

**\*\*ALL RESPONSES ARE CONFIDENTIAL\*\***  
**ANNUAL EXECUTIVE DIRECTORS SURVEY**  
 Return by: April 22, 2009

Name of COG: \_\_\_\_\_

1. Current Executive Directors Annual Salary: \$ \_\_\_\_\_
2. Retirement Paid: Full \_\_\_\_\_ Partial \_\_\_\_\_ % \_\_\_\_\_
3. Benefits Paid:
  - Medical-Employee: Full \_\_\_\_\_ Partial \_\_\_\_\_ None \_\_\_\_\_
  - Medical-Dependent: Full \_\_\_\_\_ Partial \_\_\_\_\_ None \_\_\_\_\_
  - Dental-Employee: Full \_\_\_\_\_ Partial \_\_\_\_\_ None \_\_\_\_\_
  - Dental-Dependent: Full \_\_\_\_\_ Partial \_\_\_\_\_ None \_\_\_\_\_
  - Optical-Employee: Full \_\_\_\_\_ Partial \_\_\_\_\_ None \_\_\_\_\_
  - Optical-Dependent: Full \_\_\_\_\_ Partial \_\_\_\_\_ None \_\_\_\_\_
  - Total Monthly Medical: \$ \_\_\_\_\_
  - Long Term Disability: Yes \_\_\_\_\_ No \_\_\_\_\_
  - Group Life Insurance: Yes \_\_\_\_\_ No \_\_\_\_\_
  - Life Insurance \$ amount: \$ \_\_\_\_\_
  - Deferred Comp. Plan: Yes \_\_\_\_\_ No \_\_\_\_\_
  - Amount Paid by Employer: \$ \_\_\_\_\_
  - Auto Allowance: Amt/Mo. \_\_\_\_\_ Amt/Mile \_\_\_\_\_
  - Professional Memberships Paid: Yes \_\_\_\_\_ No \_\_\_\_\_
  - Severance Pay: \$ \_\_\_\_\_
  - Administrative Leave Days \_\_\_\_\_
4. Number of full-time employees \_\_\_\_\_
5. Total Budget for 2008/09 \$ \_\_\_\_\_
6. Operating budget excluding "Pass through \$": \$ \_\_\_\_\_
7. "Other Benefits": \_\_\_\_\_

**Please Return Completed Form by Fax: 916/447-2350,**  
**mail to 1127 – 11<sup>th</sup> Street, Suite 925, Sacramento, CA, 95814, or email to Dalarcon@calcog.org**  
**by April 22, 2009**  
**If you have any questions please contact Desiree Alarcon at (916) 557-1170**