

**2023 WAGE AND BENEFIT SURVEY
OF SOUTHWESTERN PENNSYLVANIA NONPROFIT ORGANIZATIONS**

Sponsored by the Bayer Center for Nonprofit Management

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

The questionnaire contains the following sections: Organization, Compensation & Employment Practices, Paid Time Off Practices, Insurance Benefits, Retirement Benefits, Executive Director/CEO Profile and Compensation. Refer to the file **SWPA2023Glossary.pdf** file for definitions of terms. Refer to the files **SWPA2023JobList.pdf** for a complete list of all jobs covered in the survey and **SWPA2023JobDescr.pdf** for job descriptions.

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.

Please submit your data by ~~Friday, December 16, 2022~~. **Friday, January 13, 2023** (extended deadline). If you have general questions about the survey, please contact bcnm@rmu.edu or 412-397-6000. For technical questions about completing and submitting this questionnaire, please contact Rita Haronian of Nonprofit Compensation Associates, our survey consultant, at survey@nonprofitcomp.com or 510-645-1005.

ORGANIZATION

Organization name:

Name of person completing survey:

Title:

Telephone (w/ext. if applicable):

Email:

Website:

Street address:

City, State, Zip:

County:

Operating expenses for current fiscal year:

(i.e. expenditures necessary to support the administrative and service functions of the organization) \$ _____

How many regular, full-time equivalent (FTE) employees does your organization employ as of October 1, 2022?

(Do not include temporary employees, contractors or volunteers.) _____

What is the beginning date of your current fiscal year (MM/DD/YY)? _____

Please check the box next to the field of service that most accurately reflects your organization's mission:

- ☐ Basic Material Need - Food, Clothing, Shelter, Safety
- ☐ Counseling - Behavioral Health and Wellness
- ☐ Culture/Arts
- ☐ Economic/Neighborhood Development
- ☐ Education and Child Care Services
- ☐ Employment and Economic Opportunity
- ☐ Environment/Animal Welfare
- ☐ Family Support and Preservation

- ☐ Foundation/Philanthropy
- ☐ Health and Health Education
- ☐ Legal/Advocacy
- ☐ Management/Technical Assistance
- ☐ Religious
- ☐ Social Support
- ☐ Youth/Recreation
- ☐ Other: _____

	Full-Time	Part-Time
Total number of employees: (Do not include temporary employees, contractors or volunteers.)		
Number of employees who are new in their positions during the past 12 months due to VOLUNTARY TURNOVER: (Do not include newly created positions, temporary employees, contractors or volunteers.)		
Number of employees who are new in their positions during the past 12 months due to INVOLUNTARY TURNOVER: (Do not include newly created positions, temporary employees, contractors or volunteers.)		

Are you aware of any employees at your organization that have a self-identified disability?
☐ Yes ☐ No

	Full-Time	Part-Time
If Yes: How many of your employees self-identify as having a disability?		
Are you generally able to provide accommodations for these individuals? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable		

COMPENSATION & EMPLOYMENT PRACTICES

Which best describes your organizations regular, full-time workweek? <input type="checkbox"/> 40 hours <input type="checkbox"/> 35 hours <input type="checkbox"/> 37.5 hours <input type="checkbox"/> Other, please explain: _____		
By what percentage, on average, do you expect salaries paid by your organization to increase during the next twelve months?		
What method describes your salary increase practices? For each that apply, enter the average increase over the past 12 months and the average projected increase over the next 12 months.		
	Avg increase over past 12 months	Avg projected increase over next 12 months
Across-the-board increase	_____ %	_____ %
Merit (or performance-based) increase	_____ %	_____ %
Cost-of-living increase	_____ %	_____ %
Length-of-service increase	_____ %	_____ %
External labor market considerations (such as survey data)	_____ %	_____ %
Internal job equity considerations	_____ %	_____ %
Does your organization offer incentive pay or bonuses to any full-time employees? Check all that apply. <input type="checkbox"/> Executive Director/CEO <input type="checkbox"/> Department heads <input type="checkbox"/> Associate/Assistant Director <input type="checkbox"/> Support or administrative staff <input type="checkbox"/> Development Director		
What is your practice for dealing with extensive overtime for EXEMPT staff? <input type="checkbox"/> No formal policy <input type="checkbox"/> Pay overtime rates <input type="checkbox"/> Provide compensatory time off <input type="checkbox"/> Do not compensate exempt staff for overtime <input type="checkbox"/> Pay straight time <input type="checkbox"/> Other, please explain: _____		

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, or send in an attachment: _____

☐ No

Do you use salary grades and ranges?

