Please take a few minutes to complete the 2017 Non-Profit Compensation & Benefits Benchmarking Study. You can complete the survey by filling out this online form or by clicking on the link above to print a hard copy.

Hard copies can be faxed to 513-241-8303.

The deadline is **Monday, September 11**.

All information will be held in strictest confidence and specifics regarding individual companies will not be disclosed. Please use annual 2016 data unless otherwise specified.
Company Information

Contact Information:

- Your Name: ____________________________________________
- Your Job Title: __________________________________________
- Email Address: _________________________________________
- Phone Number __________________________________________
- Company Name: _________________________________________

Is this who the report should be delivered to?

- Yes
- No

If no, to whom should this report be delivered?

- Name _________________________________________________
- Email Address _________________________________________
- Phone Number _________________________________________
What is the age of your organization?

- 1-5 years old
- 6-10 years old
- 11-15 years old
- 16-29 years old
- 30-49 years old
- 50+ years old

Which sector best describes your organization?

- Social or human services
- Health care
- Fraternal organization
- Foundation
- Trade or professional association
- Educational institution
- Arts & Culture
- Churches
- Other Religious Organization
- Other
As you currently define them, what is the total number of full-time equivalent (FTE) employees at your organization?

- Less than 10 Employees
- 11-24 Employees
- 25-50 Employees
- 51-100 Employees
- 101-200 Employees
- More than 200 Employees

Based on the new government definitions outlined in the Affordable Care Act, in which full-time is defined as any employee who works more than 30 hours a week, what is the total number of full-time equivalent (FTE) employees at your organization?

- Less than 10 Employees
- 11-24 Employees
- 25-50 Employees
- 51-100 Employees
- 101-200 Employees
- More than 200 Employees
What range best describes your organization's current annual budget (in gross revenue)?

- Less than $2.5 Million
- $2.6-$5 Million
- $5-$10 Million
- Over $10 Million

What geographic area best describes your organization's service reach?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>One Location</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Multiple Counties</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Statewide</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>National</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Please provide more detail regarding your answer to the question above:

- One Location _______________________________________________________
- Multiple Locations ________________________________________________
- Statewide _________________________________________________________
- National _________________________________________________________
What is your organization’s primary source of funding?

- Government grants (excluding Medicare/Medicaid)
- Medicare/Medicaid
- Foundation grants
- Contributions (individual and corporation)
- Special Events
- Fee for Service
- Membership dues
- Other (please specify) ________________________________

In 2018, do you anticipate the number of staff within your organization will:

- Decrease
- Increase
- Remain the same

In 2018, do you anticipate your organization’s revenues will:

- Decrease
- Increase
- Remain the same
During difficult economic times, a greater number of people turn to non-profit organizations for assistance. Describe your organization's activity within the past 12 months.

<table>
<thead>
<tr>
<th></th>
<th>Decreased</th>
<th>Increased</th>
<th>Remained the same</th>
</tr>
</thead>
<tbody>
<tr>
<td>The demand for your organization's services has:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The number of people served by your organization has:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

According to the organization's most recent financial statement, what percent of expenditures fall into the following categories?

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs</td>
<td></td>
</tr>
<tr>
<td>Administration</td>
<td></td>
</tr>
<tr>
<td>Fundraising</td>
<td></td>
</tr>
<tr>
<td>Compensation and Bonus</td>
<td></td>
</tr>
<tr>
<td>Health Benefits (health, vision, dental)</td>
<td></td>
</tr>
<tr>
<td>Retirement Plans</td>
<td></td>
</tr>
</tbody>
</table>
Financial Information

What is the compensation (excluding fringe benefits) of the following individuals at your organization?

If more than one person holds a position, please provide the average compensation.

[Job descriptions are available by clicking here.]

<table>
<thead>
<tr>
<th>Position</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Director/CEO/President</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chief Operating Officer/Vice President of Operations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finance Director/CFO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Controller/Accountant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR Director/Manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IT Director/Manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Development Director</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Director</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volunteer Coordinator</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
If part time, please enter the average number of hours worked in a single week.

