



**FAIR PAY FOR SOUTHERN CALIFORNIA NONPROFITS:  
THE 2024 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 [FairPaySCA2024.Glossary.pdf](#)
- For a complete list of jobs covered in the survey [FairPaySCA2024.JobList.pdf](#)
- For a complete list of jobs covered and a description of each [FairPaySCA2024.JobDescriptions.pdf](#)

Submit your survey response by ~~Friday, February 16,~~ **Friday, March 8, 2024 (extended deadline)** and you will be eligible to purchase a copy of the survey report at the discounted participant rate. Visit <http://social.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:** \_\_\_\_\_  
**Email address:** \_\_\_\_\_  
**Telephone (w/ext. if applicable):** \_\_\_\_\_  
**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"/> Jericho Road Pasadena                            |
| <input type="checkbox"/> Arrowhead United Way                                       | <input type="checkbox"/> The Nonprofit Institute, University of San Diego |
| <input type="checkbox"/> California Alliance of Child and Family Services           | <input type="checkbox"/> The Nonprofit Partnership                        |
| <input type="checkbox"/> California Community Action Partnership Assn. (CalCAPA)    | <input type="checkbox"/> Nonprofit Solutions                              |
| <input type="checkbox"/> California Community Economic Development Assn. (CCEDA)    | <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"/> Orange County United Way                         |
| <input type="checkbox"/> California ReLeaf  | <input type="checkbox"/> Patron Saints Foundation                         |
| <input type="checkbox"/> CalNonprofits  | <input type="checkbox"/> The Santa Barbara Foundation                     |
| <input type="checkbox"/> CalNonprofits Insurance Services                           | <input type="checkbox"/> Southern California Grantmakers                  |
| <input type="checkbox"/> Catalyst of San Diego & Imperial Counties                  | <input type="checkbox"/> Spokes   |
| <input type="checkbox"/> Center for Nonprofit Leadership, California Lutheran Univ. | <input type="checkbox"/> Tustin Community Foundation                      |
| <input type="checkbox"/> Child Development Consortium of Los Angeles, Inc.          | <input type="checkbox"/> United Way of Imperial County                    |
| <input type="checkbox"/> The Community Foundation of San Luis Obispo County         | <input type="checkbox"/> United Way Inland SoCal                          |
| <input type="checkbox"/> Community Partners   | <input type="checkbox"/> United Way of Kern County                        |
| <input type="checkbox"/> Community Vision Capital & Consulting                      | <input type="checkbox"/> United Way of San Luis Obispo County             |
| <input type="checkbox"/> Executive Service Corps of Southern California             | <input type="checkbox"/> United Way of Ventura County                     |
| <input type="checkbox"/> Fieldstone Leadership Network, Orange County               | <input type="checkbox"/> United Ways of California                        |
| <input type="checkbox"/> The Fund for Santa Barbara                                 | <input type="checkbox"/> Ventura County Community Foundation              |
| <input type="checkbox"/> Inland Empire Community Collaborative                      | <input type="checkbox"/> Other: _____                                     |

**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, 2024? Do not include temporary or contract staff.** \_\_\_\_\_

**Total number of employees:**

**(Do not include temporary staff, contract staff or volunteers)**

**Number of employees who left their positions during the past 12 months**

**VOLUNTARILY:**

**Do not include temporary employees, contractors, volunteers, furloughed positions or discontinued positions (layoffs).**

**Number of employees who left their positions during the past 12 months**

**INVOLUNTARILY (termination):**

**Do not include temporary employees, contractors, volunteers, furloughed positions or discontinued positions (layoffs).**

	Full-Time	Part-Time
Total number of employees:		
Number of employees who left their positions during the past 12 months VOLUNTARILY:		
Number of employees who left their positions during the past 12 months INVOLUNTARILY (termination):		

**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 your current fiscal year? 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
<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	_____ %	_____ %

**Does your organization offer bonuses or incentive pay 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 |

**If you have checked any of these boxes:**

**Are target percentages of salary used to determine bonuses or incentive pay for any employees?**

- Yes       No

**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 |   |

**Does your organization use an alternative (compressed) workweek schedule for any full-time employees?**

- Yes       No

**If Yes, please indicate which alternative schedule(s) you use. Check all that apply.**

- 4/10 (weekly)
- 5-4/9 (biweekly)
- 9/80 (biweekly)
- Other, please explain: \_\_\_\_\_

