



NONPROFIT
COMPENSATION
ASSOCIATES

FAIR PAY FOR NORTHERN CALIFORNIA NONPROFITS: THE 2024 COMPENSATION AND BENEFITS SURVEY

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

This questionnaire contains the following sections: Organization, Compensation & Employment Practices, Paid Time Off Benefits, Insurance Benefits, Retirement Benefits, Executive Director/CEO Profile and Compensation.

Refer to these printer-friendly pdf files for supporting information:

For definitions of terms

[FairPayNCA2024.Glossary.pdf](#)

For a complete list of jobs covered in the survey

[FairPayNCA2024.JobList.pdf](#)

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

[FairPayNCA2024.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 www.nonprofitcomp.com for details.

Your survey response will be strictly confidential and data from this research will be reported only in the aggregate. All information entered online is encrypted and will remain confidential.

If you have any questions, please contact Rita Haronian of Nonprofit Compensation Associates at 510-645-1005 or survey@nonprofitcomp.com.

ORGANIZATION

Organization name:

Name of person completing survey:

Title:

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"/> Arts Council Santa Cruz County, Santa Cruz | <input type="checkbox"/> Impact Foundry, North Highlands |
| <input type="checkbox"/> Behavioral Health Collaborative of Alameda County, Oakland | <input type="checkbox"/> Kings Community Action Organization, Hanford |
| <input type="checkbox"/> California Alliance of Child and Family Services, Sacramento | <input type="checkbox"/> Kings United Way, Hanford |
| <input type="checkbox"/> California Community Action Partnership Assn. (CalCAPA), Sacramento | <input type="checkbox"/> Nonprofit Alliance of Monterey County, Pacific Grove |
| <input type="checkbox"/> California Community Economic Development Assn., Los Angeles | <input type="checkbox"/> Northern California Association of Nonprofits, Bayside |
| <input type="checkbox"/> California Council of Community Behavioral Health Agencies, Sacramento | <input type="checkbox"/> Pajaro Valley Community Health Trust, Watsonville |
| <input type="checkbox"/> California Council of Land Trusts, Sacramento | <input type="checkbox"/> Placer Community Foundation, Auburn |
| <input type="checkbox"/> California ReLeaf, Sacramento | <input type="checkbox"/> Richmond Community Foundation, Richmond |
| <input type="checkbox"/> CalNonprofits, San Francisco | <input type="checkbox"/> San Francisco Human Services Network |
| <input type="checkbox"/> CalNonprofits Insurance Services, Capitola | <input type="checkbox"/> Silicon Valley Council of Nonprofits, San Jose |
| <input type="checkbox"/> Center for Excellence in Nonprofits, Redwood City | <input type="checkbox"/> Solano Community Foundation, Fairfield |
| <input type="checkbox"/> Center for Nonprofit Leadership, Grass Valley | <input type="checkbox"/> THRIVE – The Alliance of Nonprofits for San Mateo County |
| <input type="checkbox"/> Center for Volunteer and Nonprofit Leadership, San Rafael/Fairfield/Napa/Santa Rosa | <input type="checkbox"/> Tri-Valley Nonprofit Alliance, Livermore |
| <input type="checkbox"/> Community Action Council of Butte County, Chico | <input type="checkbox"/> United Way California Capital Region, Sacramento |
| <input type="checkbox"/> Community Collaborative of Tahoe Truckee, Truckee | <input type="checkbox"/> United Way of Fresno and Madera Counties, Fresno |
| <input type="checkbox"/> Community Foundation for Monterey County, Monterey | <input type="checkbox"/> United Way Monterey County, Monterey |
| <input type="checkbox"/> Community Foundation of Mendocino County, Ukiah | <input type="checkbox"/> United Way of Nevada County, Grass Valley |
| <input type="checkbox"/> Community Foundation of Santa Cruz County, Aptos | <input type="checkbox"/> United Way of Northern California, Redding |
| <input type="checkbox"/> Community Foundation of the North State, Redding | <input type="checkbox"/> United Way of San Joaquin County, Stockton |
| <input type="checkbox"/> Community Vision Capital & Consulting, San Francisco | <input type="checkbox"/> United Way of Santa Cruz County, Capitola |
| <input type="checkbox"/> CompassPoint Nonprofit Services, Oakland | <input type="checkbox"/> United Way of San Joaquin County, Stockton |
| <input type="checkbox"/> First 5 Napa, Napa | <input type="checkbox"/> United Way of Stanislaus County, Modesto |
| <input type="checkbox"/> Human Care Alliance, Santa Cruz | <input type="checkbox"/> United Way of Tulare County, Tulare |
| <input type="checkbox"/> Humboldt Area Foundation, Bayside | <input type="checkbox"/> United Ways of California, South Pasadena |
| <input type="checkbox"/> Humanics Program at CSU Fresno | <input type="checkbox"/> Wild Rivers Community Foundation, Crescent City |
| | <input type="checkbox"/> Yolo Community Foundation, Woodland |
| | <input type="checkbox"/> Yuba-Sutter-Colusa United Way, Marysville |
| | <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.

