2010 Benefits in Nonprofit Organizations Survey
Tenth Edition

Overview

SURVEY SCOPE/METHODOLOGY

Questionnaires for the tenth edition of ***Benefits in Nonprofit Organizations Survey*** were designed and distributed in October 2009. The design of the 2010 survey questionnaire continued with content used in the 2009 survey with a strong focus on medical, prescription, and dental costs. Participation was solicited from employers in the nonprofit sector between October 2009 and March 2010. Data submissions were collected within the same period. The requested effective date of benefits data was January 1, 2010.

One hundred sixteen (116) nonprofit organizations contributed data to the tenth edition of this survey. Characteristics of participants vary greatly and are illustrated in the "Characteristics of Participating Organizations" section of the survey. Twenty-four (24) types of nonprofit organizations are represented in the sample showing prevalence, costs, and provisions of a complete set of benefits. There were no respondents in the 2010 survey representing the following organization types:

- Chambers of Commerce & Industry
- Credit Unions
- Research/Scientific/Testing Organizations
- Sheltered Workshop Organizations

In accordance with our objective to publish only the most accurate and representative information possible, each data submission was thoroughly reviewed by our experienced research staff before it was included in the survey. Areas in question were reconciled with participants before inclusion.

The data received have been analyzed to the maximum degree possible. Because of this, some small samples sizes are displayed for some organization types and descriptions. Data cuts are provided by type of nonprofit organization, organization size (by number of employees), organizational scope, and geographic region. Please note that percentages in tables that are intended to represent the entire sample may not total 100% due to rounding. The total number of responses may also vary from section to section since all respondents do not necessarily provide input on each question asked, and some questions may not be applicable to each organization.

Users of this survey are encouraged to exercise caution when generalizing results of this research. Results presented in this survey report represent only those nonprofit organizations responding to specific questions in the survey questionnaire. Individual circumstances and experiences should be considered when drawing conclusions from research data.

Although questions were asked in the survey questionnaire regarding health care benefits for part-time employees, no contribution information or costs were requested. As such, employee and organization contributions reported in this survey are reported for full-time employees only. Part-time employees were assumed not to be covered and were excluded from the calculations.

Geographic regions in this survey are defined as follows:

North Central Region: Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, Wisconsin, Ohio, Indiana, Illinois, Michigan, Wyoming, Idaho, Montana

Northeast Region: Connecticut, Massachusetts, Maine, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, Delaware, Maryland

South Central Region: Oklahoma, Texas, New Mexico, Arkansas, Louisiana, Colorado, Utah, Arizona

Southeast Region: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee, Virginia, West Virginia, District of Columbia

West Coast Region: Alaska, California, Hawaii, Oregon, Washington, Nevada

A companion benefit report, the ***2010 Health Care Benefits Benchmarking Survey***, which includes nonprofit organizations, government entities, privately owned for-profit, and publicly owned for-profit organizations, was published in April 2010. This report, covering health care data, medical insurance, dental insurance, and vision insurance, is also offered by Abbott, Langer Association Surveys, Inc. and may be purchased online at www.abbott-langer.com.

Abbott, Langer Association Surveys, Inc. wishes to express sincere appreciation for data contributions made by numerous participating organizations. Their active participation was indispensable in making this reference report an accurate representation of employee health care benefits programs effective as of January 1, 2010.