FAIR PAY FOR NORTHERN CALIFORNIA NONPROFITS:
THE 2016 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 FairPayNCA2016Glossary.pdf file for definitions of terms. Refer to the separate FairPayNCA2016JobDescriptions.pdf file for a complete list of all jobs covered in the survey and a description of each.

Submit your data by Friday, February 12, 2016 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 one of our regional partners, please check the box next to that organization’s name here. If you heard about it some other way, please check “Other” and tell us how.

☐ Alameda Council of Community Mental Health Agencies
☐ California Council of Community Mental Health Agencies, Sacramento
☐ CALNonprofits, San Francisco
☐ CALNonprofits Insurance Services Capitola
☐ Center for Excellence in Nonprofits, Redwood City
☐ Center for Volunteer and Nonprofit Leadership of Marin, San Rafael
☐ Chinese American Community Foundation, Oakland
☐ Community Collaborative of Tahoe Truckee, Truckee
☐ Community Foundation for Monterey County, Monterey
☐ Community Foundation for San Benito County, Hollister
☐ Community Foundation of Santa Cruz County, Soquel
☐ CompassPoint Nonprofit Services, Oakland
☐ Foundation Center, San Francisco
☐ Human Care Alliance, Santa Cruz
☐ Human Services Alliance of Contra Costa, Pleasant Hill
☐ Humancare Program at CSU Fresno
☐ Kings Community Action Organization, Hanford

☐ Napa Valley Coalition of Nonprofit Agencies, Napa
☐ Nonprofit Alliance of Monterey County, Pacific Grove
☐ Nonprofit Resource Center, Sacramento
☐ Northern California Community Loan Fund, San Francisco
☐ Placer Community Foundation, Auburn
☐ San Francisco Human Services Network
☐ Sierra Health Foundation, Sacramento
☐ THRIVE – The Alliance of Nonprofits for San Mateo County, San Carlos
☐ United Way of Fresno County, Fresno
☐ United Way of Northern California, Redding
☐ United Way of Santa Cruz County, Capitola
☐ United Way of the Bay Area, San Francisco
☐ United Way of the Wine Country, Santa Rosa
☐ United Way of Tulare County, Tulare
☐ United Way Silicon Valley, San Jose
☐ United Ways of California, South Pasadena
☐ 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. $ __________________

How many full-time equivalent (FTE) employees does your organization employ as of January 1, 2016? Do not include temporary or contract staff.

Full-Time | Part-Time
---|---

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
☐ Family Counseling/Mental Health Services
☐ Foundation, Philanthropy, Fundraising

☐ Religious, Churches
☐ Health, Medical Clinics
☐ Housing, Shelters
☐ Legal Services, Advocacy, Civil Rights
☐ Religious, Churches
☐ Youth/Recreation
☐ Social Service, One Major Program
☐ Social Service, Multiple Programs
☐ 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.

<table>
<thead>
<tr>
<th>Method</th>
<th>Avg increase over past 12 months</th>
<th>Avg projected increase over next 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Across-the-board increase</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Merit (or performance-based) increase</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Cost-of-living increase</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Length-of-service increase</td>
<td>%</td>
<td>%</td>
</tr>
</tbody>
</table>

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.

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:

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, when were your ranges last updated (MM/DD/YY)?
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How many months long is your introductory or probationary period?</strong></td>
<td>✡️ months</td>
</tr>
<tr>
<td>Are employees eligible for paid time off benefits during the introductory or probationary period?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Are employees eligible for insurance benefits during the introductory or probationary period?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td><strong>Apart from after any probationary or introductory period, when are employees reviewed?</strong></td>
<td>☐ Never ☐ Annually ☐ Every 6 months ☐ No set schedule</td>
</tr>
<tr>
<td>Are any of your employees covered by a union contract?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>If Yes, which job classifications?</td>
<td>✡️</td>
</tr>
<tr>
<td>Do you pay a premium for jobs requiring bilingual skills?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>If Yes, how much do you pay in addition to the standard salary? Please specify amount as % of salary or $ per hour.</td>
<td>✡️</td>
</tr>
<tr>
<td>Which job classifications at your organization are subject to additional pay for bilingual skills?</td>
<td>✡️</td>
</tr>
<tr>
<td>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?</td>
<td>☐ 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: ____________________________</td>
</tr>
<tr>
<td>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:</td>
<td>☐ 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.</td>
</tr>
</tbody>
</table>
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.

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

We began this section of the survey in 2011 to show how the recent recession was impacting Northern California nonprofits. It includes questions about the impact of the current and future economic environment on nonprofits that our participants would like to ask their colleagues, but have no venue in which to do so. By answering these questions, you’ll help us “take the pulse” of the local nonprofit community. We hope you'll find the results useful when we publish the survey report in April.

