

2018 Compensation & Benefits Survey

General Information

Instructions

Thank you for participating in the Mid-America Chamber Executives 2018 Compensation and Benefits Survey. We appreciate your input! Many of the questions contained in the survey are detailed and we suggest that you have all of your organization's data available while you are completing the survey. Data should include membership and financial information (year end financial statements), population and business demographics, specific compensation and benefits, etc. Please direct any questions you may have to Alex Rudie at info@midamericachamberexecutives.com or 651-300-6589.

We expect this survey to take about 30 minutes of your time to complete. However, **it is possible to save your progress in the survey and come back to it at a later time.**

In order to save your progress:

Survey progress cannot be saved until you advance to the 2nd page of the survey. After progress has been made click on the "Save and continue survey later" located at the top of the page. After clicking it will prompt you to enter a valid email address. Once your email is entered simply click the "Save" button. An email with a new link will be sent to the provided address for you to continue the survey where you left off.

The deadline for all completed responses is March 8th.

By taking the survey, you will receive a complimentary copy of the full report of the results.

Thank you!

1. Please fill out your contact info:

Organization Name *

First Name *

Last Name *

Title *

Street Address *

Apt/Suite/Office

City *

State *

Postal Code *

Email Address *

Phone Number

Website URL

Demographics

2. In what state are you located? *

- Iowa
- Minnesota
- Missouri
- Illinois
- South Dakota
- Wisconsin



3. What is the approximate population of the area your organization serves?

*

- Less than 10,000
- 10,001 - 20,000
- 20,001 - 50,000
- 50,001 - 75,000
- 75,001 - 100,000
- 100,001 - 250,000
- 250,001 - 500,000
- More than 500,000

Chief Paid Executive Profile

4. What is the title of your Chief Paid Executive? *

Executive Director

President

CEO

President/CEO

Other - Write In

5. Is your Chief Paid Executive full-time or part-time? *

Full-time

Part-time

6. Please specify the gender of your Chief Paid Executive *

Male

Female

7. Please select the age of your Chief Paid Executive *

18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
55+ 

8. Please select the highest level of education for your Chief Paid Executive *

- 12th grade or less
- Graduated high school or equivalent
- Some college, no degree
- Associate's degree
- Bachelor's degree
- Master's degree
- Doctorate

9. How many years has your Chief Paid Executive held this position at your organization? *

- Less than 1 year
- 1 - 3 years
- 4 - 6 years
- 7 - 10 years
- 11 - 15 years
- More than 15 years

10. How many years has your Chief Paid Executive been working in the chamber/association Industry?

- Less than 1 year
- 1 - 3 years
- 4 - 6 years
- 7 -10 years
- 11 - 15 years
- More than 15 years

11. Under what arrangement is CEO retained by organization?

- Formal contract
- Verbal agreement
- Informal letter of agreement
- Other

*

Organization Financials

12. Total non-dues income from the most recent fiscal year *

13. Total membership income from the most recent fiscal year *

14. Total income for your **Chamber** in the most recent fiscal year: *

If your chamber operates a CVB, please segregate CVB income and expenses and DO NOT INCLUDE CVB INCOME.

If your chamber does not operate a CVB, report your total Chamber income.

- \$50,000 and below
- \$50,001 - \$100,000
- \$100,001 - \$200,000
- \$200,001 - \$300,000
- \$300,001 - \$500,000
- \$500,001 - \$750,000
- \$750,001 - \$1,000,000
- More than \$1,000,000

15. If your chamber operates a distinct subsidiary please report income in the most recent fiscal year for each: *

If nothing to report please enter zero for the amount

Chamber

CVB

Economic Development

Foundation

Total Income

16. Did your organization have a profit or loss in the most recent fiscal year?

*

- Profit
- Loss

17. What were your profits as a percentage of your income?

- .5% - 5%
- 6% - 10%
- 11% - 20%
- 21% - 30%
- 31% - 40%
- 41% - 50%
- 51% - 60%
- 61% - 70%
- 71%+

Payroll and Staff Section

Page description:

18. What is your annual payroll? (including all salaries, taxes, and benefits) *

19. What percent of your total payroll (salaries, taxes, and benefits) is allocated to benefits? *

20. Total number of full-time management staff *

Management staff are responsible for other employees or a department. i.e. a communications manager would be management staff even if they do not directly manage other staff members

21. Total number of full-time, non-management staff (secretarial, clerical, etc.)

*

22. Total number of part-time staff *

Membership Information

23. Total number of membership billing accounts (please use billing accounts, not the number of locations) *

24. What is the approximate number of total businesses in your service area? *

Compensation Section

25. In which of the following positions does your organization have someone employed **full-time**?

A manager is anybody who supervises other employees or is responsible for a department or function area. In many organizations this is referred to as a director. *