- ☐ Yes ☐ No

If Yes, when were your ranges last updated (MM/DD/YY)?

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

Are your employees given the option of taking compensatory time off instead of being paid for overtime hours worked?

- ☐ Yes ☐ No

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

- ☐ Never ☐ Annually
☐ Quarterly ☐ No set schedule
☐ Every 6 months ☐ Other, please describe: _____

To your knowledge, are any of your organization's full-time employees eligible for public assistance benefits?

- ☐ Yes ☐ No ☐ Not sure

If Yes, approximately what percentage of your organization's full-time employees are eligible?

In which ways does your organization attract and/or retain talent? Please check all that apply.

- ☐ Offer job/positions promotions within in the organization
- ☐ Allocate at least 2% of operating budget to professional or leadership development
- ☐ Provide formal coaching and/or mentorship opportunities for employees throughout the organization
- ☐ Measure performance for ALL employees on an annual basis
- ☐ Encourage participation in professional networks or associations
- ☐ Provide financial assistance for collegiate-level continuing education
- ☐ Offer flexible hours/schedules
- ☐ Provide technology to work remotely
- ☐ 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"/>
Spouse's/domestic partner's travel expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local mass transit subsidy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car or car allowance:			
Car leasing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car ownership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing or housing allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cellular phone use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home computer purchase or lease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of home internet provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal legal expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal liability insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional liability insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memberships:			
Country/residential club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fraternal club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional membership dues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sabbatical (paid time off)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional vacation time	<input type="checkbox"/>	<input type="checkbox"/>	
Additional contribution to medical insurance	<input type="checkbox"/>	<input type="checkbox"/>	
Additional contribution to life insurance	<input type="checkbox"/>	<input type="checkbox"/>	
Additional contribution to disability insurance	<input type="checkbox"/>	<input type="checkbox"/>	
Additional contribution to long-term care insurance	<input type="checkbox"/>	<input type="checkbox"/>	
Additional contribution to retirement plan	<input type="checkbox"/>	<input type="checkbox"/>	

Impact of the Economic Environment/COVID-19 Pandemic

<p>Indicate whether you expect your organization to take the below actions with respect to any of your employees during the next twelve months:</p>				
	<p>For how many employees?</p>			
	All staff	More than 1/2 of staff	Less than 1/2 of staff	None
Withhold planned/expected salary increases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furlough employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lay off employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>To what extent do you expect the following positions to be working remotely for the foreseeable future? Please choose the option below that best describes your organization's policies.</p>			
	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"/>

<p>Does your organization require proof of vaccination and/or regular testing for employees?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not at this point but considering</p>
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<p>Please indicate changes in the overall cost of your organization's insurance and retirement benefits per employee during calendar year 2022.</p> <p><input type="checkbox"/> Increased (other than any increases mandated by government policy related to COVID-19)</p> <p><input type="checkbox"/> Kept about the same</p> <p><input type="checkbox"/> Reduced</p>

<p>Please indicate expected/projected changes in the overall cost of your organization's insurance and retirement benefits per employee during calendar year 2023.</p> <p><input type="checkbox"/> Increase (other than any increases mandated by government policy related to COVID-19)</p> <p><input type="checkbox"/> Keep about the same</p> <p><input type="checkbox"/> Reduce</p>
--

<p>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 2023?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
--

<p>Do you see turnover as a significant problem for your organization in calendar year 2023?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
--

<p>How does your organization's current workforce size compare with your pre-pandemic workforce?</p> <p><input type="checkbox"/> Larger now <input type="checkbox"/> About the same <input type="checkbox"/> Smaller now</p>
<p>If your workforce is smaller now, please indicate contributing factors. Check all that apply.</p> <p><input type="checkbox"/> Lack of funding <input type="checkbox"/> Difficulty filling open positions</p> <p><input type="checkbox"/> Programs have changed <input type="checkbox"/> Other, please explain: _____</p>

<p>Overall, does your organization plan to increase or reduce the number of full-time equivalent employees during the next twelve months?</p> <p><input type="checkbox"/> Increase <input type="checkbox"/> Keep about the same <input type="checkbox"/> Reduce</p>
--

Are there any specific job families for which you are finding it especially difficult to hire and/or retain employees? Check all that apply.

