

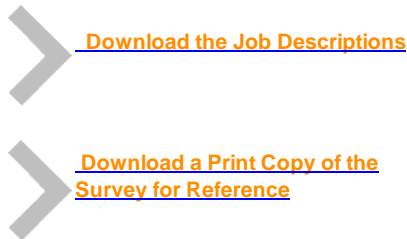
# 2014 Nonprofit Salary & Benefit Survey

Welcome to the 2014 Nonprofit Salary & Benefits Survey!

The results of the survey will help your organization understand trends, attract the best talent, and better manage your human capital.

**As an added benefit, participants in the survey can purchase the final report at a discount.**

Please download a copy of the job descriptions for reference on the last section of the survey:



We also recommend gathering the following information:

- » Number of employees, interns, contractors
- » Total 2013 budget
- » Breakdown of organization's funding sources
- » Average percentage pay increases in 2013
- » Eligibility requirements for benefits (FT and PT)
- » Retirement plan contribution, matching, vesting information
- » Vacation, Sick Day, Leave policy details
- » Base pay, experience, hours, direct reports for each job title in your organization

**You may complete the survey in multiple sessions and do not need to use the same computer.** Simply use the link in your registration email to begin where you left off. If multiple people in your organization are contributing to the survey, make sure you are sharing a single link.

For national/international organizations, **please complete the survey for your local office in Nebraska/western Iowa.** We want the survey results to reflect local salary and benefit information.

Thank you again for your time and contribution!

Initial Questions

**Q1 | May we list your organization as a survey participant?**  
*Your responses will remain anonymous \**

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

**Q2 | Is your organization a member of NAM? \***

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

**Q3 |**

**Please tell us more about your top-level staff.**

Gender:

Please choose the appropriate response for each item:

	Male	Female	N/A
Executive Director/CEO/President	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chief Financial Officer (CFO)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chief Operations Officer (COO)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### Q4 |

#### Please tell us more about your top-level staff.

Race:

Please choose the appropriate response for each item:

	White, Non-Hispanic/Latino	White, Hispanic/Latino	Black or African American	Asian	American Indian or Alaskan Native	Native Hawaiian or Pacific Islander	Two or more races
Executive Director/CEO/President	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chief Financial Officer (CFO)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chief Operations Officer (COO)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### Q5 |

#### Has the Affordable Care Act affected your organization's benefits?

#### If so, please describe.

Please choose all that apply and provide a comment:

<input type="checkbox"/> Pay Practices	<input type="text"/>
<input type="checkbox"/> Medical Benefits	<input type="text"/>
<input type="checkbox"/> Health Savings Accounts	<input type="text"/>
<input type="checkbox"/> Flexible Spending Accounts	<input type="text"/>
<input type="checkbox"/> Dental Benefits	<input type="text"/>
<input type="checkbox"/> Vision Benefits	<input type="text"/>
<input type="checkbox"/> FT/PT Status	<input type="text"/>
<input type="checkbox"/> PTO/Holiday/Vacation	<input type="text"/>
<input type="checkbox"/> Leave Benefits	<input type="text"/>
<input type="checkbox"/> Wellness Plan	<input type="text"/>
<input type="checkbox"/> Other	<input type="text"/>

**Q6 | What formats would you be interested in using the Salary & Benefit report?**

Please choose **all** that apply:

- ☐ Print Copy
- ☐ PDF (Electronic Document)
- ☐ Web (Interactive Interface)

☐ Other:

# Budget & Revenue

## Q7 | Organization's Total 2013 Budget \*

Please write your answer here:

## Q8 | Estimate Percentage of Funding Sources in 2013

Please write your answer(s) here:

Government Grants & Contracts (all levels)	<div></div>
Private Foundation Grants	<div></div>
Corporate Gifts (Donations, In Kind)	<div></div>
Individual Gifts (Donations, In Kind)	<div></div>
Federated Campaign (United Way, Community Services Fund, etc.)	<div></div>
Earned Income (Product Sales, Fees for Membership, Tuition or Programs)	<div></div>
Special Events	<div></div>
Endowments	<div></div>
Investment Income	<div></div>
Other	<div></div>

## HR/Operations Policies & Procedures

### Q9 | Which of the following did your organization have in place in 2013?

Please choose **all** that apply:

- ☐ Employee Handbook
- ☐ Formalized Policies & Procedures
- ☐ Executive Succession Plan - Emergency
- ☐ Executive Succession Plan - Planned
- ☐ Code of Ethics
- ☐ Whistleblower Protection Policy
- ☐ Conflict of Interest Policy
- ☐ Document Retention Policy
- ☐ Board review of CEO/ED performance
- ☐ Board approval of CEO/ED compensation
- ☐ Financial Reserve Policy
- ☐ Business Plan
- ☐ Board Review of Form 990 prior to filing

# Employment Profile

**Q10 | In 2013, how many employees did you have in the following categories? \***

Please write your answer(s) here:

Full Time	<input type="text"/>
Part Time	<input type="text"/>
Independent Contractors	<input type="text"/>
Interns, Paid	<input type="text"/>
Interns, Unpaid	<input type="text"/>

**Q11 |**

## FTE Calculation Inputs

**Enter the number of employees working at these levels in 2013**

Please write your answer(s) here:

40+ hours per week	<input type="text"/>
35 hours per week	<input type="text"/>
32 hours per week	<input type="text"/>
30 hours per week	<input type="text"/>
25 hours per week	<input type="text"/>
20 hours per week	<input type="text"/>
18 hours per week	<input type="text"/>
15 hours per week	<input type="text"/>
12 hours per week	<input type="text"/>
10 hours per week	<input type="text"/>
5 hours per week	<input type="text"/>