| |
|---|
| <input type="checkbox"/> 4/10 (weekly) |
| <input type="checkbox"/> 5-4/9 (biweekly) |
| <input type="checkbox"/> 9/80 (biweekly) |
| <input type="checkbox"/> 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?

| |
|--|
| <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 |

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:

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

How many months long is your introductory or probationary period?

If you do not have an introductory or probationary period, skip to the next group of questions.

_____ months

Are employees eligible for paid time off benefits during the introductory or probationary period?

Yes No

Are employees eligible for insurance benefits during the introductory or probationary period?

Yes No

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

| | |
|---|--|
| <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: _____ |

Are any of your employees covered by a union contract?

Yes No

If Yes, which job classifications?

Do you pay a premium for jobs requiring bilingual skills?

Yes No

If Yes, how much do you pay in addition to the standard salary? Please specify amount as % of salary or \$ per hour.

Which job classifications at your organization are subject to additional pay for bilingual skills?

Are your organization's pay practices being affected by recent or upcoming increases in the minimum wage due to California and/or local requirements?

Yes No

If Yes, please indicate which statement below best describes your organization's likely response with respect to compensation adjustments due to the minimum wage increase:

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

Are any employees at your organization are 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.

| | Remote | Hybrid | In-person |
|--|--------------------------|--------------------------|--------------------------|
| Corporate administration (Executive, Office HR, IT) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Accounting/Finance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Development | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Program services | <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 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 contract 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 1st of month following hire date
- Covered on 1st of month following 30 days of employment
- Covered on 1st of month following 60 days of employment
- Other, please describe: _____

Does your organization offer any 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>Does your organization current employ an Executive Director/CEO? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please skip the rest of this section and continue with the Compensation section.</p> | | | | | | |
| <p>Does your Executive Director/CEO have an employment contract? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what was the length of the original contract in months?</p> | | | | | | |
| <p>How does your Executive Director/CEO identify their gender? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary/non-conforming</p> | | | | | | |
| <p>What is your Executive Director/CEO's age? _____ years old</p> | | | | | | |
| <p>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?</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>Did your Executive Director/CEO work as the Executive Director/CEO in other nonprofit organizations prior to the current job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for how long, in years?</p> | | | | | | |
| <p>What is the highest level of education attained by the Executive Director/CEO?</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>Does your organization have a completed and updated emergency succession plan for the Executive Director/CEO position? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your organization have a formal, non-emergency transition plan for the Executive Director/CEO position? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your organization expect to have a Executive Director/CEO transition within the next three years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | | | | |
| <p>Has the board of directors formally approved the current salary of the Executive Director/CEO? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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.</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>Please describe any benefits given to the Executive Director/CEO not otherwise mentioned in this questionnaire:</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://www.nonprofitcomp.com/pdf/FairPayNCA2024.JobList.pdf>

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

<https://www.nonprofitcomp.com/pdf/FairPayNCA2024.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 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.*