Chief Paid Executive *

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Vice President (second in charge) *

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Business, Financial, or Administrative Manager *

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Public or Government Affairs Manager *

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Membership Manager *

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Membership Salesperson *

No

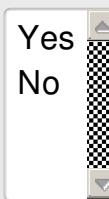


Yes

No

Communications Manager *

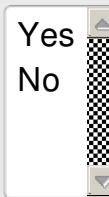
Yes



No

Small Business Manager *

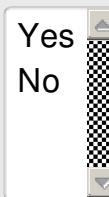
Yes



No

CVB Manager *

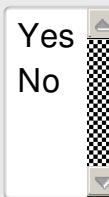
Yes



No

Special Projects Manager *

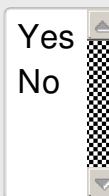
Yes



No

Info Services Manager *

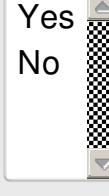
Yes



No

Program Manager *

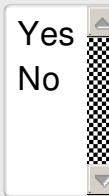
Yes



No

Economic Development Manager *

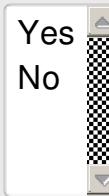
Yes



No

Administrative Assistant or Receptionist *

Yes



No

26. In which of the following positions does your organization have someone employed **part-time**? *

Chief Paid Executive *

Yes	
No	

Vice President (second in charge) *

Yes	
No	

Business, Financial, or Administrative Manager *

Yes	
No	

Public or Government Affairs Manager *

Yes	
No	

Membership Manager *

Yes	
No	

Membership Salesperson *

Yes	
No	

Communications Manager *

Yes	
No	

Small Business Manager *

Yes	
No	

CVB Manager *

Yes

No



Special Projects Manager *

Yes

No



Info Services Manager *

Yes

No



Program Manager *

Yes

No



Economic Development Manager *

Yes

No



Administrative Assistant or Receptionist *

Yes

No



Salary Information

Chief Paid Executive

Annual Base Salary

Last Pay Increase (as a %)

Potential Maximum Annual Bonus

Actual bonus paid in last fiscal year

Vice President (Second in charge)

Annual Base Salary

Last Pay Increase (as a %)

Potential Maximum Annual Bonus

Actual bonus paid in last fiscal year

Business, Financial or Administrative Manager

Annual Base Salary

Last Pay Increase (as a %)

Potential Maximum Annual Bonus

Actual bonus paid in last fiscal year

Public or Government Affairs Manager

Annual Base Salary

Last Pay Increase (as a %)

Potential Maximum Annual Bonus

Actual bonus paid in last fiscal year

Membership Manager

Annual Base Salary

Last Pay Increase (as a %)

Potential Maximum Annual Bonus

Actual bonus paid in last fiscal year

Commission Percentage (if applicable)

Membership Salesperson

Annual Base Salary

Last Pay Increase (as a %)

Potential Maximum Annual Bonus

Actual bonus paid in last fiscal year

Commission Percentage (if applicable)

Communications Manager

Annual Base Salary

Last Pay Increase (as a %)

Potential Maximum Annual Bonus

Actual bonus paid in last fiscal year

Small Business Manager

Annual Base Salary

Last Pay Increase (as a %)

Potential Maximum Annual Bonus

Actual bonus paid in last fiscal year

Convention and Visitors Bureau Manager

Annual Base Salary

Last Pay Increase (as a %)

Potential Maximum Annual Bonus

Actual bonus paid in last fiscal year

Special Projects Manager

Annual Base Salary

Last Pay Increase (as a %)

Potential Maximum Annual Bonus

Actual bonus paid in last fiscal year

Information Services Manager

Annual Base Salary

Last Pay Increase (as a %)

Potential Maximum Annual Bonus

Actual bonus paid in last fiscal year

Program Manager

Annual Base Salary

Last Pay Increase (as a %)

Potential Maximum Annual Bonus

Actual bonus paid in last fiscal year

Economic Development Manager

Annual Base Salary

Last Pay Increase (as a %)

Potential Maximum Annual Bonus

Actual bonus paid in last fiscal year

Administrative Assistant or Receptionist

Annual Base Salary

Last Pay Increase (as a %)