**Q12 |**

**FTE Calculation:** {sum(Q00011\_FTE01.value,(Q00011\_FTE02.value\*.875),(Q00011\_FTE03.value\*.8),(Q00011\_FTE04.value\*.75),(Q00011\_FTE04.value\*.625),(Q00011\_FTE05.value\*.625),(Q00011\_FTE06.value\*.5),(Q00011\_FTE07.value\*.45),(Q00011\_FTE08.value\*.375),(Q00011\_FTE09.value\*.3),(Q00011\_FTE10.value\*.25),(Q00011\_FTE11.value\*.125))}

**Q13 | How many new positions did your organization add in 2013?**

Please write your answer(s) here:

Full Time	<input type="text"/>
Part Time	<input type="text"/>
Independent Contractors	<input type="text"/>
Interns, Paid	<input type="text"/>
Interns, Unpaid	<input type="text"/>

**Q14 | How many replacement hires did you make in 2013**

Please write your answer(s) here:

Full Time	<input type="text"/>
Part Time	<input type="text"/>
Independent Contractors	<input type="text"/>
Interns, Paid	<input type="text"/>
Interns, Unpaid	<input type="text"/>

**Q15 |****In 2013, how did you compensate your paid interns?****(If unapplicable, please skip to the next question)**

Please write your answer(s) here:

Average hourly rate	<input type="text"/>
Average monthly stipend	<input type="text"/>

**Q16 |****Interns earned class credit.**

Please choose **only one** of the following:

- ☐ Yes
- ☐ No



**Q17 |**

**What is the minimum number of hours an employee must work to be considered full-time?**

**(This is not the same as the number of hours necessary to be eligible for various benefits)**

Please write your answer(s) here:

Minimum # Hours to Be Considered Full-Time

## Pay Practices

**Q18 | In 2013, did your organization have a formal wage/salary program, including grades and pay ranges? \***

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

**Q19 | To which types of employees did the formal wage/salary program apply?**

**Only answer this question if the following conditions are met:**

Answer was 'Yes' at question '18 [Q00018]' (In 2013, did your organization have a formal wage/salary program, including grades and pay ranges?)

Please choose **all** that apply:

- ☐ Exempt Employees
- ☐ Non-Exempt Employees
- ☐ Other
- ☐ N/A

**Q20 | In 2013, Did your organization have an annual performance appraisal system?**

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

### Q21 | Which best describes your pay process?

Please choose **only one** of the following:

- ☐ Standard/cost of living (pay adjustments given across the board--same dollar or percentage for all employees)
- ☐ Merit (pay adjustments differ based on individual performance)
- ☐ Combination of Standard and Merit (please describe in comment box)
- ☐ Other (please describe in comment box)

Make a comment on your choice here:

### Q22 | When are adjustments given?

Please choose **only one** of the following:

- ☐ Calendar Date for Everyone
- ☐ Employee's Anniversary Date
- ☐ Other (please describe in comment box)

Make a comment on your choice here:

**Q23 | How many adjustments are typically given during an employee's first year of employment?**

Please choose **only one** of the following:

- ☐ 0
- ☐ 1
- ☐ 2 or more

**Q24 | Did your organization grant pay increases in 2013?**

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

**Q25 | What was the average percentage increase in 2013 for:**

Please choose the appropriate response for each item:

	No Increase	Less than 1%	1 - 1.99%	2 - 2.99%	3 - 3.99%	4 - 4.99%	5% or More
Exempt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non Exempt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independent Contractors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q26 | Do you expect to grant pay increases in 2014?**

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

## Medical Benefits

**Q27 |**

**In 2013, did you offer medical benefits to employees?**

NOTE: If your agency offers a stipend towards health care instead of insurance-based plans, choose "no" on the following medical, dental and vision questions. Later in the survey (under "Other Benefits") you will be able to specify that you offer a stipend towards health care.

Please choose **only one** of the following:

- ☐ Yes, Full-Time Only
- ☐ Yes, Full-Time and Part-Time
- ☐ No

**Q28 | For PART-TIME employees, how is eligibility for medical benefits determined?**

**Only answer this question if the following conditions are met:**

Answer was 'Yes, Full-Time and Part-Time' at question '27 [Q00027]' ( In 2013, did you offer medical benefits to employees?

NOTE: If your agency offers a stipend towards health care instead of insurance-based plans, choose "no" on the following medical, dental and vision questions. Later in the survey (under "Other Benefits") you will be able to specify that you offer a stipend towards health care. )

Please choose **only one** of the following:

- ☐ Prorated based on hours worked
- ☐ Available regardless of hours worked

**Q29 | For PART-TIME employees, what is the minimum number of hours worked per week required to qualify?**

**Only answer this question if the following conditions are met:**

Answer was 'Yes, Full-Time and Part-Time' at question '27 [Q00027]' ( In 2013, did you offer medical benefits to employees?

NOTE: If your agency offers a stipend towards health care instead of insurance-based plans, choose "no" on the following medical, dental and vision questions. Later in the survey (under "Other Benefits") you will be able to specify that you offer a stipend towards health care. )

Please write your answer here:

### Q30 | For FULL-TIME employees, how many months of work are required before qualifying for medical coverage?

**Only answer this question if the following conditions are met:**

Answer was 'Yes, Full-Time Only' or 'Yes, Full-Time and Part-Time' at question '27 [Q00027]' ( In 2013, did you offer medical benefits to employees? NOTE: If your agency offers a stipend towards health care instead of insurance-based plans, choose "no" on the following medical, dental and vision questions. Later in the survey (under "Other Benefits") you will be able to specify that you offer a stipend towards health care. )

Please write your answer(s) here:

# Months

Other (please specify)

### Q31 | Who is your provider?

**Only answer this question if the following conditions are met:**

Answer was 'Yes, Full-Time Only' or 'Yes, Full-Time and Part-Time' at question '27 [Q00027]' ( In 2013, did you offer medical benefits to employees? NOTE: If your agency offers a stipend towards health care instead of insurance-based plans, choose "no" on the following medical, dental and vision questions. Later in the survey (under "Other Benefits") you will be able to specify that you offer a stipend towards health care. )

