

**2021 KING COUNTY NONPROFIT WAGE AND BENEFITS SURVEY**

This program receives funding from the King County Veterans, Seniors and Human Services Levy.

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**This document lists all of the questions asked in the online survey questionnaire.** It contains the following sections: Organization, Compensation & Employment Practices, Paid Time Off Benefits, Insurance Benefits, Retirement Benefits, Executive Director/CEO Profile and Compensation.

Refer to the separate **KingCounty2021.Glossary.pdf** file for definitions of terms. Refer to the separate **KingCounty2021.JobList.pdf** and **KingCounty2021.JobDescriptions.pdf** files for a complete list of all jobs covered in the survey and a description of each.

The deadline for submitting your data is **May 2, 2021**.

**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, Inc. at 510-645-1005 or [survey@nonprofitcomp.com](mailto:survey@nonprofitcomp.com).

**ORGANIZATION**

**Organization name:** \_\_\_\_\_  
**Name of person completing survey:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Telephone (w/ext. if applicable):** \_\_\_\_\_  
**Email address:** \_\_\_\_\_  
**Website:** \_\_\_\_\_  
**Street address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_  
**County** \_\_\_\_\_

**Is this nonprofit funded by the King County Veterans, Seniors and Human Services Levy (VSHSL)?**

- Yes  
 No

**Does this nonprofit organization have at least one location in King County?**

- Yes  
 No

**If No, does this nonprofit organization provide services in King County?**

- Yes  
 No

**If the organization has no locations in King County and does not provide services in King County, please stop here.**

**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:**

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**CFO or Business Manager:**

**Job title at your organization:**

**Email address:**

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**Human Resources Officer:**

**Job title at your organization:**

**Email address:**

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**How did you find out about this survey? If you heard about it some other way, please check "Other" and tell us how.**

**Please check all that apply.**

- King County
- 501 Commons
- Other, please describe: \_\_\_\_\_

**Total annual expenses of the organization:** \$ \_\_\_\_\_

**How many full-time equivalent (FTE) employees does your organization employ as of March 1, 2021? Do not include temporary or contract staff.** \_\_\_\_\_

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

**Please check the field of service in the list below that most accurately reflects your organization's mission:**

- |  |  |
|--|--|
| <input type="checkbox"/> Animal Welfare                                    | <input type="checkbox"/> Housing/Shelters  |
| <input type="checkbox"/> Association Mgmt./Membership/Support Organization | <input type="checkbox"/> Legal Services/Advocacy/Civil Rights  |
| <input type="checkbox"/> Child Welfare/Child Care                          | <input type="checkbox"/> Mental Health Supports/Counseling/Behavioral Health Services<br>(including Substance Use Disorder Services) |
| <input type="checkbox"/> Community/Economic Development                    | <input type="checkbox"/> Older Adults Services   |
| <input type="checkbox"/> Conservation/Environment/Parks                    | <input type="checkbox"/> Religious Organizations   |
| <input type="checkbox"/> Culture/Arts/Museums/Theater                      | <input type="checkbox"/> Veterans Services   |
| <input type="checkbox"/> Disability Services                               | <input type="checkbox"/> Youth/Mentoring   |
| <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"/> Food/Agriculture/Nutrition                        | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Foundation/Philanthropy/Fundraising               |  |
| <input type="checkbox"/> Healthcare  |  |

**COMPENSATION & EMPLOYMENT PRACTICES**

**By what percentage, on average, do you expect salaries paid by your organization to increase during the next twelve months? Enter 0 if you expect no increase overall. Consider existing staff only. Do not include additional payroll costs due to an increase in your workforce.**

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**What method(s) describes your salary increase practices? Check all that apply. For each selected, enter the average increase over the past 12 months and the average projected increase over the next 12 months.**

	Avg increase over past 12 months	Avg projected increase over next 12 months
<input type="checkbox"/> Across-the-board increase	_____ %	_____ %
<input type="checkbox"/> Merit (or performance-based) increase	_____ %	_____ %
<input type="checkbox"/> Cost-of-living increase	_____ %	_____ %
<input type="checkbox"/> Length-of-service increase	_____ %	_____ %
<input type="checkbox"/> External labor market considerations	_____ %	_____ %
<input type="checkbox"/> Internal job equity considerations	_____ %	_____ %