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

Which factors below do you believe are significant reasons why employees have left your organization during the past twelve months (voluntary turnover)? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Job with higher pay elsewhere | <input type="checkbox"/> Other personal/family reasons |
| <input type="checkbox"/> Job with more comprehensive benefits elsewhere | <input type="checkbox"/> Pursuing higher education |
| <input type="checkbox"/> Higher-level job (promotion) elsewhere | <input type="checkbox"/> Job in the private sector |
| <input type="checkbox"/> Geographic move for affordability reasons | <input type="checkbox"/> Job in the public sector |
| <input type="checkbox"/> Geographic move for personal/family reasons | <input type="checkbox"/> Other, please describe: _____ |

Diversity, Equity, Inclusion, and Belonging (DEIB) Practices

Is your organization in any stage of DEIB work?

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

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

- | | |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Planning to do within 12 months |
| <input type="checkbox"/> No | <input type="checkbox"/> Have done previously, no longer active |

Since 2019, has your organization worked or will you work with a consultant or firm to help support your DEIB work?

- ☐ Yes ☐ No

Does the organization plan to provide DEIB related training for the staff during the next twelve months?

- ☐ Yes ☐ No

Does the organization plan to provide DEIB related training for the board during the next twelve months?

- ☐ Yes ☐ No

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

- ☐ Yes ☐ No ☐ Planning to do within 12 months

Have any of the following policies/practices been reviewed or are currently being reviewed through a DEIB 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 PRACTICES

What best describes your organization's time off practices? Please choose from these five options:

- ☐ 1. **STANDARD - SAME ACCRUALS FOR BOTH EXEMPT & NONEXEMPT STAFF**
You have separate policies for vacation, holiday, sick leave and personal time off AND both exempt and nonexempt employees are given the SAME benefits.
- ☐ 2. **STANDARD - DIFFERENT ACCRUALS FOR EXEMPT AND NONEXEMPT STAFF**
You have separate policies for vacation, holiday, sick leave and personal time off WITH exempt and nonexempt staff receiving different levels of benefits.
- ☐ 3. **PAID TIME OFF (PTO) - SAME FOR BOTH EXEMPT AND NONEXEMPT STAFF.**
Employers combine the various paid absences (most commonly vacation and sick time) and employees may use their accrued PTO for any type of absence.
- ☐ 4. **PAID TIME OFF – DIFFERENT ACCRUALS FOR EXEMPT AND NONEXEMPT STAFF.**
Employers combine the various paid absences (most commonly vacation and sick time) and employees may use their accrued PTO for any type of absence.
- ☐ 5. **OTHER (A combination of practices or other type of policy).**
Please describe here:

If you checked #1 or #3, enter the number of vacation days (#1) or PTO days (#3) given to regular, full-time employees according to their number of years of service in your organization.

If you checked #2 or #4, enter the number of vacation days (#2) or PTO days (#4) given to both non-exempt and exempt regular, full-time employees according to their number of years of service in your organization.

Year of service	Vacation or PTO day per year for all full-time employees
1st Year	
2nd Year	
3rd Year	
4th Year	
5th Year	
6th – 9th Years	
10th Year	
11th + Years	

Vacation or PTO days per year for full-time non-exempt employees	Vacation or PTO days per year for full-time exempt employees

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.)

How many sick days per year are given to regular, full-time employees? (Answer only if you do NOT have a PTO program.)

How many personal days or floating holidays per year are given to regular, full-time employees? (Answer only if you do NOT have a PTO program.)

Are part-time employees eligible for paid time off benefits?

- ☐ No, only full-time employees are eligible.
- ☐ Part-time employees working a sufficient number of hours per week are eligible:
They must work a minimum of _____ hours per week.
- ☐ All part-time employees are eligible regardless of their work schedule.
- ☐ Not applicable; we have no part-time employees.

If your organization has a WRITTEN POLICY providing for any other type of PAID time off, please check the appropriate box(es).

- ☐ Jury service
- ☐ Family illness
- ☐ Bereavement
- ☐ Job-related education
- ☐ Maternity/paternity
- ☐ Military service
- ☐ Volunteer service
- ☐ Other, please explain: _____

INSURANCE BENEFITS

Does your organization offer employer-sponsored group health insurance as a benefit for regular full-time employees?

- ☐ Yes, we offer employer-sponsored group health insurance for employees.
☐ We do not offer group insurance coverage but do provide a stipend (cash payment) to employees who purchase their own (individual) insurance coverage.