**Which job titles at your organization work an alternate schedule or have an option to work a compressed schedule?**

**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:**

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

**If Yes: Were your salary ranges adjusted during the calendar year 2023?**  
 Yes, overall percentage of adjustment \_\_\_\_\_ %       No

**Do you expect to adjust your salary ranges during the calendar year 2024?**  
 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

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

<input type="checkbox"/> Never	<input type="checkbox"/> Annually
<input type="checkbox"/> Quarterly	<input type="checkbox"/> No set schedule
<input type="checkbox"/> Every 6 months	<input type="checkbox"/> Other, please describe: _____

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**Are any of your employees covered by a union contract?**  
 Yes       No

**If Yes, which job classifications?**

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**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?**

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**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.

Are any employees at your organization provided an organization-paid cell phone, or do any receive reimbursement for cell phone expenses or a stipend for the monthly cost of cell phone use?

Yes  No

If Yes: Approximately what percentage of regular, full-time employees receive this type of benefit?

\_\_\_\_\_ %

In the cases of reimbursement or stipend, 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 benefits?

- Requiring regular work away from the office
- On-call work responsibilities (i.e. IT department)
- Level of job responsibility
- Other, please describe: \_\_\_\_\_

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: \_\_\_\_\_

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"/>
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"/>
Health club membership	<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"/>

	Exec. Dir/ CEO	Other Mgrs/ Executives
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?** \_\_\_\_\_

**How many employees at your organization have taken a sabbatical leave during the past year?** \_\_\_\_

**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/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.**

	<b>Remote</b>	<b>Hybrid</b>	<b>In-person</b>
<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: \_\_\_\_\_

**Since the onset of the COVID-19 pandemic, has your organization required any remote or hybrid employees to return to exclusively in-person work?**

- Yes     No

**Do you expect to require that any remote or hybrid employees to return to exclusively in-person work during calendar year 2024?**

- Yes     No

**How are work schedules most often set for remote or hybrid employees?**

- Set predominantly by organization  
 Set by agreement between organization and employee  
 Set by predominantly by employee

**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 2023.**

- Increased  
 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 2024.**

- Increase
- Keep about the same
- Reduce

**Do you anticipate that your organization will experience increased competition from other employers to attract and attract and retain well-qualified employees in calendar year 2024?**

- Yes
- No

**Do you see turnover as a significant problem for your organization in calendar year 2024?**

- 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: \_\_\_\_\_

**During calendar year 2023, did your organization contracted out any work that was previously done by staff?**

- Yes
- No

**During calendar year 2024, do you expect to contract out work that is current done by staff?**

- Yes
- No

**Overall, does your organization plan to increase or reduce the number of full-time equivalent employees in calendar year 2024?**

- 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.**

- Accounting/Finance
- Administrative/General Office
- Communications/Marketing
- Development/Fundraising
- Executive
- Human Resources
- Information Technology
- Maintenance/Facilities/Grounds/Drivers
- Program Delivery
- Other, please describe: \_\_\_\_\_

**Other than retirement, which factors below do you believe are significant reasons why employees have left your organization during 2023 (voluntary turnover)? Please check all that apply.**

- Job with higher pay elsewhere
- Job with more comprehensive benefits elsewhere
- Higher-level job (promotion) elsewhere
- Geographic move for affordability reasons
- Geographic move for personal/family reasons
- Other personal/family reasons
- Career change
- Pursuing higher education
- Dissatisfaction with in-person work
- Dissatisfaction with remote work
- Dissatisfaction with leadership/management
- Dissatisfaction with organizational culture
- Stress/burnout
- Job in the private sector
- Job in the public sector/government
- 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  
 Increasing income from programs and services  
 Organization already pays at or above the living wage  
 Other, please describe: \_\_\_\_\_

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

**Check all that apply.**

*Please note that external labor market data such as compensation surveys do not report the living wage but rather prevailing wages for specific jobs.*

- Municipal/city data  
 County/regional 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): \_\_\_\_\_

**Does your organization have, or have you had, an internal DEI working group or task force?**

- Yes       Planning to do within 12 months  
 No       Have done previously, no longer active

**If Yes:** In what year was your DEI task force/internal working group established? \_\_\_\_\_

Is the task force/internal working group comprised of board, staff or both?