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**Does your organization offer incentive pay or bonuses to any full-time employees? Check all that apply.**

CEO/Executive Director

Management staff

Professional staff

Support or administrative staff

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**What is your organization's full-time workweek?**

40 hours/week

38 hours/week

37.5 hours/week

35 hours/week

Other, please explain:

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

No formal policy

Provide compensatory time off

Pay straight time

Pay overtime rates

Do not compensate exempt staff for overtime

Other, please explain:

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**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

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**Do you have employees who work the evening or night shift?**

Yes       No

**If Yes, please describe policy regarding any additional compensation for evening or night shift work (or send in an attached file):**

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**Do you use salary grades and ranges?**

Yes       No

**If Yes: Were your salary ranges adjusted during the calendar year 2020?**

Yes, overall percentage of adjustment \_\_\_\_\_ %       No

**Do you expect to adjust your salary ranges during the calendar year 2021?**

Yes, overall percentage of adjustment (projected if uncertain at this point) \_\_\_\_\_ %       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?**

Never                                       Annually  
 Quarterly                                    No set schedule  
 Every 6 months                            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?**

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.

**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
<b>Car or car allowance:</b>			
Car leasing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car ownership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell phone expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care assistance/subsidy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Assistance Program (EAP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee pay advances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial planning services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home computer purchase or lease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home internet provider cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing or housing allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local mass transit subsidy	<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"/>
<b>Memberships:</b>			
Country/residential club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health club	<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 conferences attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional development classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional liability insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional membership dues	<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"/>
Sabbatical (paid time off)	<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"/>
Telecommuting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation and/or travel	<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 Current Economic Environment

Please report the changes in the demand for your organization's services and your organization's funding levels today as compared with March 2020 due to the COVID-19 pandemic.

- For each item below, move the cursor on the slider to report the approximate percent change as either negative or positive percent. For example, if your revenue from government grants/contracts has dropped by 50%, indicate -50%. If that revenue has increased by 50%, indicate +50%.
- If the item has not changed, please leave the cursor as is.
- If any item below does not apply to your organization, check the "Not applicable" box on the right.

	Positive or negative percent change	Not applicable
Demand for services	[SLIDER]	<input type="checkbox"/>
Government grants/contracts	[SLIDER]	<input type="checkbox"/>
Foundation funding	[SLIDER]	<input type="checkbox"/>
Donations from individuals	[SLIDER]	<input type="checkbox"/>
Program service revenue	[SLIDER]	<input type="checkbox"/>
Total revenue	[SLIDER]	<input type="checkbox"/>

Overall, how would you characterize the degree to which your organization's operations have been impacted by the COVID-19 pandemic?

- Severely  
 Significantly  
 Moderately  
 Slightly  
 Not at all

Since March 2020, has your organization taken the following actions with respect to any of your employees?

	All employees	More than Half	Around Half	Fewer than Half	None
Withheld/reduced previously planned/ expected employee salary increases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced employee pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furloughed employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laid off employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the next six months, do you expect your organization to take the following actions with respect to any of your employees?

	All employees	More than Half	Around Half	Fewer than Half	None
Withhold/reduce previously planned/ expected employee salary increases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce employee pay	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Lay off employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PAID TIME OFF BENEFITS**

**With respect to paid time off for regular, full-time employees, does your organization offer separate vacation, sick and holiday time off or does your organization offer "PTO" time off that combines vacation and sick time?**

- Separate vacation, sick and holiday time off
- "PTO" time combining vacation and sick time
- Other, please describe: \_\_\_\_\_

**Do regular, full-time exempt and non-exempt employees earn vacation/PTO at the same rates or at different rates?**

**Please note that each of these options allows for different vacation schedules depending on employee length of service.**

- Same rates for exempt and non-exempt
- Different rates for exempt and non-exempt

If you checked "Same rates for exempt and non-exempt" above, enter the number of vacation days or PTO days given to regular, full-time employees according to their number of years of service in your organization.

If you checked "Different rates for exempt and non-exempt" above, enter the number of vacation days or PTO days given to both exempt and non-exempt regular, full-time employees according to their number of years of service in your organization.

