

# ASF 2012 Foundation Salary and Benefits Survey

Please submit by **WEDNESDAY, FEBRUARY 29, 2012**

By mail, fax, or online at [www.smallfoundations.org/salariesurvey](http://www.smallfoundations.org/salariesurvey)

**Online:** [www.smallfoundations.org/salariesurvey](http://www.smallfoundations.org/salariesurvey)

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1720 N Street, NW  
Washington, DC 20036

**Fax:** 202-580-6579

Please complete this survey only if your foundation **employs staff** (either part-time or full-time and paid by the foundation hourly or by salary). The survey is not meant to include consultants hired by the foundation or board members paid for professional services.

*Privacy:* Information gathered here will be used to produce benchmarking reports and may be used for ASF research and program development. Specific foundations are never identified in any report, and salary information will always remain completely confidential.

*Questions?* Contact ASF at 888-212-9922 or [survey@smallfoundations.org](mailto:survey@smallfoundations.org).

## SECTION ONE: ABOUT YOUR FOUNDATION

1. What is your foundation's EIN (employer identification number)? 

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2. What is your foundation's name? \_\_\_\_\_
3. What year was your foundation formed? 

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4. Where is your foundation located? City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: 

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5. Which of the following matches your role in your foundation? (*check all that apply*)
  - Board Member/Trustee
  - Donor/Founder
  - Administrative Assistant
  - Executive Director/Primary Administrator
  - Other (*please specify*): \_\_\_\_\_
6. Type of foundation: (*check only one*)
  - Private Grantmaking Foundation (grantmaking is the main activity, typically from an endowment)
  - Operating Foundation (*Yes* is checked in Part VII-A, Line 9 on Form 990-PF)
  - Community/Nonprofit Fund (typically receives funds from a variety of sources and distributes grants)
  - Other (*please specify*): \_\_\_\_\_
7. Was the foundation run this year as a conduit or pass-through foundation?  Yes  No
8. Which category best describes who *primarily* governs your foundation (your current board)?
  - Significant influence by one particular **family** on the current board
  - Significant influence by a for-profit **company** on the current board
  - Board is made up of **unrelated individuals/community** at large
9. Total number of foundation board members/trustees: \_\_\_\_\_
10. Which tax form does your foundation file?
  - Form 990 (or 990-EZ)
  - Form 990-PF
  - Other (*please specify*): \_\_\_\_\_
11. What was the approximate asset size of your foundation **at the end of 2011**?
  - Under \$1 million
  - \$1-4.9 million
  - \$5-9.9 million
  - \$10-14.9 million
  - \$15-19.9 million
  - \$20-24.9 million
  - \$25-29.9 million
  - \$30-39.9 million
  - \$40-49.9 million
  - \$50-99.9 million
  - \$100-199.9 million
  - Over \$200 million
12. Approximately how many grants did your foundation award in its most recent fiscal year?
  - Fewer than 10
  - 10-24
  - 25-49
  - 50-99
  - 100-199
  - 200 or more

**SECTION TWO: EMPLOYEE COMPENSATION & BENEFITS**

1. Please enter information about **paid employees** who worked for the foundation in 2011 (and were paid by the foundation and receive a Form W-2 from the foundation). Do not include contractors/consultants (who receive a Form 1099) or board members compensated for providing either routine board services or professional services to the foundation.

Number of full-time paid staff (30 hours or more per week):

Number of part-time paid staff (fewer than 30 hours/week):

Total paid foundation staff:

*If none, please enter 0.*

2. If foundation employees work primarily from a location **other than** the foundation location given at the start of the survey, please list the location here (used for reporting salaries by geographic location):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code:

3. Which of the following benefits does your foundation currently provide to **paid employees**?

<i>(check all that apply)</i>	Full-time employees	Part-time employees
Paid vacation	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>
Paid sick leave	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>
Paid holidays	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>
Paid maternity and/or paternity leave	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>
Health insurance	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>5</sub>
Dental insurance	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>6</sub>
Retirement plan	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>7</sub>
Life insurance	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>8</sub>
Short-term disability	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>9</sub>
Long-term disability	<input type="checkbox"/> <sub>10</sub>	<input type="checkbox"/> <sub>10</sub>
Use of an automobile	<input type="checkbox"/> <sub>11</sub>	<input type="checkbox"/> <sub>11</sub>
Use of a mobile phone	<input type="checkbox"/> <sub>12</sub>	<input type="checkbox"/> <sub>12</sub>
None of the above	<input type="checkbox"/> <sub>13</sub>	<input type="checkbox"/> <sub>13</sub>