Please choose **all** that apply:

- ☐ Aetna
- ☐ Assurant
- ☐ Blue Cross Blue Shield of Nebraska
- ☐ Coventry Health Care
- ☐ NAM Health Trust
- ☐ Principal Financial Group
- ☐ Starmark
- ☐ United Health Care
- ☐ Wellmark Blue Cross Blue Shield (Iowa)
- ☐ Other:

### Q32 | What kind of medical plan(s) do you offer?

**Only answer this question if the following conditions are met:**

Answer was 'Yes, Full-Time Only' or 'Yes, Full-Time and Part-Time' at question '27 [Q00027]' ( In 2013, did you offer medical benefits to employees? NOTE: If your agency offers a stipend towards health care instead of insurance-based plans, choose "no" on the following medical, dental and vision questions. Later in the survey (under "Other Benefits") you will be able to specify that you offer a stipend towards health care. )

Please choose **all** that apply:

- ☐ PPO - Preferred Provider Organization
- ☐ POS - Point of Service
- ☐ HMO - Health Maintenance Organization
- ☐ HDHP - High Deductible Health Plan
- ☐ HDHP - High Deductible Health Plan with Health Savings Account (HRA or HSA)
- ☐ Conventional/Indemnity Plans

### Q33 | What percent of the medical insurance premium is paid by your organization?

**Only answer this question if the following conditions are met:**

Answer was 'Yes, Full-Time Only' or 'Yes, Full-Time and Part-Time' at question '27 [Q00027]' ( In 2013, did you offer medical benefits to employees? NOTE: If your agency offers a stipend towards health care instead of insurance-based plans, choose "no" on the following medical, dental and vision questions. Later in the survey (under "Other Benefits") you will be able to specify that you offer a stipend towards health care. )

Please write your answer(s) here:

Employee Only

Employee + 1 Dependent

Employee + 2 or More (Family)

### Q34 | If the percentage of premium paid is nuanced and varies by plan, employee status, etc., please specific the details.

**Only answer this question if the following conditions are met:**

Answer was 'Yes, Full-Time Only' or 'Yes, Full-Time and Part-Time' at question '27 [Q00027]' ( In 2013, did you offer medical benefits to employees? NOTE: If your agency offers a stipend towards health care instead of insurance-based plans, choose "no" on the following medical, dental and vision questions. Later in the survey (under "Other Benefits") you will be able to specify that you offer a stipend towards health care. )

Please write your answer(s) here:

Employee Only

Employee + 1 Dependent

Employee + 2 or More (Family)

### Q35 | In 2013, did your organisation offer domestic partner benefits? \*

**Only answer this question if the following conditions are met:**

Answer was 'Yes, Full-Time Only' or 'Yes, Full-Time and Part-Time' at question '27 [Q00027]' ( In 2013, did you offer medical benefits to employees? NOTE: If your agency offers a stipend towards health care instead of insurance-based plans, choose "no" on the following medical, dental and vision questions. Later in the survey (under "Other Benefits") you will be able to specify that you offer a stipend towards health care. )

Please choose **only one** of the following:

- ☐ Yes, for opposite-sex partners only
- ☐ Yes, for both opposite and same sex partners
- ☐ No

Make a comment on your choice here:



# Health Savings Accounts

**Q36 | Does your organization offer a Health Savings Account (HRA or HSA)?**

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

**Q37 | If your organization does offer an HSA or HRA, how much is contributed to the account by the employer annually?**

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '36 [Q00036]' (Does your organization offer a Health Savings Account (HRA or HSA)?)

	Fixed Amount	Percent of Deductible	Other
Employee Only	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employee + 1 Dependent	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employee + 2 or More (Family)	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Flexible Spending Accounts

### Q38 | Does your organization offer a Flexible Spending Account (sometimes called Section 125, Cafeteria or Flexible Benefit Plan)?

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

### Q39 | Which of the following options does your Flexible Spending Account include?

**Only answer this question if the following conditions are met:**

Answer was 'Yes' at question '38 [Q00038]' (Does your organization offer a Flexible Spending Account (sometimes called Section 125, Cafeteria or Flexible Benefit Plan)?)

Please choose **all** that apply:

- ☐ Dependent Care Reimbursement (contribute pre-tax dollars to pay for eligible dependent care expenses)
- ☐ Medical Care Spending Account (contribute pre-tax dollars to pay for eligible medical expenses)
- ☐ Pretax Premium Conversion (contribute pre-tax dollars to pay for insurance premiums)

# Dental Benefits

## Q40 | Do you offer dental benefits to employees?

Please choose **only one** of the following:

- ☐ Yes, Full-Time Only
- ☐ Yes, Full-Time and Part-Time
- ☐ No

## Q41 | For PART-TIME employees, how is eligibility for dental benefits determined?

**Only answer this question if the following conditions are met:**

Answer was 'Yes, Full-Time and Part-Time' at question '40 [Q00040]' (Do you offer dental benefits to employees?)

Please choose **only one** of the following:

- ☐ Prorated based on hours worked
- ☐ Available regardless of hours worked

## Q42 | For PART-TIME employees, what is the minimum number of hours worked per week required to qualify for dental coverage?

**Only answer this question if the following conditions are met:**

Answer was 'Yes, Full-Time and Part-Time' at question '40 [Q00040]' (Do you offer dental benefits to employees?)

Please write your answer here:

## Q43 | For FULL-TIME employees, how many months do they have to work before qualifying for dental coverage?

**Only answer this question if the following conditions are met:**

Answer was 'Yes, Full-Time Only' or 'Yes, Full-Time and Part-Time' at question '40 [Q00040]' (Do you offer dental benefits to employees?)

