-living increase	_____%	_____%
☐ Length-of-service increase	_____%	_____%
☐ External labor market considerations	_____%	_____%
☐ Internal job equity considerations	_____%	_____%

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

What is your organization's full-time workweek?
☐ 40 hours/week
☐ 38 hours/week
☐ 37.5 hours/week
☐ 35 hours/week
☐ Other, please explain:

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:

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

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):

Do you use salary grades and ranges?
☐ Yes   ☐ No

If Yes: Were your salary ranges adjusted during the calendar year 2019?
    ☐ Yes, overall percentage of adjustment _____ %   ☐ No
Do you expect to adjust your salary ranges during the calendar year 2020?
    ☐ Yes, overall percentage of adjustment (projected) _____ %   ☐ No

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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
☐   Quarterly   ☐   No set schedule
☐   Every 6 months   ☐   Other, please describe: _____

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?

Are your organization's pay practices being affected by recent or upcoming increases in the minimum wage due to California and/or local requirements?
☐ Yes   ☐ No

If Yes, please indicate which statement below best describes your organization's likely response with respect to compensation adjustments due to the minimum wage increase:
☐ Compensation is being adjusted only for employees at the minimum wage level.
☐ Compensation is being adjusted for some nonexempt employees whose current pay is above minimum wage.
☐ Compensation is being adjusted for some nonexempt employees whose current pay is above minimum wage
     and also for some exempt employees.
☐ Compensation is being adjusted for most or all of our organization's employees.

Do any employees at your organization receive reimbursement or a stipend for the monthly cost of cell phone use?
☐ Yes   ☐ No

If Yes: Approximately what percentage of regular, full-time employees do receive reimbursement or a stipend for the monthly cost of cell phone use?   _____ %

What is the typical or average amount that an employee receives per month from the employer for cell phone use? $ _____

On what basis are positions identified as being eligible for cell phone reimbursement?
☐ Requiring regular work away from the office
☐ On-call work responsibilities (i.e. IT department)
☐ Level of job responsibility
☐ Other, please describe: _____

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)	☐	☐	☐
Telecommuting	☐	☐	☐
Financial planning services	☐	☐	☐
Reimbursement for acquiring and/or maintaining professional license or other credentials	☐	☐	☐
Professional conferences attendance	☐	☐	☐
Professional development classes	☐	☐	☐
Low-interest or no-interest loan program	☐	☐	☐
Transportation and/or travel	☐	☐	☐
Spouse's/domestic partner's travel expenses	☐	☐	☐
Local mass transit subsidy	☐	☐	☐
Car or car allowance:			
Car leasing	☐	☐	☐
Car ownership	☐	☐	☐
Housing or housing allowance	☐	☐	☐
Home computer purchase or lease	☐	☐	☐
Cost of home internet provider	☐	☐	☐
Personal legal expenses	☐	☐	☐
Personal liability insurance	☐	☐	☐
Professional liability insurance	☐	☐	☐
Memberships:			
Country/residential club	☐	☐	☐
Health club	☐	☐	☐
Fraternal club	☐	☐	☐
Professional membership dues	☐	☐	☐
Sabbatical (paid time off)	☐	☐	☐
Additional vacation time	☐	☐	
Additional contribution to medical insurance	☐	☐	
Additional contribution to life insurance	☐	☐	
Additional contribution to disability insurance	☐	☐	
Additional contribution to long-term care insurance	☐	☐	
Additional contribution to retirement plan	☐	☐	

If any employees are eligible for sabbatical time off:

What length of employment is required to qualify for a paid sabbatical? _____

What is the typical length of the sabbatical period? _____

Do employees remain enrolled in the organization's employee benefits programs such as insurance and retirement while on sabbatical?
☐ Yes   ☐ No

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
Do 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. ☐ Accounting/Finance   ☐ Human Resources ☐ Administrative/General Office   ☐ Information Technology ☐ Communications/Marketing   ☐ Maintenance/Facilities/Grounds ☐ Development/Fundraising   ☐ Program Delivery ☐ Executive   ☐ Other, please describe: _____
Which factors below do you believe are significant reasons why employees have left your organization during the past year (voluntary turnover)? Please check all that apply. ☐ Job with higher pay elsewhere   ☐ Geographic move for personal/family reasons ☐ Job with more comprehensive benefits elsewhere   ☐ Job in the private sector ☐ Higher-level job (promotion) elsewhere   ☐ Job in the public sector ☐ Geographic move for affordability reasons   ☐ 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

<table>
<tr><td>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.</td><td>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.</td></tr>
</table>

Years of service	Vacation or PTO days per year for all regular, full-time employees	Vacation or PTO days per year for regular, full-time exempt employees	Vacation or PTO days per year for regular, full-time non-exempt employees
1 Year			
2 Years			
3 Years			
4 Years			
5 Years			
6 - 9 Years			
10 Years			
11 + Years			

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.)

