



NONPROFIT  
COMPENSATION  
ASSOCIATES

## FAIR PAY FOR SOUTHERN CALIFORNIA NONPROFITS: THE 2023 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 these printer-friendly pdf files for supporting information:

For definitions of terms

[FairPaySCA2023.Glossary.pdf](#)

For a complete list of jobs covered in the survey

[FairPaySCA2023.JobList.pdf](#)

For a complete list of jobs covered and a description of each

[FairPaySCA2023.JobDescriptions.pdf](#)

Submit your survey response by ~~Friday, February 17, 2023~~ **Friday, March 10 (extended deadline)** 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/Finance Dir/Business Mgr:**

**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"/> Academy for Grassroots Organizations                       | <input type="checkbox"/> Inland Empire Community Collaborative    |
| <input type="checkbox"/> Arrowhead United Way                                       | <input type="checkbox"/> Jericho Road Pasadena                    |
| <input type="checkbox"/> California Alliance of Child and Family Services           | <input type="checkbox"/> Nonprofit Solutions                      |
| <input type="checkbox"/> California Community Action Partnership Assn. (CalCAPA)    | <input type="checkbox"/> Northern Santa Barbara County United Way |
| <input type="checkbox"/> California Council of Community Behavioral Health Agencies | <input type="checkbox"/> OneOC                                    |
| <input type="checkbox"/> California Council of Land Trusts                          | <input type="checkbox"/> Patron Saints Foundation                 |
| <input type="checkbox"/> California ReLeaf  | <input type="checkbox"/> The Santa Barbara Foundation             |
| <input type="checkbox"/> CalNonprofits  | <input type="checkbox"/> Southern California Grantmakers          |
| <input type="checkbox"/> CalNonprofits Insurance Services                           | <input type="checkbox"/> Tustin Community Foundation              |
| <input type="checkbox"/> Candid   | <input type="checkbox"/> United Way Inland SoCal                  |
| <input type="checkbox"/> Catalyst of San Diego & Imperial Counties                  | <input type="checkbox"/> United Way of San Luis Obispo County     |
| <input type="checkbox"/> Center for Nonprofit Leadership, California Lutheran Univ. | <input type="checkbox"/> United Way of Ventura County             |
| <input type="checkbox"/> Community Partners   | <input type="checkbox"/> United Ways of California                |
| <input type="checkbox"/> Community Vision Capital & Consulting                      | <input type="checkbox"/> Other: _____                             |
| <input type="checkbox"/> Fieldstone Leadership Network, Orange County               |   |
| <input type="checkbox"/> The Fund for Santa Barbara                                 |   |

**Total annual expenses of the organization:** \$ \_\_\_\_\_  
*Expenditures necessary to support the administrative and service functions of the organization. This information is used for broad classification purposes only. Please enter an approximate annual dollar amount for either your current fiscal year or most recently completed fiscal year.*

**How many full-time equivalent (FTE) employees does your organization employ as of January 1, 2023? Do not include temporary or contract staff.** \_\_\_\_\_

	Full-Time	Part-Time
<b>Total number of employees:</b> (Do not include temporary staff, contract staff or volunteers)		
<b>Number of employees who left their positions during the past 12 months VOLUNTARILY:</b> Do not include temporary employees, contractors, volunteers, furloughed positions or discontinued positions (layoffs).		
<b>Number of employees who left their positions during the past 12 months INVOLUNTARILY (termination):</b> Do not include temporary employees, contractors, volunteers, furloughed positions or discontinued positions (layoffs).		

**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"/> Employment Counseling/Workforce Programs            | <input type="checkbox"/> Social Service, Multiple Programs      |
| <input type="checkbox"/> Family Counseling/Mental Health Services            | <input type="checkbox"/> Other: _____                           |
| <input type="checkbox"/> Foundation, Philanthropy, Fundraising               |   |

**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 past 12 months	Avg projected increase 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.**

<input type="checkbox"/> CEO/Executive Director	<input type="checkbox"/> Professional staff
<input type="checkbox"/> Management staff	<input type="checkbox"/> Support or administrative staff

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**What is your organization's full-time workweek? Please note that this question does NOT refer to the minimum workweek required for eligibility for employee benefits, but rather the standard workweek for regular full-time employees.**