Please write your answer(s) here:

# Months	<input type="text"/>
Other	<input type="text"/>

#### Q44 | What percent of the dental insurance premium is paid by your organization?

**Only answer this question if the following conditions are met:**

Answer was 'Yes, Full-Time Only' or 'Yes, Full-Time and Part-Time' at question '40 [Q00040]' (Do you offer dental benefits to employees?)

Please write your answer(s) here:

Employee Only

Employee + 1 Dependent

Employee + 2 or More (Family)

#### Q45 | If the percentage of the dental premium paid is nuanced and varies by plan, employee status, etc., please specific the details.

**Only answer this question if the following conditions are met:**

Answer was 'Yes, Full-Time Only' or 'Yes, Full-Time and Part-Time' at question '40 [Q00040]' (Do you offer dental benefits to employees?)

Please write your answer(s) here:

Employee Only

Employee + 1 Dependent

Employee + 2 or More (Family)

# Vision Benefits

## Q46 | Do you offer vision benefits to employees?

Please choose **only one** of the following:

- ☐ Yes, Full-Time Only
- ☐ Yes, Full-Time and Part-Time
- ☐ No

## Q47 | For PART-TIME employees, how is eligibility for vision benefits determined?

**Only answer this question if the following conditions are met:**

Answer was 'Yes, Full-Time and Part-Time' at question '46 [Q00046]' (Do you offer vision benefits to employees?)

Please choose **only one** of the following:

- ☐ Prorated based on hours worked
- ☐ Available regardless of hours worked

## Q48 | For PART-TIME employees, what is the minimum number of hours worked per week required to qualify for vision coverage?

**Only answer this question if the following conditions are met:**

Answer was 'Yes, Full-Time and Part-Time' at question '46 [Q00046]' (Do you offer vision benefits to employees?)

Please write your answer here:

## Q49 | For FULL-TIME employees, how many months do they have to work before qualifying for vision coverage?

**Only answer this question if the following conditions are met:**

Answer was 'Yes, Full-Time Only' or 'Yes, Full-Time and Part-Time' at question '46 [Q00046]' (Do you offer vision benefits to employees?)

Please write your answer(s) here:

# Months	<input type="text"/>
Other	<input type="text"/>

**Q50 | What percent of the vision insurance premium is paid by your organization?**

**Only answer this question if the following conditions are met:**

Answer was 'Yes, Full-Time Only' or 'Yes, Full-Time and Part-Time' at question '46 [Q00046]' (Do you offer vision benefits to employees?)

Please write your answer(s) here:

Employee Only

Employee + 1 Dependent

Employee + 2 or More (Family)

**Q51 | If the percentage of vision premium paid is nuanced and varies by plan, employee status, etc., please specific the details.**

**Only answer this question if the following conditions are met:**

Answer was 'Yes, Full-Time Only' or 'Yes, Full-Time and Part-Time' at question '46 [Q00046]' (Do you offer vision benefits to employees?)

Please write your answer(s) here:

Employee Only

Employee + 1 Dependent

Employee + 2 or More (Family)

# Retirement Benefits

**Q52 | Do you offer retirement benefits to employees?**

Please choose **only one** of the following:

- ☐ Yes, Full-Time Only
- ☐ Yes, Full-Time and Part-Time
- ☐ No

**Q53 | For PART-TIME employees, how is eligibility for retirement benefits determined?**

**Only answer this question if the following conditions are met:**

Answer was 'Yes, Full-Time and Part-Time' at question '52 [Q00052]' (Do you offer retirement benefits to employees?)

Please choose **only one** of the following:

- ☐ Prorated based on hours worked
- ☐ Available regardless of hours worked

**Q54 | For PART-TIME employees, what is the minimum number of hours worked per week required to qualify for retirement benefits?**

**Only answer this question if the following conditions are met:**

Answer was 'Yes, Full-Time and Part-Time' at question '52 [Q00052]' (Do you offer retirement benefits to employees?)

Please write your answer here:

**Q55 | For FULL-TIME employees, how many months do they have to work before qualifying for retirement benefits?**

**Only answer this question if the following conditions are met:**

Answer was 'Yes, Full-Time Only' or 'Yes, Full-Time and Part-Time' at question '52 [Q00052]' (Do you offer retirement benefits to employees?)

Please write your answer(s) here:

# Months

Other

## Q56 | What types of retirement plans does your organization offer?

**Only answer this question if the following conditions are met:**

Answer was 'Yes, Full-Time Only' or 'Yes, Full-Time and Part-Time' at question '52 [Q00052]' (Do you offer retirement benefits to employees?)

Please choose **all** that apply:

- ☐ IRA
- ☐ SEP/Simple IRA
- ☐ 401k
- ☐ 403b

## Q57 | Can Employees Make Contributions?

**Only answer this question if the following conditions are met:**

Answer was 'Yes, Full-Time Only' or 'Yes, Full-Time and Part-Time' at question '52 [Q00052]' (Do you offer retirement benefits to employees?)

Please choose the appropriate response for each item:

	Yes	No
IRA	<input type="radio"/>	<input type="radio"/>
SEP/Simple IRA	<input type="radio"/>	<input type="radio"/>
401k	<input type="radio"/>	<input type="radio"/>
403b	<input type="radio"/>	<input type="radio"/>

## Q58 |

### In what ways does your organization contribute?

Please note that employers may only contribute to SEP/Simple IRAs; they may NOT contribute to traditional or Roth IRAs.

**Only answer this question if the following conditions are met:**

Answer was 'Yes, Full-Time Only' or 'Yes, Full-Time and Part-Time' at question '52 [Q00052]' (Do you offer retirement benefits to employees?)

	SEP/Simple IRA	401k	403b
% Match of Employee Contribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
% Match of Employee Salary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization Does Not Contribute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Q59 |

### How much does your organization contribute?

**Only answer this question if the following conditions are met:**

Answer was 'Yes, Full-Time Only' or 'Yes, Full-Time and Part-Time' at question '52 [Q00052]' (Do you offer retirement benefits to employees?)