Potential Maximum Annual Bonus

Actual bonus paid in last fiscal year

Benefits Section

What benefits does your organization offer your Chief Paid Executive? *

Medical Insurance *

Yes
No



Dental Insurance *

Yes
No



Life Insurance *

Yes
No



Long-term Disability *

Yes	
No	

Short-term Disability *

Yes	
No	

Cafeteria Plan Reimbursement *

Yes	
No	

Health Savings Account *

Yes	
No	

Mobile/Cellular Phone *

Yes	
No	

Furnished Auto *

Yes	
No	

Paid Parking *

Yes	
No	

Qualified Retirement Plan *

Yes	
No	

Tuition Reimbursement *

Yes	
No	

Club (civic) membership *

Yes	
No	

Club (social) membership *

Yes	
No	

Bonus *

Yes	
No	

Commissions *

Yes	
No	

What benefits does your organization offer your Vice-President (second in charge)? *

Medical Insurance *

Yes	
No	

Dental Insurance *

Yes	
No	

Life Insurance *

Yes	
No	

Yes	
-----	---

Long-term Disability *

No



A vertical checklist box with a grey header and a black and white checkered pattern on the right side. The word 'No' is centered in the box. At the bottom right is a small downward-pointing arrow icon.

Short-term Disability *

Yes

No



A vertical checklist box with a grey header and a black and white checkered pattern on the right side. The word 'Yes' is at the top, followed by 'No'. At the bottom right is a small downward-pointing arrow icon.

Cafeteria Plan Reimbursement *

Yes

No



A vertical checklist box with a grey header and a black and white checkered pattern on the right side. The word 'Yes' is at the top, followed by 'No'. At the bottom right is a small downward-pointing arrow icon.

Health Savings Account *

Yes

No



A vertical checklist box with a grey header and a black and white checkered pattern on the right side. The word 'Yes' is at the top, followed by 'No'. At the bottom right is a small downward-pointing arrow icon.

Mobile/Cellular Phone *

Yes

No



A vertical checklist box with a grey header and a black and white checkered pattern on the right side. The word 'Yes' is at the top, followed by 'No'. At the bottom right is a small downward-pointing arrow icon.

Furnished Auto *

Yes

No



A vertical checklist box with a grey header and a black and white checkered pattern on the right side. The word 'Yes' is at the top, followed by 'No'. At the bottom right is a small downward-pointing arrow icon.

Paid Parking *

Yes

No



A vertical checklist box with a grey header and a black and white checkered pattern on the right side. The word 'Yes' is at the top, followed by 'No'. At the bottom right is a small downward-pointing arrow icon.

Qualified Retirement Plan *

Yes

No



A vertical checklist box with a grey header and a black and white checkered pattern on the right side. The word 'Yes' is at the top, followed by 'No'. At the bottom right is a small downward-pointing arrow icon.

Tuition Reimbursement *

Yes

No



A vertical checklist box with a grey header and a black and white checkered pattern on the right side. The word 'Yes' is at the top, followed by 'No'. At the bottom right is a small downward-pointing arrow icon.

Club (civic) membership *

Yes

No



Club (social) membership *

Yes

No



Bonus *

Yes

No



Commissions *

Yes

No



What benefits does your organization offer your Business, Financial, or Administrative Manager? *

Medical Insurance *

Yes

No



Dental Insurance *

Yes

No



Life Insurance *

Yes

No



Long-term Disability *

Yes

No



Short-term Disability *

Yes	
No	

Cafeteria Plan Reimbursement *

Yes	
No	

Health Savings Account *

Yes	
No	

Mobile/Cellular Phone *

Yes	
No	

Furnished Auto *

Yes	
No	

Paid Parking *

Yes	
No	

Qualified Retirement Plan *

Yes	
No	

Tuition Reimbursement *

Yes	
No	

Yes	
No	

Club (civic) membership *

Club (social) membership *

Yes
No

Bonus *

Yes
No

Commissions *

Yes
No

What benefits does your organization offer your Public or Government Affairs Manager? *