Does your organization allow employees to "donate" unused paid time off to another employee who is on medical or other extended leave?
☐ Yes   ☐ No

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.)
☐ Yes   ☐ No

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	☐	☐
Bereavement	☐	☐
Family illness	☐	☐
Job-related education	☐	☐
Parental leave	☐	☐
Military service	☐	☐
Volunteer service	☐	☐

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 (100 employees or fewer)　　　☐ Large group (101+ employees)
☐ No, we do not offer group insurance coverage as we are not required to do so under the ACA.
　　☐ We do offer an ACA-allowed Qualified Small Employer Health Reimbursement Arrangement (QSEHRA)
　　　　to reimburse employees for premiums they pay for individual insurance policies with an average cost
　　　　to the organization cost per employee per month of $ _____ .
☐ No, we are required to do so under the ACA but have chosen to be subject to applicable penalties instead.

If you did not check the first box above, please skip to 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 have a "cash in lieu of benefits" policy that applies to employees who choose to waive coverage due to having coverage through another employer-sponsored plan? (i.e. spouse or partner)?

☐　　Yes　　Enter amount of monthly payment: $ _____　　　　☐　　No

What is the waiting period for new employees' health insurance benefits?
☐　　None - covered on date of hire
☐　　Covered on 1st of month following hire date
☐　　Covered on 1st of month following 30 days of employment
☐　　Covered on 1st of month following 60 days of employment
☐　　Other, please describe: _____

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　　　　Organization's contribution **PER EMPLOYEE** $_____ circle (annual) or (monthly)
　　　　　　　　　　　Enter the number of employees participating in the cafeteria plan: _____

　　　　　　　　　　　Indicate below to which types of plans employees can allocate their cafeteria plan benefit dollars.
　　　　　　　　　　　Check all that apply.
　　　　　　　　　　　☐ HMO　(Health Maintenance Organization)　　☐ Life Insurance
　　　　　　　　　　　☐ EPO　　(Exclusive Provider Organization)　　☐ Long-Term Disability Insurance
　　　　　　　　　　　☐ PPO　　(Preferred Provider Organization)　　☐ Long-Term Care Insurance
　　　　　　　　　　　☐ POS　　(Point of Service)　　　　　　　　☐ Voluntary supplemental plan
　　　　　　　　　　　☐ Dental　　　　　　　　　　　　　　　　☐ Retirement plan, any type
　　　　　　　　　　　☐ Vision
　　　　　　　　　　　☐ Other, please describe: _____

Non-Cafeteria Plans
Answer this section only if you did NOT check the box for Section 125 Cafeteria plan.
If you checked the box for Section 125 Cafeteria plan, skip this section and go to the Consumer-Driven Health Plans section at the bottom of this page.

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:					

Consumer-Directed Health Plans

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.
Do not include organization's contribution toward the premium cost.

☐ HMO   annual contribution for single employee $ _____   for family $ _____
☐ EPO   annual contribution for single employee $ _____   for family $ _____
☐ PPO   annual contribution for single employee $ _____   for family $ _____
☐ POS   annual contribution for single employee $ _____   for family $ _____

Does your organization offer a Health Reimbursement Arrangement (HRA)? See Glossary for definition.
☐ Yes, the organization's annual HRA contribution per participating employee: $ _____
☐ No

RETIREMENT BENEFITS

Does your organization provide any type of retirement benefit for regular full-time employees?

☐ Yes   ☐ No

If No, please skip the rest of this section and continue with the Executive Director/CEO section.

Are part-time employees eligible for retirement 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.

Which best describes the organization's retirement benefit for regular full-time staff? Check all that apply.

☐ **Tax Sheltered Annuity - 401(k), 403(b)**
☐ **Other Defined Contribution Plan**
☐ **IRA, SEP-IRA**
☐ **Defined Benefit Plan**
☐ **Other, please describe:**

How is the retirement plan funded? If your organization offers more than one retirement benefit, answer this question based on the type of retirement plan that involves the highest level of contribution from the organization.

☐ **Employee contribution only   (Please skip the rest of this section.)**
☐ **Organization contribution only**
☐ **Organization contributions/employee may contribute**
☐ **If employee contributes, organization also contributes (i.e. employer match)**
☐ **Other, please describe:**

Cost to organization of retirement benefit: If your organization offers more than one retirement benefit, please answer this question based on the type of retirement plan that involves the highest level of contribution from the organization.

☐ **Organization contributes percentage of employee's salary**
　　Please enter cap (highest level) of percentage of salary
　　contributed for each employee by organization: 　　　　　_____ %

☐ **Organization contributes $ amount for each employee**
　　Please enter cap (highest level) of dollar amount contributed
　　annually for each employee by organization: 　　　$ _____

☐ **Other, please explain:**

What is the period (in years) after which retirement benefits are fully vested?
　　　　　　　　　　　　　　　　　　　　　　　　　_____ years

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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   ☐ Transgender/Non-binary
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

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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 2019 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 FairPay2020.JobList.pdf and FairPay2020.JobDescriptions.pdf).

Column 3   Pay Rate as of January 1, 2020
Enter the actual pay rate for the employee as of January 1, 2020.

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 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 Full-Time Equivalent 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.

COMPENSATION AS OF JANUARY 1, 2020

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
Job Code	Position Title used by Your Organization	Annual (full-time) or Hourly Pay Rate as of 1/1/2020	Eligible for Bonus or Incentive Pay (Y/N)	Bonus or Incentive $ Paid During Past 12 Months	# of FTE Employees Managed (direct & indirect)	County Location of Job if Different from Org's Main Location