



## **2019 / 2020 NOT-FOR-PROFIT COMPENSATION REPORT - \$50 Off Special**

**Conducted by: TOTAL COMPENSATION SOLUTIONS, LLC**

Total Compensation Solutions is pleased to announce the availability of the 2019 / 2020 Not-For-Profit Compensation Report for non-participants. This survey covers 79 positions found in a sample of 842 not-for-profit organizations. For many organizations, this survey report has the potential to be a primary data source on compensation and pay policies for the not-for-profit sector and it includes the following information:

### **STATISTICS & OTHER PERTINENT DATA PROVIDED**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Executive Summary</li> <li>• Company Finance and Operating Data</li> <li>• Sample Organization Chart</li> <li>• Salary Administration Practices</li> </ul> | <ul style="list-style-type: none"> <li>• Salary Adjustments 2018, 2019 and 2020</li> <li>• Benefits Policies</li> <li>• Annual Bonus/Incentive Plans</li> <li>• Board of Trustees Structure and Governance Issues</li> </ul> |
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### **COMPENSATION DATA PROVIDED (WHEN AVAILABLE)**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Annual Base Salary (Avg., 25<sup>th</sup>, 50<sup>th</sup>, 75<sup>th</sup>)</li> <li>• Annual Bonus Paid (Avg., 25<sup>th</sup>, 50<sup>th</sup>, 75<sup>th</sup>)</li> <li>• Total Compensation (Avg., 25<sup>th</sup>, 50<sup>th</sup>, 75<sup>th</sup>)</li> <li>• Salary Ranges</li> </ul> | <ul style="list-style-type: none"> <li>• Geographical Breakouts</li> <li>• Organization Type</li> <li>• Size Breakouts (Operating Budget)</li> <li>• Exempt- Nonexempt Status</li> </ul> |
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### **POSITIONS INCLUDED (PLEASE CALL FOR COMPLETE LIST)**

Chief Executive Officer/ Executive Director Chief Operation Officer/ Deputy Ex. Director Top Legal Executive/ General Counsel Staff Attorney/ Assistant General Counsel Top Research Executive Research Director Research Manager Research Associate Top Human Resources Executive Human Resources Director Human Resources Manager Human Resources Generalist Top Administration Executive Top Facilities Executive Office Manager Top Government Affairs Executive Chief Financial Executive Controller Accounting Manager Treasurer Top Development Executive Top Grant Administration Executive Director of Membership Grant Proposal Manager Grant Proposal Writer Fundraising Manager	Top Information Systems Executive Information Systems Director Information Systems Manager Website Director Systems Analyst-Intermediate Level Top Marketing Executive  Marketing Director Marketing Manager Top Publications Executive Managing Editor Senior Editor Editor Art Director Production Director  Top Program Executive Top Professional Development Executive Program Director Education Director Training Specialist Director, Volunteer Services Program Associate Special Events Planner Social Worker
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**2019 / 2020 NOT-FOR-PROFIT COMPENSATION REPORT**

**SURVEY SUBSCRIBER ORDER FORM –**  
***\$50 Discount – If Ordered By April 1<sup>st</sup>, 2020***

The 2019 / 2020 Not-For-Profit Compensation Report is currently available. Please complete the required information and return this form via fax, mail or email: [tbailey@total-comp.com](mailto:tbailey@total-comp.com)  
Fax 914-730-7303

<b>EMPLOYMENT</b>	<b>SURVEY FEE</b>	<b>INVOICING PROCEDURE</b>
Under 50 Employees <input type="checkbox"/> 50 & More Employees <input type="checkbox"/> Consulting Firms <input type="checkbox"/> (Single Office)	\$300 \$600 \$795	Send Bill <input type="checkbox"/> Purchase Order # _____  Check Enclosed <input type="checkbox"/>  Credit Card: Visa, Master Card <input type="checkbox"/> or American Express – (TCS will will send a link by email)
<p><u><a href="#">This survey only comes as a PDF.</a></u></p> <p>**Note: Refunds will not be granted after we send the PDF.</p>		<p><b>Take \$50 off list price – If Ordered by April 1<sup>st</sup>, 2020</b> <input type="checkbox"/></p>

**INDIVIDUAL TO RECEIVE SURVEY REPORT:**

**NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**ORGANIZATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**FAX NUMBER:** \_\_\_\_\_

**e-Mail** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Please complete and return this form to:**

Total Compensation Solutions, LLC  
Attn: Tom Bailey  
200 Business Park Drive  
Armonk, NY 10504  
Phone (914) 730 - 7300  
Fax (914) 730-7303  
[www.Total-comp.com](http://www.Total-comp.com)