- Board only       Staff only       Board and staff

Does the Executive Director/CEO sit on the task force/internal working group?

- Yes       No       Not applicable (we do not have an Executive Director/CEO)

**Between 2019-2024, has your organization worked or will you work with a consultant or firm to help support your DEI work?**

- Yes       No

**Does the organization plan to provide DEI related training for the staff in 2024?**

- Yes       No

**Does the organization plan to provide DEI related training for the board in 2024?**

- Yes       No

**Please indicate which best describes the staffing responsible for DEI advancement at your organization:**

- Currently have an assigned staff position (either full-time or part-time)  
Position title: \_\_\_\_\_
- Planning to have an assigned staff position within 12 months (either full-time or part-time)
- Currently use a combination of staffing with defined number of hours across different staff positions  
Position titles: \_\_\_\_\_
- Planning to use a combination of staffing with defined number of hours across different staff positions within 12 months
- None of the above

**Does the board of directors have a nominations plan that integrates DEI?**

- Yes       No       Planning to do within 12 months

**Have any of the following policies/practices been reviewed or are currently being reviewed through a DEI lens/integration?**

- |  |                              |                             |  |
|--|------------------------------|-----------------------------|--|
| Compensation and benefits practices                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Planning to do within 12 months |
| Hiring practices (recruitment, hiring, onboarding) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Planning to do within 12 months |
| Supervision, evaluation, promotion, lay-off        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Planning to do within 12 months |
| Financial practices/policy                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Planning to do within 12 months |
| Fundraising/marketing practices/policy             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Planning to do within 12 months |
| Program practices/policy                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Planning to do within 12 months |
| Planning (strategic, program planning practices)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Planning to do within 12 months |
| Retention practices (e.g. stay interview)          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Planning to do within 12 months |

**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.

Year 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
1st Year			
2nd Year			
3rd Year			
4th Year			
5th Year			
6th – 9th Years			
10th Year			
11th Year +			

**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?**

- |  |  |
|--|--|
| <input type="checkbox"/> 1 x employee’s annual accrual         | <input type="checkbox"/> 2.5 x employee’s annual accrual |
| <input type="checkbox"/> 1.1 – 1.4 x employee’s annual accrual | <input type="checkbox"/> 3 x employee’s annual accrual   |
| <input type="checkbox"/> 1.5 x employee’s annual accrual       | <input type="checkbox"/> No maximum (unlimited accrual)  |
| <input type="checkbox"/> 1.6 – 1.9 x employee’s annual accrual | <input type="checkbox"/> Other, please describe: _____   |
| <input type="checkbox"/> 2 x employee’s annual accrual         |  |

**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 “Specific paid time off given.”**

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

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

	Specific paid time off given:	Other paid time off (i.e. sick, vacation) may be used:
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.

### 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 of these Section 125 plans? 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)

### Please indicate which of the options below best describes your organization's employee insurance benefits:

- “Traditional” plan: Organization offers one or more type of insurance (medical, dental, vision, etc.), sometimes with multiple options for any type. The organization generally pays either a percentage or dollar amount of the monthly premium cost of each insurance option for employee coverage and sometimes also contributes a percentage or dollar amount toward dependent coverage.
- Flexible benefits plan: Benefits plan that allows employees to choose the benefits they want from a predetermined list. Employers provide a certain number of credits or dollars to each worker to ensure core coverage, and additional benefits may be purchased at an individual employee's expense.

**Traditional Plan: Answer this group of questions if you checked “Traditional plan” above. Skip the group of questions for “Flexible benefits plan” below and continue to the “Consumer Directed Health Plans” questions.**

Answer this section only if you did NOT check the flexible benefits plan box above.