<table>
<thead>
<tr>
<th>Position</th>
<th>Average Hours per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Director/CEO/President</td>
<td></td>
</tr>
<tr>
<td>Chief Operating Officer/Vice President of Operations</td>
<td></td>
</tr>
<tr>
<td>Finance Director/CFO</td>
<td></td>
</tr>
<tr>
<td>Controller/Accountant</td>
<td></td>
</tr>
<tr>
<td>HR Director/Manager</td>
<td></td>
</tr>
<tr>
<td>IT Director/Manager</td>
<td></td>
</tr>
<tr>
<td>Development Director</td>
<td></td>
</tr>
<tr>
<td>Program Director</td>
<td></td>
</tr>
<tr>
<td>Volunteer Coordinator</td>
<td></td>
</tr>
</tbody>
</table>
Please enter in the annual base salary for the following positions:

<table>
<thead>
<tr>
<th>Position</th>
<th>Annual Base Salary ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Director/CEO/President</td>
<td></td>
</tr>
<tr>
<td>Chief Operating Officer/Vice President of Operations</td>
<td></td>
</tr>
<tr>
<td>Finance Director/CFO</td>
<td></td>
</tr>
<tr>
<td>Controller/Accountant</td>
<td></td>
</tr>
<tr>
<td>HR Director/Manager</td>
<td></td>
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<tr>
<td>IT Director/Manager</td>
<td></td>
</tr>
<tr>
<td>Development Director</td>
<td></td>
</tr>
<tr>
<td>Program Director</td>
<td></td>
</tr>
<tr>
<td>Volunteer Coordinator</td>
<td></td>
</tr>
<tr>
<td>Position</td>
<td>Yes</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>Executive Director/CEO/President</td>
<td></td>
</tr>
<tr>
<td>Chief Operating Officer/Vice President of Operations</td>
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<tr>
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</tr>
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<td></td>
</tr>
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<td>HR Director/Manager</td>
<td></td>
</tr>
<tr>
<td>IT Director/Manager</td>
<td></td>
</tr>
<tr>
<td>Development Director</td>
<td></td>
</tr>
<tr>
<td>Program Director</td>
<td></td>
</tr>
<tr>
<td>Volunteer Coordinator</td>
<td></td>
</tr>
</tbody>
</table>
Please enter in the incentive compensation percentage of base pay:

<table>
<thead>
<tr>
<th>Position</th>
<th>Percentage of Base Pay (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Director/CEO/President</td>
<td></td>
</tr>
<tr>
<td>Chief Operating Officer/Vice President of Operations</td>
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<tr>
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<td>IT Director/Manager</td>
<td></td>
</tr>
<tr>
<td>Development Director</td>
<td></td>
</tr>
<tr>
<td>Program Director</td>
<td></td>
</tr>
<tr>
<td>Volunteer Coordinator</td>
<td></td>
</tr>
</tbody>
</table>
Please enter in the years of experience the incumbent has in their current role:

<table>
<thead>
<tr>
<th>Role</th>
<th>Years of Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Director/CEO/President</td>
<td></td>
</tr>
<tr>
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<tr>
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<td></td>
</tr>
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<td>Development Director</td>
<td></td>
</tr>
<tr>
<td>Program Director</td>
<td></td>
</tr>
<tr>
<td>Volunteer Coordinator</td>
<td></td>
</tr>
</tbody>
</table>
For the last fiscal year, did you have:

- Pay Increases
- Pay Decreases
- Furloughs
- Reduced Work Schedules
- None of the Above

On average, what was the range of pay increases last fiscal year?

- From: ________________________________
- To: ________________________________

On average, what was the range of pay decreases last fiscal year?

- From: ________________________________
- To: ________________________________
For the current fiscal year, do you anticipate:

- [ ] Pay Increases
- [ ] Pay Decreases
- [ ] Furloughs
- [ ] Reduced Work Schedules
- [ ] None of the Above

On average, what is the expected range of pay increases this fiscal year?

- [ ] From: ________________________________
- [ ] To: ________________________________

On average, what is the expected range of pay decreases this fiscal year?