<b>Years of service</b>	<b>Vacation or PTO days per year for all regular, full-time employees</b>
<b>1 Year</b>	
<b>2 Years</b>	
<b>3 Years</b>	
<b>4 Years</b>	
<b>5 Years</b>	
<b>6 - 9 Years</b>	
<b>10 Years</b>	
<b>11 + Years</b>	

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

**If you offer separate vacation, sick and holiday time:**

**Are part-time employees eligible for paid vacation time?**

- 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.

**Can earned vacation or PTO days that are not taken be carried forward to the next year?**

- Yes
- No

**If Yes, What is the maximum number of vacation or PTO days that can be carried forward by regular, full-time employees? If the number varies based on an employee's length of service or job category, enter the largest number that can be carried forward by a non-exempt employee with the highest level of seniority.**

\_\_\_\_\_

**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.)**

- Yes
- No

**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 during the week prior to the New Year's holiday to regular, full-time employees? Answer "Yes" only if this time off is not included in the time off that you have already entered.**

- Yes
- No

**If Yes, how many additional days off are typically given to regular, full-time employees at this time?**

\_\_\_\_\_

**For each line below:**

**If your organization has a written policy providing for specific PAID time off, please check the box under "Paid time off."**

**If accrued sick leave may be used instead of or in addition to specifically provided paid time off, please check the box under "Sick leave may be used."**

	Paid time off	Sick leave may be used
Jury service	<input type="checkbox"/>	<input type="checkbox"/>
Bereavement	<input type="checkbox"/>	<input type="checkbox"/>
Family illness	<input type="checkbox"/>	<input type="checkbox"/>
Job-related education	<input type="checkbox"/>	<input type="checkbox"/>
Parental 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 (50 employees or fewer)                       Large group (51+ employees)
- No, we do not offer group insurance coverage as we are not required to do so under the ACA.
  - We do offer an ACA-allowed Qualified Small Employer Health Reimbursement Arrangement (QSEHRA) to reimburse employees for premiums they pay for individual insurance policies with an average cost to the organization cost per employee per month of \$ \_\_\_\_\_.
- No, we are required to do so under the ACA but have chosen to be subject to applicable penalties instead.

**If you did not check the first box above, please skip to the Retirement Benefits section.**

**Are part-time employees eligible for health insurance benefits?**

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

**Are domestic partners eligible to participate in your health insurance plan on the same basis as a spouse?**

- Yes, same sex only                       Yes, same and opposite sex                       No

**Does your organization have a “cash in lieu of benefits” policy that applies to employees who choose to waive coverage due to having coverage through another employer-sponsored plan? (i.e. spouse or partner)?**

- Yes      Enter amount of monthly payment: \$ \_\_\_\_\_                       No

**What is the waiting period for new employees' health insurance benefits?**

- None - covered on date of hire
- Covered on 1<sup>st</sup> of month following hire date
- Covered on 1<sup>st</sup> of month following 30 days of employment
- Covered on 1<sup>st</sup> of month following 60 days of employment
- Other, please describe: \_\_\_\_\_

**Does your organization offer any type of Section 125 plan? Check all that apply. See Glossary for definitions.**

- Premium only plan (allows employee contributions to health insurance premiums to be paid with tax-free dollars)

Flexible Spending Account (FSA):  
 Health Care Spending Account (HCSA)                      Max annual amount employee can allocate: \$ \_\_\_\_\_  
 Dependent Care Spending Account (DCSA)

Cafeteria plan                      Organization’s contribution **PER EMPLOYEE** \$ \_\_\_\_\_ circle (annual) or (monthly)  
 Enter the number of employees participating in the cafeteria plan: \_\_\_\_\_

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

<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
<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: _____	

**Non-Cafeteria Plans**

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

If you checked the box for Section 125 Cafeteria plan, skip this section and go to the Consumer-Driven Health Plans section at the bottom of this page.

What is the average cost per month to your organization, per enrolled employee, for insurance benefits? Include the cost for HMO/EPO/PPO/POS as well as any organization contributions to dental, vision, life, disability and/or long-term care insurance. Include the organization's share of premium costs only, leaving out any amount contributed by employees. Do not include organization's additional contributions in the case of high-deductible health plans.