<input type="checkbox"/> 40 hours/week	<input type="checkbox"/> 35 hours/week
<input type="checkbox"/> 38 hours/week	<input type="checkbox"/> Other, please explain: _____
<input type="checkbox"/> 37.5 hours/week	

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

<input type="checkbox"/> No formal policy	<input type="checkbox"/> Pay overtime rates
<input type="checkbox"/> Provide compensatory time off	<input type="checkbox"/> Do not compensate exempt staff for overtime
<input type="checkbox"/> Pay straight time	<input type="checkbox"/> 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?**

<input type="checkbox"/> Yes, pay for hours worked, including overtime
<input type="checkbox"/> Yes, pay flat rate for being on call
<input type="checkbox"/> Yes, provide compensatory time off or flex-time
<input type="checkbox"/> Yes, do not pay or provide time off (exempt staff only)
<input type="checkbox"/> Yes, pay show-up rate and hourly pay for time worked
<input type="checkbox"/> Yes, some other policy (or no formal policy) Please describe policy: _____
<input type="checkbox"/> No

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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: Were your salary ranges adjusted during the calendar year 2022?**  
 Yes, overall percentage of adjustment \_\_\_\_\_ %       No

**Do you expect to adjust your salary ranges during the calendar year 2023?**  
 Yes, overall percentage of adjustment (projected) \_\_\_\_\_ %       No



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

	Exec. Dir/ CEO	Other Mgrs/ Executives	Other Staff
Employee Assistance Program (EAP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telecommuting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial planning services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reimbursement for acquiring and/or maintaining professional license or other credentials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional conferences attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional development classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low-interest or no-interest loan program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation and/or travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse's/domestic partner's travel expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local mass transit subsidy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car or car allowance:			
Car leasing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car ownership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing or housing allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	

**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

**Have you taken or do you plan to take in the near future any specific actions to assess and/or encourage employee engagement?**       Yes       No

**If Yes, which of the following actions have you taken or plan to take in the near future? Check all that apply.**

- Conduct an assessment of employee engagement
- Involve staff in strategic planning discussions
- Involve staff in programmatic planning discussions
- Employee recognition program
- Efforts to encourage a positive and enjoyable work environment
- Other, please describe: \_\_\_\_\_

**Impact of the Current Economic Environment/COVID-19 Pandemic**

**Overall, how would you characterize the degree to which your organization’s operations are currently impacted by the COVID-19 pandemic?**

- Severely     Significantly     Moderately     Slightly     Not at all

**Do you expect the following positions to be working remotely, in-person, or a hybrid of both for the foreseeable future? Please choose the option that best describes your organization's policies for each of the job categories below.**

	Remote	Hybrid	In-person
<b>Corporate administration (Executive, Office HR, IT)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Accounting/Finance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Development</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Program services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If you have answered “Remote” or “Hybrid” for at least one of the lines above, please answer the following questions:**

**Does your organization compensate remote or hybrid employees for work expenses?**

- Yes     No

**If Yes, please check the box(es) to indicate which expenses. Check all that apply.**

- Internet service
- Cell phone
- Computer
- Home office furniture and other equipment
- Monthly stipend to cover work-related expenses
- Other, please describe: \_\_\_\_\_

**What is the geographic area your organization hires from? Check all that apply.**

- Locally (within commuting distance of your organization’s service area)
- Outside the local area
- Outside of California

**If you have any employees that do not live locally:**

**Do you adjust pay based on geographic cost of living differences?**

- Yes     No

**Please indicate changes in the overall cost of your organization’s insurance and retirement benefits per employee during calendar year 2022.**

- Increased (other than any increases mandated by government policy related to COVID-19)
- Kept about the same
- Reduced

**Please indicate expected/projected changes in the overall cost of your organization’s insurance and retirement benefits per employee during calendar year 2023.**

- Increase (other than any increases mandated by government policy related to COVID-19)
- Keep about the same
- Reduce

**Do you anticipate that your organization will experience increased competition from other employers to attract and retain well-qualified employees in calendar year 2023?**

- Yes     No

**Do you see turnover as a significant problem for your organization in calendar year 2023?**

- Yes     No

**How does your organization's current workforce size compare with your pre-pandemic workforce?**

- Larger now       About the same       Smaller now

**If your workforce is smaller now, please indicate contributing factors. Check all that apply.**

- Lack of funding       Difficulty filling open positions  
 Programs have changed       Other, please explain: \_\_\_\_\_