- [ ] From: ________________________________
- [ ] To: ________________________________

Please indicate if you provide any of the following incentive plans for the majority of employees?

- [ ] Individual based plan
- [ ] Group/Department based plan
- [ ] Company wide based plan
- [ ] Other (please specify) ________________________________
Who determines the bonus pool available for your incentive based plan?

- [ ] Management
- [ ] Board
- [ ] Amount is calculated based upon business factors
- [ ] Other (please specify) ____________________________

Please briefly describe any non-traditional compensation strategies such as additional PTO, flextime, etc. that you have implemented.

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________
### Benefits

If you offer the following benefits, please indicate if they are paid fully by the employer, paid fully by the employee or the cost is split between the employer and employee.

<table>
<thead>
<tr>
<th>Benefits</th>
<th>100% Employer Paid</th>
<th>100% Employee Paid</th>
<th>Cost Split Between Employer and Employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Health Insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability Insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuition Reimbursement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Savings Account (HSA)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long-Term Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>401(K) Retirement Plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>403(b) Tax Sheltered Annuity (TSA) Retirement Plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group Life Insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional Development/Education</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## 2017 Non-Profit Compensation & Benefits Benchmarking Study

<table>
<thead>
<tr>
<th>Benefits</th>
<th>100% Employer Paid</th>
<th>100% Employee Paid</th>
<th>Cost Split Between Employer and Employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexible Spending Account (FSA)/Cafeteria Plan (Section 125)</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Defined Benefit Plan</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Supplemental Life Insurance</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Critical Illness Insurance</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Accident Insurance</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

If you offer LTD and/or STD, are you offering this benefit as a tax-free option to your employees?

- ○ Yes
- ○ No
- ○ N/A

How do you currently enroll your employees?

- ☐ Face-to-Face
- ☐ Employee Meetings
- ☐ Online
- ☐ Paper
- ☐ Through Payroll Systems
How would you prefer to enroll your employees?

- [ ] Face-to-Face
- [ ] Employee Meetings
- [ ] Online
- [ ] Paper
- [ ] Through Payroll Systems

Please describe your employee's health insurance plan costs from 2016:

<table>
<thead>
<tr>
<th></th>
<th>Monthly Employee Contribution</th>
<th>Gross Premium Per Month</th>
<th>Percentage of Premium Paid by Employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee + Children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please describe your employee's health insurance plan costs from 2017:

<table>
<thead>
<tr>
<th></th>
<th>Monthly Employee Contribution</th>
<th>Gross Premium Per Month</th>
<th>Percentage of Premium Paid by Employee</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Single</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Employee + Spouse</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Employee + Children</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
How much has your total premium for health insurance changed over the past two years and how much do you anticipated it changing for this year?

<table>
<thead>
<tr>
<th>Increase</th>
<th>Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>From 2014 to 2015</td>
<td></td>
</tr>
<tr>
<td>From 2015 to 2016</td>
<td></td>
</tr>
<tr>
<td>From 2016 to 2017</td>
<td></td>
</tr>
<tr>
<td>Anticipated 2017 to 2018</td>
<td></td>
</tr>
</tbody>
</table>

What is your preferred way of dealing with medical renewal increases?

- [ ] Change Deductible
- [ ] Change Copays
- [ ] Change Coinsurance
- [ ] Change Max Out-Of-Pocket
- [ ] Smaller Networks
- [ ] Increase Employee Contributions
- [ ] Other (please describe) ____________________________
What type(s) of medical plan(s) do you have?

- [ ] PPO
- [ ] HDHP
- [ ] Both
- [ ] N/A
Please describe your current PPO benefit coverage

Does your current medical plan favor any highly compensated employee or employees (i.e. varying levels of affordability or level of benefit)?

- [ ] Yes
- [ ] No

Describe your current PPO benefit coverage:

<table>
<thead>
<tr>
<th></th>
<th>$ Amount per Visit</th>
<th>% Per Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Visit (Primary Doctor) copay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Visit (Specialist) copay</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please enter in the deductible amounts:

<table>
<thead>
<tr>
<th>Deductible Amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Single</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Family</strong></td>
</tr>
</tbody>
</table>

What is your Out of Pocket Maximum?