What is the average annual or monthly cost to your organization, **per enrolled full-time 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 ENROLLED FULL-TIME EMPLOYEE circle (annual) or (monthly)

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

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

- Average % of the premium paid by the organization for coverage of full-time employee
- Average % of the premium paid by the organization for coverage of full-time employee’s dependents
- Co-payment for primary care doctor office visits
- Annual deductible for employee only policy (if applicable)
- Annual deductible for a family policy (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 full-time employee	% paid by org for full-time employee’s dependents	Co-payment for primary care doctor office visit	Annual deductible for employee only policy	Annual deductible for family policy	Coverage level (platinum, gold, silver, bronze)
Medical: HMO						
Medical: EPO						
Medical: PPO						
Medical: POS						
Dental						
Vision						
Life						
Short-Term Disability (in addition to required CA SDI)						
Long-Term Disability						
Long-Term Care						
Voluntary supplemental plan						
Other, please explain:						

**Flexible benefits plan: Answer this group of questions if you checked the box for “Flexible benefits plan” above. Then continue to the “Consumer Directed Health Plans” questions.**

Organization’s contribution **PER ENROLLED FULL-TIME EMPLOYEE** \$ \_\_\_\_\_ circle (annual) or (monthly)

Enter the number of employees participating in the plan: \_\_\_\_\_

Indicate below to which types of plans employees can allocate their flexible benefits plan dollars. Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> HMO (Health Maintenance Organization) | <input type="checkbox"/> Life Insurance   |
| <input type="checkbox"/> EPO (Exclusive Provider Organization) | <input type="checkbox"/> Short-Term Disability Insurance (in addition to required CA SDI) |
| <input type="checkbox"/> PPO (Preferred Provider Organization) | <input type="checkbox"/> Long-Term Disability Insurance                                   |
| <input type="checkbox"/> POS (Point of Service)                | <input type="checkbox"/> Long-Term Care Insurance   |
| <input type="checkbox"/> Dental                                | <input type="checkbox"/> Voluntary supplemental plan                                      |
| <input type="checkbox"/> Vision                                | <input type="checkbox"/> Retirement plan, any type  |
| <input type="checkbox"/> Other, please describe: _____         |   |

**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 full-time employee and for family. See Glossary for definition.**

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

- HMO      annual contribution for single full-time employee \$ \_\_\_\_\_ for family \$ \_\_\_\_\_
- EPO      annual contribution for single full-time employee \$ \_\_\_\_\_ for family \$ \_\_\_\_\_
- PPO      annual contribution for single full-time employee \$ \_\_\_\_\_ for family \$ \_\_\_\_\_
- POS      annual contribution for single full-time 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 full-time 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**

**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, Simple IRA
- Defined Benefit Plan
- Other, please describe:

**Follow-up questions if you checked the TSA – 401(k), 403(b) box above:**

**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:

**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:**

**Follow-up questions if you checked a box indicating the possibility of an employee contribution above:**

**Do employees have the option of making Roth (after-tax) contributions to a retirement account?**

- Yes
- No

**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**  
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: \_\_\_\_\_ %
- 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: \$ \_\_\_\_\_
- Other, please explain:**