**Overall, does your organization plan to increase or reduce the number of full-time equivalent employees in calendar year 2023?**

- Increase       Keep about the same       Reduce

**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"/> Human Resources                        |
| <input type="checkbox"/> Administrative/General Office | <input type="checkbox"/> Information Technology                 |
| <input type="checkbox"/> Communications/Marketing      | <input type="checkbox"/> Maintenance/Facilities/Grounds/Drivers |
| <input type="checkbox"/> Development/Fundraising       | <input type="checkbox"/> Program Delivery                       |
| <input type="checkbox"/> Executive                     | <input type="checkbox"/> Other, please describe: _____          |

**Other than retirement, which factors below do you believe are significant reasons why employees have left your organization during 2022 (voluntary turnover)? Please check all that apply.**

- |   |  |
|---|--|
| <input type="checkbox"/> Job with higher pay elsewhere                  | <input type="checkbox"/> Dissatisfaction with in-person work         |
| <input type="checkbox"/> Job with more comprehensive benefits elsewhere | <input type="checkbox"/> Dissatisfaction with remote work            |
| <input type="checkbox"/> Higher-level job (promotion) elsewhere         | <input type="checkbox"/> Dissatisfaction with leadership/management  |
| <input type="checkbox"/> Geographic move for affordability reasons      | <input type="checkbox"/> Dissatisfaction with organizational culture |
| <input type="checkbox"/> Geographic move for personal/family reasons    | <input type="checkbox"/> Stress/burnout                              |
| <input type="checkbox"/> Other personal/family reasons                  | <input type="checkbox"/> Job in the private sector                   |
| <input type="checkbox"/> Career change                                  | <input type="checkbox"/> Job in the public sector/government         |
| <input type="checkbox"/> Pursuing higher education                      | <input type="checkbox"/> Other, please describe: _____               |

**Do you consider paying employees a living wage to be a strategic priority for your organization?**

- Yes       No

**If Yes, how does your organization expect to address the budget impact involved? Check all that apply.**

- Absorb with already-existing resources  
 Additional fundraising  
 Budget re-allocations, not including layoffs  
 Budget re-allocations, possibly including layoffs  
 Other, please describe: \_\_\_\_\_

**What data does your organization use to determine an appropriate living wage for your location(s)?**

- Municipal/city data  
 County data  
 State data  
 Other, please describe: \_\_\_\_\_

**Diversity, Equity, Inclusion (DEI) Practices**

**Is your organization in any stage of DEI work? Please choose the option below that represents the degree by which your organization has implemented DEI-related policies.**

- No (please skip the rest of the DEI questions)  
 Discussion  
 Planning  
 Time is formally allocated for all or some staff to work on DEI activities  
 Funds are allocated for DEI activities (staffing, training, consultant for example)  
 DEI is a standing line item in the organization's annual budget/policies implemented  
 Other (please explain): \_\_\_\_\_





**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>Year of service</b>
<b>1st Year</b>
<b>2nd Year</b>
<b>3rd Year</b>
<b>4th Year</b>
<b>5th Year</b>
<b>6th – 9th Years</b>
<b>10th Year</b>
<b>11th Year +</b>

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

**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.

**California prohibits “use it or lose it” vacation or PTO policies, though employers can “cap” the accrual of unused vacation or PTO time.**

**What is the maximum unused vacation or PTO balance that can be accrued by regular, full-time employees?**

- 1.5 x an employee’s annual accrual
- 1.75 x an employee’s annual accrual
- 2 x an employee’s annual accrual
- No maximum (unlimited accrual)
- Other, please describe: \_\_\_\_\_

**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.)**

**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.” For family illness and parental leave, check the box for paid time off only if the paid time off is in addition to paid time provided by California’s Paid Family Leave (PFL).**