Medical Insurance *

Yes
No

Dental Insurance *

Yes
No

Life Insurance *

Yes
No

Long-term Disability *

Yes
No

Short-term Disability *

Yes
No



Cafeteria Plan Reimbursement *

Yes
No



Health Savings Account *

Yes
No



Mobile/Cellular Phone *

Yes
No



Furnished Auto *

Yes
No



Paid Parking *

Yes
No



Qualified Retirement Plan *

Yes
No



Tuition Reimbursement *

Yes
No



Club (civic) membership *

Yes
No



Club (social) membership *

Yes	
No	

Bonus *

Yes	
No	

Commissions *

Yes	
No	

What benefits does your organization offer your Membership Manager? *

Medical Insurance *

Yes	
No	

Dental Insurance *

Yes	
No	

Life Insurance *

Yes	
No	

Long-term Disability *

Yes	
No	

Short-term Disability *

Yes	
No	

Cafeteria Plan Reimbursement *

Yes	
No	

Health Savings Account *

Yes	
No	

Mobile/Cellular Phone *

Yes	
No	

Furnished Auto *

Yes	
No	

Paid Parking *

Yes	
No	

Qualified Retirement Plan *

Yes	
No	

Tuition Reimbursement *

Yes	
No	

Club (civic) membership *

Yes	
No	

Club (social) membership *

Yes	
No	

Bonus *

Yes
No



Commissions *

Yes
No



What benefits does your organization offer your Membership Salesperson? *

Medical Insurance *

Yes
No



Dental Insurance *

Yes
No



Life Insurance *

Yes
No



Long-term Disability *

Yes
No



Short-term Disability *

Yes
No



Cafeteria Plan Reimbursement *



Health Savings Account *



Mobile/Cellular Phone *



Furnished Auto *



Paid Parking *



Qualified Retirement Plan *



Tuition Reimbursement *



Club (civic) membership *



Club (social) membership *



Yes 

Bonus *

No



Yes

No

Commissions *

Yes



No

What benefits does your organization offer your Communications Manager?