Average stipend per month per employee: \$ _____

- ☐ No, there is no employer-sponsored insurance coverage, nor is there a stipend for individual purchase by employees.

If No, please skip this section and continue with the Retirement Benefits section.

Are part-time employees eligible for health insurance benefits?

- ☐ No, only full-time employees are eligible.
☐ Part-time employees working a minimum of _____ hours per week receive FULL BENEFITS.
☐ -Part-time employees working a minimum of _____ hours per week receive PRO-RATED BENEFITS depending on their work schedules.
☐ All part-time employees are eligible regardless of their work schedule and receive FULL BENEFITS.
☐ All part-time employees are eligible regardless of their work schedule and receive PRO-RATED BENEFITS depending on their work schedules.
☐ Not applicable; we have no part-time employees.

Are domestic partners considered to be dependents for the purposes of health insurance

- ☐ Yes, organization contributes to the cost of insurance for domestic partners.
☐ Yes, employee can pay entire cost of dependent coverage.
☐ No

What is the waiting period for new employees' health insurance benefits? Please specify days, months, etc.

Does your organization offer any type of Section 125 plan? Please check all that apply. For each type of plan checked, enter the employer's contribution per employee to the right. (See Glossary for definitions.)

- ☐ Premium only plan

Flexible Spending Account (FSA):

- ☐ Health Care Spending Account (HCSA)

If yes, what is the maximum annual amount an employee may allocate to the HCSA? \$ _____

- ☐ Dependent Care Spending Account (DCSA)

- ☐ Cafeteria plan Enter organization's contribution per employee: \$ _____
circle (annual) or (monthly)

Cafeteria Plan

If you checked Cafeteria plan above, indicate below which types of plans employees can choose. Check all that apply. If you did not check Cafeteria plan above, please skip this question.

- | | |
|--|--|
| <input type="checkbox"/> HMO (Health Maintenance Organization) | <input type="checkbox"/> Short-Term Disability Insurance |
| <input type="checkbox"/> EPO (Exclusive Provider Organization) | <input type="checkbox"/> Long-Term Disability Insurance |
| <input type="checkbox"/> PPO (Preferred Provider Organization) | <input type="checkbox"/> Long-Term Care Insurance |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Retirement plan, any type |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Other, please describe: _____ |
| <input type="checkbox"/> Life Insurance | |

Now skip the Non-Cafeteria Plans section and answer the questions about Special Accounts.

Non-Cafeteria Plans

Answer this section only if you did NOT check the box for Section 125 Cafeteria plan.

What is the average cost per month to your organization, per eligible employee, for insurance benefits? Include the cost for HMO/PPO/POS as well as any organization contributions to dental, vision, life, disability and/or long-term care insurance.

\$ _____ per month per employee

For each type of insurance that your organization offers, enter the average % of the premium paid by the organization for employee and dependent coverage, as well as a typical or average co-payment for doctor office visits. If the insurance is offered, but employees pay the entire cost, enter zero (0). If the insurance is not offered, enter "NA".

	% paid by organization for employees	% paid by organization for dependents	typical or average co-payment for doctor office visit	annual deductible for single employee	annual deductible for family
Medical: HMO					
Medical: EPO					
Medical: PPO					
Dental					
Vision					
Life					
Short-Term Disability					
Long-Term Disability					
Long-Term Care					
Other, please explain:					

Special Accounts

Does your organization offer an insurance plan that is compatible with a Health Savings Account (HSA)? See Glossary for definition.

☐ Yes ☐ No

If Yes, please enter the organization's annual HSA contribution per participating employee.

\$ _____

Does your organization offer a Health Reimbursement Arrangement (HRA)? See Glossary for definition.

☐ Yes ☐ No

If Yes, please enter the organization's annual HRA contribution per participating employee.

\$ _____

RETIREMENT BENEFITS

Does your organization provide a retirement benefit for regular full-time staff?

☐ Yes ☐ No

If No, please skip the rest of this 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.

How many of your organization's employees participate in the retirement plan?

Full-time employees _____ **Part-time employees (if applicable)** _____

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

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

How is the plan funded? 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.

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

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

- ☐ **Organization contributes percentage of employee's salary**
Please enter cap (highest level) of percentage of salary
contributed for each employee by organization: _____ %
- ☐ **Organization contributes \$ amount for each employee**
Please enter cap (highest level) of dollar amount contributed
annually for each employee by organization: \$ _____
- ☐ **Other, please explain:** _____

Over the next five years (from 2023 through 2027), how many of your organization's current full-time employees do you expect to retire? _____ of our current full-time employees

What is the vesting period for your organization's retirement benefit in years? Please state the number of years after which an employee is fully vested.