**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.”**

	<b>Paid time off</b>	<b>Sick leave may be used</b>
Jury service	<input type="checkbox"/>	<input type="checkbox"/>
Bereavement	<input type="checkbox"/>	<input type="checkbox"/>
Family illness (in addition to California’s Paid Family Leave)	<input type="checkbox"/>	<input type="checkbox"/>
Job-related education	<input type="checkbox"/>	<input type="checkbox"/>
Parental leave (in addition to California’s Paid Family Leave)	<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 (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 1<sup>st</sup> of month following hire date
- Covered on 1<sup>st</sup> of month following 30 days of employment
- Covered on 1<sup>st</sup> 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 primary care doctor office visits
- Annual deductible for employee only (if applicable)
- Annual deductible for a family (if applicable)
- Coverage level (if applicable): platinum, gold, silver or bronze

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 primary care doctor office visit	Annual deductible for employee only	Annual deductible for family	Coverage level (platinum, gold, silver, bronze)
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

Does the organization provide any benefits related to mental/behavioral health services other than those included as part of its group health insurance and/or EAP? If Yes, please describe: \_\_\_\_\_

**RETIREMENT BENEFITS**

<p><b>Does your organization provide any type of retirement benefit for regular full-time employees?</b></p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p><b>If No, please skip the rest of this section and continue with the Executive Director/CEO section.</b></p>
<p><b>Are part-time employees eligible for retirement benefits?</b></p> <p><input type="checkbox"/> No, only full-time employees are eligible.</p> <p><input type="checkbox"/> Part-time employees working a sufficient number of hours per week are eligible: They must work a minimum of _____ hours per week.</p> <p><input type="checkbox"/> All part-time employees are eligible regardless of their work schedule.</p> <p><input type="checkbox"/> Not applicable; we have no part-time employees.</p>
<p><b>Which best describes the organization's retirement benefit for regular full-time staff? Check all that apply.</b></p> <p><input type="checkbox"/> Tax Sheltered Annuity - 401(k), 403(b)</p> <p><input type="checkbox"/> Other Defined Contribution Plan</p> <p><input type="checkbox"/> IRA, SEP-IRA, Simple IRA</p> <p><input type="checkbox"/> Defined Benefit Plan</p> <p><input type="checkbox"/> Other, please describe:</p>
<p><b>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.</b></p> <p><input type="checkbox"/> Employee contribution only      (Please skip the rest of this section.)</p> <p><input type="checkbox"/> Organization contribution only</p> <p><input type="checkbox"/> Organization contributions/employee may contribute</p> <p><input type="checkbox"/> If employee contributes, organization also contributes (i.e. employer match)</p> <p><input type="checkbox"/> Other, please describe:</p>
<p><b>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.</b></p> <p><input type="checkbox"/> Organization contributes percentage of employee's salary Enter the percentage of salary contributed by the organization for eligible full-time employees. If the percentage varies depending on whether or not an employee has contributed, enter the highest percentage of salary the organization will contribute: _____ %</p> <p><input type="checkbox"/> Organization contributes \$ amount for each employee Enter the dollar amount contributed annually by the organization for eligible full-time employees. If the dollar amount varies depending on whether or not an employee has contributed enter the largest dollar amount the organization will contribute: \$ _____</p> <p><input type="checkbox"/> Other, please explain:</p>
<p><b>What is the period (in years) after which retirement benefits are fully vested?</b></p> <p>_____ years</p>

**If you have a 401(k) or 403(b) plan, have you conducted an audit of the plan 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: \_\_\_\_\_

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**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.**

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

Yes       No

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

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**How does your Executive Director/CEO identify their gender?**

Male       Female       Non-binary/non-conforming

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**What is your Executive Director/CEO's age?** \_\_\_\_\_ **years old**

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**For how many years has your Executive Director/CEO worked in their 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: \_\_\_\_\_

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**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?**

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**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).  
Download a printer-friendly pdf list of survey jobs here:

<https://social.nonprofitcomp.com/pdf/FairPaySCA2023.JobList.pdf>

And a printer-friendly pdf list of survey jobs with job descriptions here:

<https://social.nonprofitcomp.com/pdf/FairPaySCA2023.JobDescriptions.pdf>

Note: These job codes are the same as those used in the 2022 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. This may be different from the job title we use for the survey.

### Column 3 Pay Rate as of January 1, 2023

Enter the actual pay rate for the employee as of January 1, 2023.

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** incentive or bonus pay in addition to the regular base pay, enter "Y" (regardless of whether the employee actually received bonus or incentive pay). Do not include sign-on or retention bonuses. 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. *Do not enter anything for employees who are working remotely unless the organization has operations in a location other than the organization's headquarters.*