- 4a. If the foundation offers health insurance, please indicate the **total average monthly premium per employee** (whether paid by the employee, the foundation, or a mix of both):

Average monthly health insurance premium for an *individual* \$ \_\_\_\_\_

Average monthly health insurance premium for a *couple* \$ \_\_\_\_\_

Average monthly health insurance premium for a *family* \$ \_\_\_\_\_

- 4b. If the foundation offers health insurance, what percentage of the average monthly premium is paid by the foundation? *(please estimate)* \_\_\_\_\_%

- 5a. If the foundation offers retirement plan participation, what type of plan is offered?  
<sub>1</sub> 401(k)    <sub>2</sub> 403(b)    <sub>3</sub> Other *(please specify)*: \_\_\_\_\_

- 5b. If the foundation offers retirement plan participation, does the foundation match employee contributions?  
<sub>1</sub> No    <sub>2</sub> Yes (Up to what percentage: \_\_\_\_\_%)

- 5c. If the foundation offers retirement plan participation, does the foundation offer discretionary contributions in addition to or instead of a match?  
<sub>1</sub> No    <sub>2</sub> Yes (Typical amount as a percent of salary: \_\_\_\_\_%)

***Thank you for your participation! Please submit your survey by February 29, 2012.***

Please report information for each of the foundation’s employees according to the position description that reflects the majority of his or her work.

**CEO/Top Manager** (also known as Executive Director or President): The person in this top position (and in some cases, the only position) directs the foundation’s day-to-day management, including working with the board, grantees, and any personnel. When only one person functions in a CEO/top manager role, that person not only oversees administration, governance, and grantmaking activities, but also implements the work.

**Professional/Grantmaking Staff** (also known as Program Officer or Vice President): This position involves evaluating grant proposals and reports, doing background research on current and potential grantees, and providing geographic or subject area expertise to guide grant program development.

**Administrative/Support Staff** (also known as Program Associate, Administrative Assistant, or Grants Manager): This position includes clerical responsibilities such as responding to general inquiries, maintaining paper and electronic files for bookkeeping and grantmaking purposes, processing correspondence, and providing clerical support to the board (such as taking meeting minutes and compiling reports).

6. Please enter information for up to four paid employees.

	CEO/Top Manager	Person A	Person B	Person C
a. Which role best describes this person?				
Professional/Grantmaking Staff		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>
Administrative/Support Staff		<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>
b. If a family foundation, is this person a relative of the donor family?				
Yes	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>
No	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>
c. On average, how many hours/week does this person spend on foundation work?	hrs	hrs	hrs	hrs
d. Is this person on the foundation board?				
Yes	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>
No	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>
e. How long has this person worked in the current position?	yrs	yrs	yrs	yrs
f. How long has this person worked for the foundation?	yrs	yrs	yrs	yrs
g. How many years of relevant work experience does this person have (including in current job)?	yrs	yrs	yrs	yrs
h. Gender:				
Male	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>
Female	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>
i. How is this person compensated by the foundation?				
Paid a salary as a foundation employee	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>
Paid hourly wages as a foundation employee	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>
j. If paid a salary, what was this person’s base annual compensation at the end of 2011?	\$	\$	\$	\$
k. If paid hourly, what was this person’s hourly rate at the end of 2011?	\$ .	\$ .	\$ .	\$ .
l. Was this person given a salary/wage increase in the past 12 months?				
Yes	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>
No	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>
m. If yes, what was the actual increase for/in 2011?	%	%	%	%
n. What is the planned increase for 2012?	%	%	%	%
o. What was the estimated dollar value of benefits, if any, paid by the foundation in 2011 in addition to base salary for each employee? (Do not include monetary value of paid time off. Do include items such as bonuses or foundation-paid portions of health insurance & retirement.)	\$	\$	\$	\$
p. What was the dollar amount of any bonus paid to each employee for 2011? (If none, enter \$0.)	\$	\$	\$	\$

Comments: \_\_\_\_\_

**Thank you for your participation! Please submit your survey by February 29, 2012.**