EXECUTIVE DIRECTOR/CEO PROFILE

Does your organization current employ an Executive Director/CEO?

☐ Yes ☐ No

If No, please skip the rest of this section and continue with the Compensation section.

Does your Executive Director/CEO have an employment contract?

☐ Yes ☐ No

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

Please note how your current Executive Director/CEO identifies. Check all that apply

- | | |
|---|--|
| <input type="checkbox"/> Man | <input type="checkbox"/> Person of color |
| <input type="checkbox"/> Woman | <input type="checkbox"/> Multiracial |
| <input type="checkbox"/> Non-binary/Non-conforming | <input type="checkbox"/> Latinx/Hispanic ethnicity |
| <input type="checkbox"/> LGBTQIA+ | |
| <input type="checkbox"/> Has self-identified disability | |
| <input type="checkbox"/> Veteran | |

What is your Executive Director/CEO's age?

For how many years has your Executive Director/CEO worked in his or her current job at your organization?

If your Executive Director/CEO has worked in his or her current job at your organization for five years or less, how did the organization locate this Executive Director/CEO as a candidate to fill the position at the time of hire?

- ☐ Word of mouth
☐ Craigslist or other online service
☐ Executive search firm
☐ Internal promotion
☐ Current/former board member or founder of organization
☐ Other, please describe: _____

What is the highest level of education attained by the Executive Director/CEO?

- | | |
|--|--|
| <input type="checkbox"/> High school | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> Some college | <input type="checkbox"/> Doctorate |
| <input type="checkbox"/> Bachelor's degree | |

Does your organization have a completed and updated emergency succession plan for the Executive Director/CEO position?

☐ Yes ☐ No

Does your organization have a formal, non-emergency transition plan for the Executive Director/CEO position?

☐ Yes ☐ No

Does your organization expect to have an Executive Director/CEO transition within the next five years?

☐ Yes ☐ No

Has the board of directors formally approved the current salary of the Executive Director/CEO?

☐ Yes ☐ No

What kind of information does organization's board of directors consider in order to determine reasonable compensation for the Executive Director/CEO? Please check the box of all that apply.

- ☐ Informal survey of similar organizations performed internally
- ☐ Published survey data
- ☐ Form 990s of similar organizations
- ☐ Outside consultant
- ☐ Other, please describe: _____

Please describe any additional benefits given to your Executive Director/CEO:

COMPENSATION INSTRUCTIONS

This worksheet 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.** The salary listed should reflect each individual's salary, not an average of every employee in that job position. Complete all columns in the table below as described.

Column 1 Job Code

Enter the three-digit code for the job that you are reporting (for example, Executive Director is 005). A list of all job codes with job descriptions can be found in the **Job Codes** document distributed with this questionnaire.

Column 2 Position Title

Enter the title your organization uses for this job. Your title may be different than the title in the **Job Codes** document.

Column 3 Pay Rate

Enter the actual pay rate for the employee as of October 1, 2022. For full-time employees, enter either the annual salary or the hourly pay rate. For part-time employees, enter the hourly rate.

Column 4 Eligible for Bonus

If the employee in this position is **eligible** for any type of incentive or bonus in addition to their regular base salary, (regardless of whether the employee actually received a bonus during the past 12 months) enter "Y." If not, enter "N."

Column 5 Bonus Paid During the Past Twelve Months

Complete this column only if the employee was eligible for a bonus. If the employee was **paid** any type of incentive during the past twelve months, enter that amount here. Otherwise, enter zero (0).

Column 6 Number of Employees Managed (Direct and Indirect)

Enter the number of employees supervised by this position, **directly and indirectly**. For example, the Executive Director typically supervises the entire organization through other managers and supervisors. Do **not** include contractors or volunteers supervised by this employee.

Column 7 Gender Identity

Enter code M, W or NB to indicate the gender identity of the current employee.

Man	M
Woman	W
Non-binary/gender non-conforming	NB

Column 8 Race/Ethnicity

Enter a code (1 - 8) from the following list to indicate the employee's race or ethnicity:

American Indian/Alaska Native	1	Native Hawaiian/Pacific Islander	5
Asian/Asian American	2	White/Caucasian	6
Black/African American	3	Multiracial	7
Hispanic/Latinx	4	Unknown	8

COMPENSATION as of 10/1/22[illegible]