Please enter in the hospital impatient coinsurance amounts:

<table>
<thead>
<tr>
<th>Coinurance Amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Percentage Copay</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Flat Dollar Amount Per Visit</strong></td>
</tr>
</tbody>
</table>


Enter your prescription copay amounts below:

<table>
<thead>
<tr>
<th>Tier</th>
<th>$ Amount Per Prescription</th>
<th>% Per Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is a Health Reimbursement Account (HRA) offered to either your HDHP or traditional medical plan?

- [ ] Yes, enter in employer funding amount
  ___________________________________________________________

- [ ] No
Please describe your current HDHP benefit coverage

Please enter in the deductible amounts:

<table>
<thead>
<tr>
<th>Deductible Amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
</tr>
<tr>
<td>Family</td>
</tr>
</tbody>
</table>

What is your Out of Pocket Maximum?

Coinsurance Amount:

Do you provide any funding for your employees' health savings accounts?

- Yes, enter in amount funded:
  _____________________________________________________

- No
Is your plan:

- Embedded
- Not Embedded

How important is it for your organization to offer employee benefits equal to or above market?

- Very Important
- Moderately Important
- Somewhat Important
- Not at all Important
- Don’t Know

How do you believe your benefit program stacks up against other Non-Profits?

- Better than the market
- Equal to the market
- Below the market
- Don’t Know
How do you believe your benefit program stacks up against other organizations?

- Better than the market
- Equal to the market
- Below the market
- Don't Know

Do you offer any volunteering/community involvement to attract and retain employees?

- Yes (please describe) ________________________________________________
- No

**Paid Time Off Policies**

Does your organization have a policy for any of the following? (Select all that apply)

- Vacation
- Sick pay
- Combined PTO
- Personal Pay
<table>
<thead>
<tr>
<th></th>
<th>Vacation</th>
<th>Sick Pay</th>
<th>Combined PTO</th>
<th>Personal Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Hire (less than 1 year of service)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 year of service</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 years of service</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 years of service</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 years of service</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you provide short term disability?

- [ ] Yes, organization pays the complete cost
- [ ] Yes, organization/employee share cost
- [ ] Yes, employee pays the full cost
- [ ] No
If yes, please describe your short-term disability plan

---

How many weeks does the benefit last?

---

What percentage of pay do employees receive?

---

**Healthcare Reform/Wellness**

Does your organization subsidize the cost of family coverage?

- Yes
- No

---

Does your organization have a spousal surcharge for working spouses who have coverage available from their own jobs.

- Yes
- No

---
Does your company take advantage of a defined contributions (DC) strategy? For example, the company contributes the same dollar amount regardless of which plan the employee choose to enroll in, which means the worker must pay the difference between the cost of plans (Platinum, Gold, Silver, or Bronze).

- Yes
- No

If your company’s participation is less than 75% of eligible employees, why are employees not choosing to enroll in your company’s health insurance plan?
What wellness activities does your organization participate in?

- [ ] General Wellness Education
- [ ] Wellness Newsletters
- [ ] Wellness incentives for good health (i.e. lower premium, higher HSA contribution, etc.)
- [ ] Weight Loss Challenges
- [ ] Exercise Challenges
- [ ] Health Screenings
- [ ] Biometric Screenings
- [ ] Smoker/Nonsmoker Premium Rates
- [ ] Other (please describe) ________________________

_________________________________________________________
<table>
<thead>
<tr>
<th>Please select if you offer the following:</th>
<th>Offered?</th>
<th>No</th>
<th>Planning to in the Future</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Planning to in the Future</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Financial Incentives</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-Smoker Discount</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Retirement Plans**

**What types of retirement plan do you offer?**

- [ ] 401(k)
- [ ] 403(b)
- [ ] None

**Is your 403(b) plan:**

- [ ] ERISA
- [ ] Non-ERISA
Does your organization contribute a match to the 401(k)/403(b) plan?