	IRA	SEP/Simple IRA	401k	403b
% Per Dollar of Elective Deferral Matched	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maximum Dollar Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maximum % Elective Deferral of Salary Matched	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**FOR EXAMPLE:** NAM matches 50% of every dollar an employee contributes to the 403b plan, up to 4% of their salary with no dollar amount limit.

[Click here to see what NAM's form would look like.](#)

## Q60 | When do employees vest?

Please choose **only one** of the following:

- ☐ 1 year
- ☐ 2 years
- ☐ 3 years
- ☐ 4 years
- ☐ 5 years
- ☐ Other

Make a comment on your choice here:

# Life Insurance Benefits

**Q61 | Do you offer 100% employer-paid group life insurance benefits to employees?**

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

**Q62 | Specify the dollar amount, percent or multiple of salary according your method for determining the life insurance policy amount.**

**Only answer this question if the following conditions are met:**  
Answer was 'Yes' at question '61 [Q00061]' (Do you offer 100% employer-paid group life insurance benefits to employees?)

Please write your answer(s) here:

Specific Dollar Amount	<input type="text"/>
% of Salary	<input type="text"/>
Multiple of Salary	<input type="text"/>

# Disability Insurance

**Q63 | What kind of 100% employer-paid disability insurance does your organization provide?**

	Short-Term Disability	Long-Term Disability	None
Full-Time Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part-Time Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q64 | For PART-TIME employees, how is eligibility determined for disability benefits?**

Only answer this question if the following conditions are met:

----- Scenario 1 -----

Answer was '1' at question '63 [Q00063]' (What kind of 100% employer-paid disability insurance does your organization provide?)

----- or Scenario 2 -----

Answer was '1' at question '63 [Q00063]' (What kind of 100% employer-paid disability insurance does your organization provide?)

Please choose **only one** of the following:

- ☐ Prorated based on hours worked
- ☐ Available regardless of hours worked

**Q65 | For PART-TIME employees, what is the minimum number of hours worked per week required to qualify?**

Only answer this question if the following conditions are met:

----- Scenario 1 -----

Answer was '1' at question '63 [Q00063]' (What kind of 100% employer-paid disability insurance does your organization provide?)

----- or Scenario 2 -----

Answer was '1' at question '63 [Q00063]' (What kind of 100% employer-paid disability insurance does your organization provide?)

Please write your answer here:

## PTO/Holidays/Vacation

### Q66 | Do you offer paid holidays to employees?

Please choose **only one** of the following:

- ☐ Yes, Full-Time Only
- ☐ Yes, Full-Time and Part-Time
- ☐ No

### Q67 | For PART-TIME employees, how is eligibility for paid holidays determined?

**Only answer this question if the following conditions are met:**

Answer was 'Yes, Full-Time and Part-Time' at question '66 [Q00066]' (Do you offer paid holidays to employees?)

Please choose **only one** of the following:

- ☐ Prorated based on hours worked ONLY
- ☐ Prorated based on hours worked AND holiday has to fall on a day the employee usually works
- ☐ Available regardless of hours worked

### Q68 | For PART-TIME employees, what is the minimum number of hours worked per week required to qualify?

**Only answer this question if the following conditions are met:**

Answer was 'Yes, Full-Time and Part-Time' at question '66 [Q00066]' (Do you offer paid holidays to employees?)

Please write your answer here:

**Q69 | Which of the following are observed as paid holidays and for what amount of time?**

**Only answer this question if the following conditions are met:**

Answer was 'Yes, Full-Time Only' or 'Yes, Full-Time and Part-Time' at question '66 [Q00066]' (Do you offer paid holidays to employees?)

Please choose the appropriate response for each item:

	Full	Partial	Not observed
New Year's Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Martin Luther King Jr. Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presidents' Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good Friday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arbor Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Memorial Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independence Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Labor Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Columbus Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veterans Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thanksgiving Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day after Thanksgiving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Christmas Eve	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Christmas Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day after Christmas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New Year's Eve	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal Birthday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Floating Holiday(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q70 | Do you offer combined paid time off (PTO) or do you have separate vacation and sick time for employees?**

Please choose the appropriate response for each item:

	Combined Paid Time Off (PTO)	Separate Vacation and Sick Time	Time off not offered
Full-Time Employees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Part-Time Employees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q71 | For PART-TIME employees, how is time off eligibility determined?**

**Only answer this question if the following conditions are met:**

Answer was 'Combined Paid Time Off (PTO)' or 'Separate Vacation and Sick Time' at question '70 [Q00070]' (Do you offer combined paid time off (PTO) or do you have separate vacation and sick time for employees? (Part-Time Employees))

Please choose **only one** of the following:

- ☐ Prorated based on hours worked
- ☐ Available regardless of hours worked
- ☐ Not eligible

## Q72 | For PART-TIME employees, what is the minimum number of hours worked per week required to qualify?

Only answer this question if the following conditions are met:

Answer was 'Combined Paid Time Off (PTO)' or 'Separate Vacation and Sick Time' at question '70 [Q00070]' (Do you offer combined paid time off (PTO) or do you have separate vacation and sick time for employees? (Part-Time Employees))

Please write your answer here:

## Q73 | Details about PTO Accrual

Only answer this question if the following conditions are met:

----- Scenario 1 -----

Answer was 'Combined Paid Time Off (PTO)' at question '70 [Q00070]' (Do you offer combined paid time off (PTO) or do you have separate vacation and sick time for employees? (Full-Time Employees))

----- or Scenario 2 -----

Answer was 'Combined Paid Time Off (PTO)' at question '70 [Q00070]' (Do you offer combined paid time off (PTO) or do you have separate vacation and sick time for employees? (Part-Time Employees))