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

\_\_\_\_\_ years

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

- Yes
- No



**EXECUTIVE DIRECTOR/CEO PROFILE**

<p><b>Does your organization current employ an Executive Director/CEO?</b> <input type="checkbox"/> Yes      <input type="checkbox"/> No <b>If No, please skip the rest of this section and continue with the Compensation section.</b></p>						
<p><b>Does your Executive Director/CEO have an employment contract?</b> <input type="checkbox"/> Yes      <input type="checkbox"/> No <b>If Yes, what was the length of the original contract in months?</b></p>						
<p><b>How does your Executive Director/CEO identify their gender?</b> <input type="checkbox"/> Male      <input type="checkbox"/> Female      <input type="checkbox"/> Non-binary/non-conforming</p>						
<p><b>What is your Executive Director/CEO's age?</b> _____ years old</p>						
<p><b>For how many years has your Executive Director/CEO worked in their current job at your organization?</b> <b>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?</b></p> <table><tr><td><input type="checkbox"/> Word of mouth</td><td><input type="checkbox"/> Internal promotion</td></tr><tr><td><input type="checkbox"/> Craigslist or other online service</td><td><input type="checkbox"/> Current/former board member or founder of organization</td></tr><tr><td><input type="checkbox"/> Executive search firm</td><td><input type="checkbox"/> Other, please describe: _____</td></tr></table>	<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Internal promotion	<input type="checkbox"/> Craigslist or other online service	<input type="checkbox"/> Current/former board member or founder of organization	<input type="checkbox"/> Executive search firm	<input type="checkbox"/> Other, please describe: _____
<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Internal promotion					
<input type="checkbox"/> Craigslist or other online service	<input type="checkbox"/> Current/former board member or founder of organization					
<input type="checkbox"/> Executive search firm	<input type="checkbox"/> Other, please describe: _____					
<p><b>Did your Executive Director/CEO work as the Executive Director/CEO in other nonprofit organizations prior to the current job?</b> <input type="checkbox"/> Yes      <input type="checkbox"/> No <b>If yes, for how long, in years?</b></p>						
<p><b>What is the highest level of education attained by the Executive Director/CEO?</b></p> <table><tr><td><input type="checkbox"/> High school</td><td><input type="checkbox"/> Master's degree/Professional Degree/JD</td></tr><tr><td><input type="checkbox"/> Associate's Degree/Some college</td><td><input type="checkbox"/> Doctorate</td></tr><tr><td><input type="checkbox"/> Bachelor's degree</td><td></td></tr></table>	<input type="checkbox"/> High school	<input type="checkbox"/> Master's degree/Professional Degree/JD	<input type="checkbox"/> Associate's Degree/Some college	<input type="checkbox"/> Doctorate	<input type="checkbox"/> Bachelor's degree	
<input type="checkbox"/> High school	<input type="checkbox"/> Master's degree/Professional Degree/JD					
<input type="checkbox"/> Associate's Degree/Some college	<input type="checkbox"/> Doctorate					
<input type="checkbox"/> Bachelor's degree						
<p><b>Does your organization have a completed and updated emergency succession plan for the Executive Director/CEO position?</b> <input type="checkbox"/> Yes      <input type="checkbox"/> No <b>Does your organization have a formal, non-emergency transition plan for the Executive Director/CEO position?</b> <input type="checkbox"/> Yes      <input type="checkbox"/> No <b>Does your organization expect to have a Executive Director/CEO transition within the next three years?</b> <input type="checkbox"/> Yes      <input type="checkbox"/> No</p>						
<p><b>Has the board of directors formally approved the current salary of the Executive Director/CEO?</b> <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p><b>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.</b></p> <table><tr><td><input type="checkbox"/> Informal survey of similar organizations performed internally</td></tr><tr><td><input type="checkbox"/> Published survey data</td></tr><tr><td><input type="checkbox"/> Form 990s of similar organizations</td></tr><tr><td><input type="checkbox"/> Outside consultant</td></tr><tr><td><input type="checkbox"/> Other, please describe: _____</td></tr></table>	<input type="checkbox"/> Informal survey of similar organizations performed internally	<input type="checkbox"/> Published survey data	<input type="checkbox"/> Form 990s of similar organizations	<input type="checkbox"/> Outside consultant	<input type="checkbox"/> Other, please describe: _____	
<input type="checkbox"/> Informal survey of similar organizations performed internally						
<input type="checkbox"/> Published survey data						
<input type="checkbox"/> Form 990s of similar organizations						
<input type="checkbox"/> Outside consultant						
<input type="checkbox"/> Other, please describe: _____						
<p><b>Please describe any benefits given to the Executive Director/CEO not otherwise mentioned in this questionnaire:</b></p>						

## COMPENSATION - INSTRUCTIONS

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

### **Column 1 Job Code**

Enter the three-digit code for the job that you are reporting (for example, Executive Director is 005).

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

<https://socal.nonprofitcomp.com/pdf/FairPaySCA2024.JobList.pdf>

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

<https://socal.nonprofitcomp.com/pdf/FairPaySCA2024.JobDescriptions.pdf>

Note: These job codes are the same as those used in the 2023 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, 2024**

Enter the actual pay rate for the employee as of January 1, 2024.

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.*

### COMPENSATION AS OF JANUARY 1, 2024

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
<b>Job Code</b>	<b>Position Title used by Your Organization</b>	<b>Annual (full-time) or Hourly Pay Rate as of 1/1/2024</b>	<b>Eligible for Bonus or Incentive Pay (Y/N)</b>	<b>Bonus or Incentive \$ Paid During Past 12 Months</b>	<b># of FTE Employees Managed (direct &amp; indirect)</b>	<b>County Location of Job if Different from Org's Main Location</b>