- Yes
- No

Please describe your match policy

- We match: ______________________________________________________
- Of Employee Contribution: ________________________________

What is the average deferral rate of participants in the 401(k) or 403(b) plan?

- 401(k) ______________________________________________________
- 403(b) ______________________________________________________

Does your organization have auto enrollment for the 401(k) or 403(b) plan?

- Yes
- No

Does this plan have an investment policy statement?

- Yes
- No
- Unsure
Development/Social Media

What type of fundraising activities do you conduct on an annual basis?

☐ Annual gift campaign

☐ A-Thon (walk, phone, jump-a-thon, etc.)

☐ Annual Luncheon/Award Luncheon

☐ Gala/Annual Dinner

☐ Direct Mail Campaign

☐ Benevon Raising more money

☐ Golf outing

☐ Other (please describe) __________________________________________________________

Does your organization have a planned giving program in place?

☐ Yes

☐ No

☐ Looking to implement in the near future

Does your organization accept contributions online?

☐ Yes

☐ No

☐ Looking to implement in the near future
Do you collaborate with other local non-profit organizations in your development efforts?

- [ ] Yes
- [ ] No
Which social media tools do you utilize?

<table>
<thead>
<tr>
<th>Utilize?</th>
<th>Please Describe:</th>
<th>How frequently do you issue updates?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Daily</td>
<td>Several times a day Weekly Several times a week Monthly Several times a Month</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Facebook

Twitter

LinkedIn

Other (please describe)

We do not use social media
If you use social media, how do you primarily utilize it?

- [ ] Fundraising
- [ ] Raise awareness of mission
- [ ] Equally for raising funds and awareness
- [ ] Other (please describe) ________________________________________________

**Volunteer**

To what extent has volunteer involvement changed from 2016 to 2017?

- [ ] No Change
- [ ] Increase
- [ ] Decrease

How many volunteers work with your organization every year?

How many hours does the average volunteer contribute every year?

Please provide an estimation of the percentage of work completed by your organization that is done by volunteers:
Governance

How many members are on your organization’s board (or equivalent)?

- Less than 5
- 5 to 10
- 10 to 15
- 15 to 20
- More than 20

Do your board members/trustees have term limits?

- Yes (please describe) ________________________________________________
- No

How many times/year does your full board meet?

- 24 times - Two times per Month
- 12 times - Monthly
- 6 times - Every other month
- 4 times - Quarterly
- Other (please describe) ________________________________________________
Does your board approve your annual budget for its fiscal year?

- Yes
- No

Does your organization have a conflict of interest policy?

- Yes
- No

If your organization has a conflict of interest policy, who signs it?

- Board Members
- Executive Management
- All Employees
- Committee members (non-board)
- Other Management Personnel
- Volunteers

Does your board conduct regular (at least annual) performance evaluations of the chief executive officer (or equivalent)?

- Yes
- No
What resources are utilized to evaluate appropriate executive compensation?

- Barnes Dennig’s Bi-Annual Compensation and Benefits Survey
- Other compensation and benefits surveys
- Information gathered from publicly available Form 990s
- Information gathered from other sources

Does your organization have a current strategic plan (3 to 5 years)?

- Yes
- No
- Looking to Implement

Do you regularly review progress at implementing the strategic plan at staff and board meetings?

- Yes
- No

Has your organization recently conducted a risk assessment?

- Yes, and it’s documented
- Yes, but it's not documented
- No
- Looking to implement
If you have conducted a risk assessment, do you regularly review and update your risk assessment?

- [ ] Yes
- [ ] No

Does your organization have a current succession plan (1-3 years)?

- [ ] Yes
- [ ] No

Does your organization conduct background checks during the hiring/initiation process?

- [ ] Yes
- [ ] No

If your organization conducts background checks, who are they performed on?

- [ ] Board Members
- [ ] Executive Management
- [ ] All Employees
- [ ] Employees with financial responsibilities
- [ ] Volunteers
Audit Committee

If your organization has an audit committee, who does it include?

☐ A certified public accountant

☐ An attorney

☐ A banker

☐ An investment advisor

☐ Other (please describe) ____________________________________________

If your organization has an audit oversight committee, does it include a designated financial expert?