	Full-Time	Part-Time
# Days Earned in 1st Year	<input type="text"/>	<input type="text"/>
# Days Earned in 3rd Year	<input type="text"/>	<input type="text"/>
# Days Earned in 5th Year	<input type="text"/>	<input type="text"/>
# Days Earned in 10th Year	<input type="text"/>	<input type="text"/>
Maximum # Days Accrued (enter 9999 for unlimited)	<input type="text"/>	<input type="text"/>
Maximum # Days Carried Over at Year-End (enter 9999 for unlimited)	<input type="text"/>	<input type="text"/>

## Q74 | Are employees reimbursed for unused PTO time?

	Full-Time Employees	Part-Time Employees
Yes, at year-end	<input type="checkbox"/>	<input type="checkbox"/>
Yes, at separation from organization	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>

## Q75 | Are employees allowed to cash out their unused PTO time?

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

## Q76 | Details about Vacation Accrual

Only answer this question if the following conditions are met:

----- Scenario 1 -----

Answer was 'Separate Vacation and Sick Time' at question '70 [Q00070]' (Do you offer combined paid time off (PTO) or do you have separate vacation and sick time for employees? (Full-Time Employees))

----- or Scenario 2 -----

Answer was 'Separate Vacation and Sick Time' at question '70 [Q00070]' (Do you offer combined paid time off (PTO) or do you have separate vacation and sick time for employees? (Part-Time Employees))

	Full-Time	Part-Time
# Vacation Days Earned in 1st Year	<input type="text"/>	<input type="text"/>
# Vacation Days Earned in 3rd Year	<input type="text"/>	<input type="text"/>
# Vacation Days Earned in 5th Year	<input type="text"/>	<input type="text"/>
# Vacation Days Earned in 10th Year	<input type="text"/>	<input type="text"/>
Maximum # Vacation Days Accrued (enter 9999 for unlimited)	<input type="text"/>	<input type="text"/>
Maximum # Vacation Days Carried Over at Year-End (enter 9999 for unlimited)	<input type="text"/>	<input type="text"/>

## Q77 | Are employees reimbursed for unused vacation time?

Only answer this question if the following conditions are met:

----- Scenario 1 -----

Answer was 'Separate Vacation and Sick Time' at question '70 [Q00070]' (Do you offer combined paid time off (PTO) or do you have separate vacation and sick time for employees? (Full-Time Employees))

----- or Scenario 2 -----

Answer was 'Separate Vacation and Sick Time' at question '70 [Q00070]' (Do you offer combined paid time off (PTO) or do you have separate vacation and sick time for employees? (Part-Time Employees))

	Full-Time Employees	Part-Time Employees
Yes, at year-end	<input type="checkbox"/>	<input type="checkbox"/>
Yes, at separation from organization	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>

## Q78 | Are employees allowed to cash out their unused vacation time?

Only answer this question if the following conditions are met:

----- Scenario 1 -----

Answer was 'Separate Vacation and Sick Time' at question '70 [Q00070]' (Do you offer combined paid time off (PTO) or do you have separate vacation and sick time for employees? (Full-Time Employees))

----- or Scenario 2 -----

Answer was 'Separate Vacation and Sick Time' at question '70 [Q00070]' (Do you offer combined paid time off (PTO) or do you have separate vacation and sick time for employees? (Part-Time Employees))

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

## Q79 | Details about Sick Day Accrual

Only answer this question if the following conditions are met:

----- Scenario 1 -----

Answer was 'Separate Vacation and Sick Time' at question '70 [Q00070]' (Do you offer combined paid time off (PTO) or do you have separate vacation and sick time for employees? (Full-Time Employees))

----- or Scenario 2 -----

Answer was 'Separate Vacation and Sick Time' at question '70 [Q00070]' (Do you offer combined paid time off (PTO) or do you have separate vacation and sick time for employees? (Part-Time Employees))

	Full-Time	Part-Time
# Sick Days Earned in 1st Year	<input type="text"/>	<input type="text"/>
# Sick Days Earned in 3rd Year	<input type="text"/>	<input type="text"/>
# Sick Days Earned in 5th Year	<input type="text"/>	<input type="text"/>
# Sick Days Earned in 10th Year	<input type="text"/>	<input type="text"/>
Maximum # Sick Days Accrued (enter 9999 for unlimited)	<input type="text"/>	<input type="text"/>
Maximum # Sick Days Carried Over at Year-End (enter 9999 for unlimited)	<input type="text"/>	<input type="text"/>

## Q80 | Are employees reimbursed for unused sick days?

- Yes, at year-end
- Yes, at separation from organization
- No



## Q81 | Are employees allowed to cash out their unused sick time?

Only answer this question if the following conditions are met:

----- Scenario 1 -----

Answer was 'Separate Vacation and Sick Time' at question '70 [Q00070]' (Do you offer combined paid time off (PTO) or do you have separate vacation and sick time for employees? (Full-Time Employees))

----- or Scenario 2 -----

Answer was 'Separate Vacation and Sick Time' at question '70 [Q00070]' (Do you offer combined paid time off (PTO) or do you have separate vacation and sick time for employees? (Part-Time Employees))

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

## Leave Benefits

Q82 |

**Is your organization required to offer benefits under the Family & Medical Leave Act (FMLA)**

**Organizations that employ 50 or more employees within 75 miles of their location are required to do so.**

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

**Q83 | If you are not required to offer leave under FMLA, do you offer any of the following?**

**Only answer this question if the following conditions are met:**

Answer was 'No' at question '82 [Q00082]' ( Is your organization required to offer benefits under the Family & Medical Leave Act (FMLA) Organizations that employ 50 or more employees within 75 miles of their location are required to do so. )

Please choose **all** that apply:

- ☐ Maternity Leave
- ☐ Paternity Leave
- ☐ Leave for Caregiving
- ☐ Leave for Adoption/Foster Care
- ☐ Leave for Employee Health Condition
- ☐ None of these

## Q84 |

**How many weeks of leave do you offer for each of the following?**

**(Including FMLA, if applicable)**

**Only answer this question if the following conditions are met:**

----- Scenario 1 -----

Answer was 'Yes' at question '82 [Q00082]' ( Is your organization required to offer benefits under the Family & Medical Leave Act (FMLA) Organizations that employ 50 or more employees within 75 miles of their location are required to do so. )

----- or Scenario 2 -----

Answer was 'Leave for Employee Health Condition' or 'Leave for Adoption/Foster Care' or 'Leave for Caregiving' or 'Paternity Leave' or 'Maternity Leave' at question '83 [Q00083]' (If you are not required to offer leave under FMLA, do you offer any of the following?)