\$ \_\_\_\_\_ PER MONTH PER PARTICIPATING EMPLOYEE

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

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

Average % of the premium paid by the organization for employee coverage

Average % of the premium paid by the organization for dependent coverage

Co-payment for doctor office visits

Annual deductible for employee only (if applicable)

Annual deductible for a family (if applicable)

If more than one plan is offered for any type (i.e. more than one HMO), answer these questions based on the plan with the highest level of employee enrollment.

If the insurance is offered, but employees pay the entire cost, enter zero (0).

If the insurance is not offered, enter "NA".

	% paid by org for employees	% paid by org for dependents	Co-payment for doctor office visit	Annual deductible for employee only	Annual deductible for family
Medical: HMO					
Medical: EPO					
Medical: PPO					
Medical: POS					
Dental					
Vision					
Life					
Short-Term Disability					
Long-Term Disability					
Long-Term Care					
Voluntary supplemental plan					
Other, please explain:					

**Consumer-Directed Health Plans**

Does your organization offer any high-deductible health plan (HDHP) that is compatible with a Health Savings Account (HSA)? For any that apply, please enter the organization's annual HSA contribution per participating single employee and for family. See Glossary for definition.

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

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

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

- Yes, the organization's annual HRA contribution per participating employee: \$ \_\_\_\_\_
- No



**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/Gender non-conforming <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Unknown</p>
<p><b>Does your Executive Director/CEO identify as transgender?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Unknown</p>
<p><b>How does your Executive Director/CEO identify their race?</b> <input type="checkbox"/> American Indian/Alaska Native      <input type="checkbox"/> More than one race <input type="checkbox"/> Asian/Asian American      <input type="checkbox"/> Race not listed <input type="checkbox"/> Black/African American      <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Native Hawaiian/Pacific Islander      <input type="checkbox"/> Unknown <input type="checkbox"/> White</p>
<p><b>Does your Executive Director/CEO identify ethnically as Hispanic or Latino/a/x?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Unknown</p>
<p><b>What is your Executive Director/CEO's age?</b> <input type="checkbox"/> 18-20      <input type="checkbox"/> 50-59 <input type="checkbox"/> 21-39      <input type="checkbox"/> 60 or older <input type="checkbox"/> 30-39      <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> 40-49      <input type="checkbox"/> Unknown</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> <input type="checkbox"/> Word of mouth <input type="checkbox"/> Craigslist or other online service <input type="checkbox"/> Executive search firm <input type="checkbox"/> Internal promotion <input type="checkbox"/> Current/former board member or founder of organization <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?**

Yes

No

If yes, for how long, in years? \_\_\_\_\_

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

High school

Some college

Bachelor's degree

Some graduate-level coursework

Master's degree/Professional Degree/JD

Doctorate

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

Yes

No

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

Yes

No

**Does your organization expect to have a Executive Director/CEO transition within the next three years?**

Yes

No

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

Yes

No

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

Informal survey of similar organizations performed internally

Published survey data

Form 990s of similar organizations

Outside consultant

Other, please describe: \_\_\_\_\_

**Please describe any benefits given to the Executive Director/CEO not otherwise mentioned in this questionnaire:**

## COMPENSATION - INSTRUCTIONS

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

### Column 1 Job Code

Enter the three-digit code for the job that you are reporting (for example, Executive Director is 005). A list of all survey jobs with their job codes can be found in the file KingCounty.2021.JobList.pdf. A list of all survey jobs with job codes and brief description for each can be found in the file KingCounty.2021.JobDescriptions.pdf.

### Column 2 Position Title

Enter the title **your organization** uses for this job. It is okay if this title is different than the job title we use for the survey (see KingCounty.2021.JobList.pdf and KingCounty.2021.JobDescriptions.pdf).

### Column 3 Pay Rate as of March 1, 2021

Enter the actual pay rate for the employee as of March 1, 2021.

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** any type of incentive or bonus pay in addition to the regular base salary, enter "Y" (regardless of whether the employee actually received bonus or incentive pay).

If the employee is not eligible, enter "N."

### Column 5 Bonus or Incentive Pay Paid During Calendar Year 2020

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 2020, 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.