☐ Yes

☐ No

Which of the following does your auditor meet with?

☐ Audit Oversight Committee

☐ Board of Directors

☐ Other (please describe) ____________________________________________
How many times/year does your audit or finance committee meet?

- 12 - Monthly
- 6 - Every other month
- 4 - Quarterly
- Other (please describe) ________________________________

**Information Technology**

Does your organization have a disaster recovery, business continuity or incident response plan?

- Yes, and it's documented
- Yes, but it's not documented
- No

If you have a disaster recovery plan, is that plan tested on a regular basis?

- Yes
- No

Does your organization conduct formal training on threats to information technology (i.e. ransomware, malware, or social engineering)?

- Yes
- No
- Planning to in the near future
Are your organization’s credit card acceptance policies and procedures compliant with the Payment Card Industry – Data Security Standards (PCI-DSS)?

- Yes
- No
- Not sure

Are your organization’s healthcare records security policies and procedures compliant with the Health Insurance Portability and Accountability Act (HIPAA)?

- Yes
- No
- Not sure

What accounting software package does your organization currently use?

- Financial Edge
- QuickBooks
- NetSuite
- Sage/Abila
- Fundware
- Dynamics GP
- Other (please describe) __________________________________________________________
What donor software package does your organization currently use?

- [ ] Raisers Edge
- [ ] Sales Force
- [ ] eTapestry
- [ ] Other (please describe) ________________________________________________

---

**Financial Management**

How many full time equivalent employees work within your accounting and finance departments?

- [ ] 2 or less
- [ ] 2 to 3
- [ ] 3 to 4
- [ ] 4 to 5
- [ ] 5 or more

---
From your most recently filed Form 990 or financial statements, what percentage of your overall costs are spent on program related expenses?

- Less than 65%
- Between 65% and 75%
- Between 75% and 85%
- Between 85% and 95%
- More than 95%

From your most recently filed Form 990 or financial statements, what percentage of your overall costs are spent on administrative related expenses?

- Less than 5%
- Between 5% and 10%
- Between 10% and 15%
- Between 15% and 20%
- More than 20%

From your most recently filed Form 990 or financial statements, what percentage of your overall costs are spent on fundraising related expenses?

- Less than 5%
- Between 5% and 10%
- Between 10% and 15%
- More than 15%
Does your organization have a formal investment and spending policy?

- Yes
- No

If yes, what is the current spending draw percentage allowed by your spending policy?

- Less than 3.5%
- Between 3.5% and 4.5%
- Between 4.5% and 5.5%
- More than 5.5%
- No formal percentage identified

Does your organization utilize the Positive Pay function available at most banks?

- Yes
- No
- Not sure
### Looking Ahead

The baby boomer generation is nearing retirement. How do you expect the demographic shift to affect the following components of your organization?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>Please Describe</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fundraising is likely to increase</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fundraising is likely to decrease</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>No significant impact</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Leadership team:**

- [ ] Will look for new leadership, likely from within the organization
- [ ] Will look for new leadership, likely from outside the organization
- [ ] Will look for new leadership equally among internal and external candidates
- [ ] No significant impact
Volunteer base:

- Likely to increase
- Likely to decrease
- No significant impact

Non-profit mergers are rare, but they remain a topic of much discussion. What would be the most likely motivation for your organization to get seriously involved in a merger discussion?

- Expand our geographic coverage
- Compliance with government regulations
- Staff recruitment/retention
- Attracting quality leadership/board members
- Rising costs which affect operations
- Excess demand on services
- Lack of adequate discretionary funds
- Other (please describe) ________________________________________________

Rank the top three (3) greatest obstacles facing not-for profit organizations in 2017 (1 being the most important).

1. Cutbacks in funding/drops in revenue due to current economic climate
2. Compliance with government regulations
3. Staff recruitment/retention
4. Attracting quality leadership/board members
5. Rising costs which affect operations
6. Excess demand on services
7. Lack of adequate discretionary funds
8. Other (please describe) ________________________________________________