Please write your answer(s) here:

Maternity Leave

Paternity Leave

Other Types of Leave

## Q85 | Leave Benefit Details

**Only answer this question if the following conditions are met:**

----- Scenario 1 -----

Answer was 'Yes' at question '82 [Q00082]' ( Is your organization required to offer benefits under the Family & Medical Leave Act (FMLA) Organizations that employ 50 or more employees within 75 miles of their location are required to do so. )

----- or Scenario 2 -----

Answer was 'Leave for Employee Health Condition' or 'Leave for Adoption/Foster Care' or 'Leave for Caregiving' or 'Paternity Leave' or 'Maternity Leave' at question '83 [Q00083]' (If you are not required to offer leave under FMLA, do you offer any of the following?)

	Maternity Leave	Paternity Leave	Other Types of Leave
Employees Are Required to Use Accrued Paid Time for Leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employees Can Use Unpaid Time for Leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q86 | Does your organization offer an employee leave-sharing policy?**

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

Make a comment on your choice here:

**Q87 | Does your organization offer a Snow Day Policy?**

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

Make a comment on your choice here:

# Other Benefits

**Q88 | Which of the following benefits does your organization offer?**

	Full-Time	Part-Time
Cell phone, cell stipend, cell reimbursement, cell discount	<input type="checkbox"/>	<input type="checkbox"/>
Child care stipend	<input type="checkbox"/>	<input type="checkbox"/>
Crisis fund (leave sharing policy)	<input type="checkbox"/>	<input type="checkbox"/>
Employee assistance program	<input type="checkbox"/>	<input type="checkbox"/>
Extra vacation (awarded)	<input type="checkbox"/>	<input type="checkbox"/>
Extra vacation (option to purchase)	<input type="checkbox"/>	<input type="checkbox"/>
Federated campaign	<input type="checkbox"/>	<input type="checkbox"/>
Flexible work time	<input type="checkbox"/>	<input type="checkbox"/>
Health care stipend	<input type="checkbox"/>	<input type="checkbox"/>
In-house child care	<input type="checkbox"/>	<input type="checkbox"/>
Laptop	<input type="checkbox"/>	<input type="checkbox"/>
Memberships or reduced rate memberships to local zoo, museums, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Paid lunch break	<input type="checkbox"/>	<input type="checkbox"/>
Parking (reimbursement or paid)	<input type="checkbox"/>	<input type="checkbox"/>
Prepaid legal service program	<input type="checkbox"/>	<input type="checkbox"/>
Professional development	<input type="checkbox"/>	<input type="checkbox"/>
Professional licensing	<input type="checkbox"/>	<input type="checkbox"/>
Tuition reimbursement	<input type="checkbox"/>	<input type="checkbox"/>
Wellness program	<input type="checkbox"/>	<input type="checkbox"/>
Work-from-home option	<input type="checkbox"/>	<input type="checkbox"/>

## Q89 | Percent of Cost Subsidized by Organization

Please write your answer(s) here:

Cell phone, cell stipend, cell reimbursement, cell discount

Child care stipend

Crisis fund (leave sharing policy)

Employee assistance program

Extra vacation (awarded)

Extra vacation (option to purchase)

Federated campaign

Flexible work time

Health care stipend

In-house child care

Laptop

Memberships or reduced rate memberships to local zoo, museums, etc.

Paid lunch break

Parking (reimbursement or paid)

Prepaid legal service program

Professional development

Professional licensing

Tuition reimbursement

Wellness program

Work-from-home option

# Mileage

**Q90 | Does your organization reimburse for mileage?**

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

**Q91 | Whom do you reimburse mileage and at what rate?**

IRS Rate  
Different Rate

**Q92 | If you use a rate different from the IRS, what is your rate per mile?**

**Only answer this question if the following conditions are met:**  
Answer was 'Yes' at question '90 [Q00090]' (Does your organization reimburse for mileage?)

Please write your answer here:

Job Data



Q93 | Positions

	Avg. Base Annual Pay (if PT, enter hourly rate times 2,080 hours)	Avg. Annual Bonus or Performance Incentive (most recent amount)	Avg. Number of Years in this Position	Avg. Hours of Work Per Week	Avg. Number of Direct Reports	Number People v this Titl
Executive Director / President / Chief Executive Officer						
Vice President / Assistant Executive Director						
Finance Director / CFO						
Chief Operating Officer/ Director of Operations						
Director of Compliance						
Accounting Manager						
Accountant						
Accounting Clerk						
Bookkeeper						
Billing Specialist						
Loan Coordinator						
Development Director						
Director Planned Giving						
Donor Stewardship Manager						
Grant Writer						
Special Events						



Manager						
Director						
Community Relations / Development						
Marketing Director						
Manager Creative Design						
Relations Manager / Community Relations						
Manager						
Volunteer Coordinator						
Human Resources Director						
Human Resources Clerk						
Information Technology Director						
Database Manager						
Facility Rental / Event Manager						
Quality Improvement Manager						
Quality Improvement Coordinator						
Office Manager						
Administrative Assistant / Executive Secretary						
Legal Assistant						
Office Support Staff / Administrative / Clerical Staff						
Receptionist						
Clinical Director						
Clinical Supervisor						
Clinical Manager						
Dually-Licensed Provider						
Licensed						