Some analysts suggest that, as the recent recession recedes, nonprofits will see more competition from their colleagues and businesses to attract and retain the "best and brightest" employees. Do you see this challenge affecting your organization in the year ahead?

☐ Yes  ☐ No

The 2015 survey reported a voluntary turnover rate of 14% for full-time employees and 15% for part-time employees. Does your organization consider these numbers to be high?

☐ Yes  ☐ No

Does your organization see turnover as a significant problem for you 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

Is your organization currently operating under a temporary hiring freeze?

☐ Yes  ☐ No

If Yes, do you plan to lift this freeze in the year ahead?

☐ Yes  ☐ No

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

☐ Reduce  ☐ Increase  ☐ About the same

In the year ahead, does your organization plan to reduce retirement plan contributions, increase them or keep them about the same?

☐ Reduce  ☐ Increase  ☐ About the same

In the year ahead, does your organization plan to spend less on other employee benefits, more or about the same?

☐ Reduce  ☐ Increase  ☐ 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
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.

<table>
<thead>
<tr>
<th>Years of service</th>
<th>Vacation or PTO days per year for all regular, full-time employees</th>
<th>Vacation or PTO days per year for regular, full-time exempt employees</th>
<th>Vacation or PTO days per year for regular, full-time non-exempt employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Year</td>
<td></td>
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<td></td>
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<tr>
<td>2 Years</td>
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<tr>
<td>3 Years</td>
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<tr>
<td>4 Years</td>
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<td></td>
<td></td>
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<tr>
<td>5 Years</td>
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<td></td>
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<tr>
<td>6 - 9 Years</td>
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<td></td>
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<tr>
<td>10 Years</td>
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<td></td>
</tr>
<tr>
<td>11 + Years</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Can earned vacation/PTO days that are not taken be carried forward to the next year?

- Yes
- No

If Yes, What is the maximum number of vacation/PTO days that can be carried forward by regular, full-time employees?

- ______________

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?

- ______________

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.”

<table>
<thead>
<tr>
<th>Event</th>
<th>Max. number of days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jury service</td>
<td></td>
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<tr>
<td>Bereavement</td>
<td></td>
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<tr>
<td>Family illness</td>
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<tr>
<td>Job-related education</td>
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<tr>
<td>Maternity/paternity</td>
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<tr>
<td>Military service</td>
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<tr>
<td>Volunteer service</td>
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<tr>
<td>Other, please explain:</td>
<td></td>
</tr>
</tbody>
</table>
**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
- [ ] 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 enrolled 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. 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 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".

<table>
<thead>
<tr>
<th></th>
<th>% paid by org for employees</th>
<th>% paid by org for dependents</th>
<th>Co-payment for doctor office visit</th>
<th>Annual deductible for employee only</th>
<th>Annual deductible for family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical: HMO</td>
<td></td>
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<tr>
<td>Medical: PPO</td>
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<tr>
<td>Medical: POS</td>
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<tr>
<td>Dental</td>
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<td>Vision</td>
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<tr>
<td>Life</td>
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<tr>
<td>Long-Term Disability</td>
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<tr>
<td>Long-Term Care</td>
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<tr>
<td>Voluntary supplemental plan</td>
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<tr>
<td>Other, please explain:</td>
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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.

☐ Yes, HMO annual contribution for single employee $_________ for family $_________
☐ Yes, 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.

$_________
### 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
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 currently 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  ☐ Executive search firm  ☐ Craigslist or other online service  ☐ Internal promotion  ☐ 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
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<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<td>Does your organization have a completed and updated emergency succession plan for the Executive Director/CEO position?</td>
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<td>Has the board of directors formally approved the current salary of the Executive Director/CEO?</td>
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<td>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.</td>
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<td>Please describe any benefits given to the Executive Director/CEO not otherwise mentioned in this questionnaire:</td>
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</table>
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, 2016**
Enter the actual pay rate for the employee as of January 1, 2016.

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 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, 2016

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
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<th>Column 5</th>
<th>Column 6</th>
<th>Column 7</th>
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<tbody>
<tr>
<td>Job Code</td>
<td>Position Title used by Your Organization</td>
<td>Annual (full-time) or Hourly Pay Rate as of 1/1/2016</td>
<td>Eligible for Bonus or Incentive Pay (Y/N)</td>
<td>Bonus or Incentive $ Paid During Past 12 Months</td>
<td># of Employees Managed (direct &amp; indirect)</td>
<td>County Location of Job if Different from Org's Main Location</td>
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