*

Medical Insurance *

Yes



No

Dental Insurance *

Yes



No

Life Insurance *

Yes



No

Long-term Disability *

Yes



No

Short-term Disability *

Yes



No

Cafeteria Plan Reimbursement *

Yes



No

Health Savings Account *

Yes	
No	

Mobile/Cellular Phone *

Yes	
No	

Furnished Auto *

Yes	
No	

Paid Parking *

Yes	
No	

Qualified Retirement Plan *

Yes	
No	

Tuition Reimbursement *

Yes	
No	

Club (civic) membership *

Yes	
No	

Club (social) membership *

Yes	
No	

Bonus *

Yes	
No	

Commissions *

Yes	
No	

What benefits does your organization offer your Small Business Manager? *

Medical Insurance *

Yes	
No	

Dental Insurance *

Yes	
No	

Life Insurance *

Yes	
No	

Long-term Disability *

Yes	
No	

Short-term Disability *

Yes	
No	

Cafeteria Plan Reimbursement *

Yes	
No	

Health Savings Account *

Yes	
No	

Health Savings Account



Mobile/Cellular Phone *

Yes

No



Furnished Auto *

Yes

No



Paid Parking *

Yes

No



Qualified Retirement Plan *

Yes

No



Tuition Reimbursement *

Yes

No



Club (civic) membership *

Yes

No



Club (social) membership *

Yes

No



Bonus *

Yes

No



Yes



Commissions *

No



What benefits does your organization offer your CVB Manager? *

Medical Insurance *

Yes

No



Dental Insurance *

Yes

No



Life Insurance *

Yes

No



Long-term Disability *

Yes

No



Short-term Disability *

Yes

No



Cafeteria Plan Reimbursement *

Yes

No



Health Savings Account *

Yes

No



Yes

No



Mobile/Cellular Phone *

Yes
No



Furnished Auto *

Yes
No



Paid Parking *

Yes
No



Qualified Retirement Plan *

Yes
No



Tuition Reimbursement *

Yes
No



Club (civic) membership *

Yes
No



Club (social) membership *

Yes
No



Bonus *

Yes
No



Commissions *

Yes
No

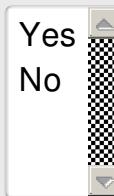


What benefits does your organization offer your Special Projects Manager? *

Medical Insurance *

Yes

No



Dental Insurance *

Yes

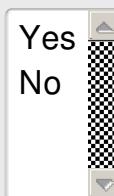
No



Life Insurance *

Yes

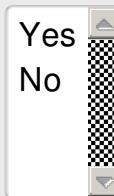
No



Long-term Disability *

Yes

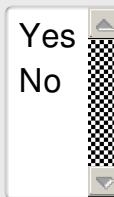
No



Short-term Disability *

Yes

No



Cafeteria Plan Reimbursement *

Yes

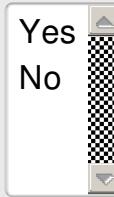
No



Health Savings Account *

Yes

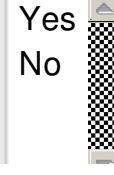
No



Mobile/Cellular Phone *

Yes

No



Furnished Auto *

Yes	
No	

Paid Parking *

Yes	
No	

Qualified Retirement Plan *

Yes	
No	

Tuition Reimbursement *

Yes	
No	

Club (civic) membership *

Yes	
No	

Club (social) membership *

Yes	
No	

Bonus *

Yes	
No	

Commissions *

Yes	
No	

What benefits does your organization offer your Information Services Manager? *

Medical Insurance *

Yes

No



Dental Insurance *

Yes

No



Life Insurance *

Yes

No



Long-term Disability *

Yes

No



Short-term Disability *

Yes

No



Cafeteria Plan Reimbursement *

Yes

No



Health Savings Account *

Yes

No



Mobile/Cellular Phone *

Yes

No



Furnished Auto *

Yes

No



Paid Parking *

Yes

No



Qualified Retirement Plan *

Yes

No



Tuition Reimbursement *

Yes

No



Club (civic) membership *

Yes

No



Club (social) membership *

Yes

No



Bonus *

Yes

No



Commissions *

Yes

No



What benefits does your organization offer your Program Manager? *

Medical Insurance *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dental Insurance *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Long-term Disability *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Short-term Disability *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cafeteria Plan Reimbursement *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Savings Account *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile/Cellular Phone *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Furnished Auto *	<input type="checkbox"/> Yes <input type="checkbox"/> No

Paid Parking *

Yes	
No	

Qualified Retirement Plan *

Yes	
No	

Tuition Reimbursement *

Yes	
No	

Club (civic) membership *

Yes	
No	

Club (social) membership *

Yes	
No	

Bonus *

Yes	
No	

Commissions *

Yes	
No	

What benefits does your organization offer your Economic Development Manager? *

Yes	
No	

Medical Insurance *

Yes

No



Dental Insurance *

Yes

No



Life Insurance *

Yes

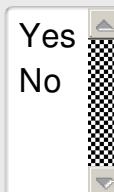
No



Long-term Disability *

Yes

No



Short-term Disability *

Yes

No



Cafeteria Plan Reimbursement *

Yes

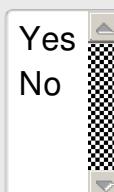
No



Health Savings Account *

Yes

No



Cellular/Mobile Phone *

Yes

No



Furnished Auto *

Yes

No



Yes



Paid Parking *

Yes
No



Qualified Retirement Plan *

Yes
No



Tuition Reimbursement *

Yes
No



Club (civic) membership *

Yes
No



Club (social) membership *

Yes
No



Bonus *

Yes
No



Commissions *

Yes
No



What benefits does your organization offer your Administrative Assistant or Receptionist? *

Medical Insurance *

Yes
No



Dental Insurance *

Yes	
No	

Life Insurance *

Yes	
No	

Long-term Disability *

Yes	
No	

Short-term Disability *

Yes	
No	

Cafeteria Plan Reimbursement *

Yes	
No	

Health Savings Account *

Yes	
No	

Mobile/Cellular Phone *

Yes	
No	

Furnished Auto *

Yes	
No	

Paid Parking *

Yes	
No	

Qualified Retirement Plan *

Yes	
No	

Tuition Reimbursement *

Yes	
No	

Club (civic) membership *

Yes	
No	

Club (social) membership *

Yes	
No	

Bonus *

Yes	
No	

Commissions *

Yes	
No	

27. Does your organization directly contribute to the cost of medical insurance for your employees, spouse, and/or families? *

- Yes
- No

What percent is paid for by the chamber?

0% 1-19% 20-50% 51-70% 71-80% 81-99% 100%

Employee	<input type="radio"/>						
Spouse	<input type="radio"/>						
Family	<input type="radio"/>						

28. In your organization's cafeteria plan (Section 125), what is the monthly amount contributed by the employer? (Actual dollar amount)

29. What percent of your Chief Paid Executive's salary is matched for a retirement plan by the employer? *

If no amount is allotted, please enter zero.

 %

30. What monthly amount does your organization pay for its Chief Paid Executive's automobile or cost of furnished auto?

31. How many total vacation days does your Chief Paid Executive receive each year?

If your organization utilizes a PTO policy, please enter the total number.

If your organization utilizes a vacation/sick leave policy, please indicate the number of vacation days only.

32. What percent of your Vice President's (second in charge) salary contributes to a retirement plan?

%

33. What monthly amount does your Chamber pay for its Vice President's (second in charge) automobile allowance or cost of furnished auto?

34. How many total vacation days does your Vice President (second in charge) receive each year?

35. What is the average percentage contributed to other staff members' retirement plan?

Thank You!

Page description:

Thank you for taking our survey. Your response is very important to us.

To thank you for your participation, we will give you a password that allows you to view the survey results for free. We will email you when the results become available.

Please see the bottom of the page if you wish to download a pdf versions of your responses.