Provisionally  
Licensed  
Therapist  
(PLMHP)

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Provisionally  
Licensed  
Counselor  
(PLADC)


Certified Medical  
Assistant (CMA)  
or Medical  
Assistant (MA)


Program Director  
/  
Education & Arts  
Director

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Program  
Manager /  
Supervisor

## Case Manager

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Residential Direct  
Care Staff

\_\_\_\_\_

Visitation  
Specialist

\_\_\_\_\_

Unlicensed Social Worker (MSW)

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Unlicensed Social Worker (BSW)

--	--	--	--	--	--

Teacher  
(Elementary  
and/or High  
School)

|| || || || ||

Director of  
Childcare

Childcare  
Teacher  
(Degreed)

\_\_\_\_\_

Childcare  
Teacher/Assistant  
(non-Degreed)

\_\_\_\_\_

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Building and Maintenance Supervisor						
Maintenance Worker						
Custodial Worker						
Cook / Food Service						

The following questions are about jobs commonly found in nonprofit organizations. A description of each job title can be found in the attachment at the link below. The descriptions should aid you in determining if your organization has a comparable job.

For every job in your organization, please find the description that BEST describes that job and fill out the information pertaining to that title.

**Please match by the content of the description rather than simply on job titles.**

If you have several employees in the same position (e.g. 3 Program Managers), take the AVERAGE of those and report that information.



[Download the Job Descriptions](#)

# Job Responsibility

Q94 |

Does the person in the position have more, less or equal responsibility from the description provided?

In the Responsibility Notes section, please describe additional responsibilities if you indicated "more" or responsibilities not included if you indicated "less"

Please also indicate if this job is a hybrid of another position.

Please choose the appropriate response for each item:

	More	Equal	Less
Executive Director / President / Chief Executive Officer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vice President / Assistant Executive Director	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finance Director / CFO	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chief Operating Officer/ Director of Operations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Director of Compliance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accounting Manager	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accountant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accounting Clerk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bookkeeper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Billing Specialist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loan Coordinator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Development Director	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Director Planned Giving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Donor Stewardship Manager	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grant Writer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Special Events Manager	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Director Community Relations / Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marketing Director	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manager Creative Design	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relations Manager / Community Relations Manager	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Volunteer Coordinator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Human Resources Director	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Human Resources Clerk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information Technology Director	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Database Manager	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facility Rental / Event Manager	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality Improvement Manager	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality Improvement Coordinator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Office Manager	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administrative Assistant / Executive Secretary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal Assistant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Office Support Staff / Administrative / Clerical Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receptionist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical Director	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical Supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical Manager	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dually-Licensed Provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Licensed Therapist (LMHP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provisionally Licensed Therapist (PLMHP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Licensed Counselor (LADC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provisionally Licensed Counselor (PLADC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Registered Nurse (RN)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Certified Medical Assistant (CMA) or Medical Assistant (MA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurse Practitioner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intake Specialist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program Director / Education & Arts Director	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program Manager / Supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program Coordinator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case Manager	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case Assistant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residential Direct Care Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Direct Care Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Development Director	
Director Planned Giving	
Donor Stewardship Manager	
Grant Writer	
Special Events Manager	
Director Community Relations / Development	
Marketing Director	
Manager Creative Design	
Relations Manager /	
Community Relations Manager	
Volunteer Coordinator	
Human Resources Director	
Human Resources Clerk	
Information Technology Director	
Database Manager	
Facility Rental / Event Manager	
Quality Improvement Manager	
Quality Improvement Coordinator	
Office Manager	
Administrative Assistant /	
Executive Secretary	
Legal Assistant	
Office Support Staff / Administrative / Clerical	
Staff	
Receptionist	
Clinical Director	
Clinical Supervisor	
Clinical Manager	
Dually-Licensed Provider	
Licensed Therapist (LMHP)	
Provisionally Licensed Therapist (PLMHP)	
Licensed Counselor (LADC)	
Provisionally Licensed Counselor (PLADC)	

Registered Nurse (RN)	
Certified Medical Assistant (CMA) or Medical Assistant (MA)	
Nurse Practitioner	
Intake Specialist	
Program Director / Education & Arts Director	
Program Manager / Supervisor	
Program Coordinator	
Case Manager	
Case Assistant	
Residential Direct Care Staff	
Direct Care Staff	
Visitation Specialist	
Unlicensed Social Worker (MSW)	
Unlicensed Social Worker (BSW)	
Teacher (Elementary and/or High School)	
Director of Childcare	
Childcare Teacher (Degreed)	
Childcare Teacher/Assistant (non-Degreed)	
Building and Maintenance Supervisor	
Maintenance Worker	
Custodial Worker	
Cook / Food Service	



# Next Year

## Q96 | What jobs would you like to see added next year?

Please write your answer(s) here:

1.

2.

3.

4.

5.

6.

## Q97 | How can we improve our survey next year?

Please write your answer here:

Thank you for completing the 2014 Nonprofit Salary & Benefit Survey!

Your organization has earned a discount on this year's report. Watch your email for a promotional code in late May when the report is available.

In the meantime, consider registering for our big events this year:

- **Nonprofit Association of the Midlands Annual Meeting**

April 22, 4:30 pm

Bemis Center for Contemporary Arts

[Register Here](#)

- **Nonprofit Summit of the Midlands**

November 4, 8:00 am

La Vista Conference Center

[Register Here](#)

**How is your life better because of a nonprofit? Tell us your story!**

[CelebrateNonprofits.org](http://CelebrateNonprofits.org)

Submit your survey.

Thank you for completing this survey.