

# 2018 ESOP Executive Compensation Survey Questionnaire

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Thank you for participating in the NCEO's ESOP Executive Compensation Survey. The survey includes 15 questions on your executive and director compensation, and 6 demographic questions to help in making comparisons with the data.

If you wish to receive a discount on your purchase of the full report, provide your email address at the end of the questionnaire. **We will delete your email address and all other identifying information from the database before we begin our analysis.**

Contact Research Director Nancy Wiefek ([nwiefek@nceo.org](mailto:nwiefek@nceo.org) or 510--208--1312) with any questions.

Before we begin, does your company have an ESOP in place currently?

Yes

No

Is your company's stock publicly traded?

Yes

No

1. When did your company establish its ESOP? (Please answer with a 4-digit year)

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2. What percentage of the company's shares are owned by the ESOP? (Please enter a number between 0 and 100)

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3. Is your company an S or C corporation?

S corporation

C corporation

4. What was your company contribution to the ESOP in the most recent plan year as a percentage of covered compensation?

(For example, if you contributed \$100,000 to the ESOP for the most recent plan year and covered compensation for all ESOP participants is \$1,000,000, your contribution is 10% of covered compensation.)

Percentage between 0 and 100 \_\_\_\_\_

## Executive Compensation

5. Please indicate which of the following executive officers you have (select all that apply). Choose the description that best fits each of the officers at your company.

You will only be prompted to give compensation data for these officers in the questions to follow.

- CEO/President
- CFO/Top Finance/Accounting Executive
- COO/Chief Operating Officer
- CIO/Chief Information Officer
- Top Divisional Vice President
- Top Human Resources/Personnel Professional
- Top Sales/Marketing Executive
- Top Manufacturing/Products/Services Vice President

6. Indicate compensation for each executive position. Estimated amounts are fine. Please exclude payments made on compensation granted in earlier years and provide all answers in dollars. Rather than leaving blanks, write in **0** for any types you don't pay.

To determine the value of equity compensation: Use the present value of stock-based compensation granted during the last fiscal year. If you do not know the value for stock options and SARs, you can use one-third of the grant price as an estimate. If you do not know the value for restricted or other full value awards, use the value of the award at grant date.

	Current	Cash bonuses, cash	Value of equity
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	annual base salary	profit sharing plans, and other short-term cash incentives in the most recently completed fiscal year	compensation granted in the most recently completed fiscal year
	(exclude bonuses, profit sharing, and all other incentive pay)	(This includes all forms of dollar-- denominated incentive compensation. Do not count deferred or equity compensation)	Please provide the present value of all equity compensation granted. For more details on how to calculate this amount, see the paragraph above.
CEO/President			
CFO/Top Finance/Accounting Executive			
COO/Chief Operating Officer			
CIO/Chief Information Officer			
Top Divisional Vice President			
Top Human Resources/Personnel Professional			
Top Sales/Marketing Executive			
Top Manufacturing/Products/Services Vice President			

7. For each executive position, indicate the value of contributions made to a 401(k), defined benefit, or other qualified retirement plans, **excluding the ESOP**, in the most recently completed plan year. Estimated amounts are fine. Please write in **0** if you don't contribute to retirement plans aside from the ESOP.

	Amount
CEO/President	
CFO/Top Finance/Accounting Executive	
COO/Chief Operating Officer	
CIO/Chief Information Officer	
Top Divisional Vice President	
Top Human Resources/Personnel Professional	
Top Sales/Marketing Executive	
Top Manufacturing/Products/Services Vice President	

8. For each executive position, indicate the value of all annual additions to each individual's ESOP account, including contributions of shares or cash as well as shares allocated to the participant's account for the year. Estimated amounts are fine. Write in **0** if no additions were made to the ESOP for that executive in the most recently completed plan year.

	Amount
CEO/President	
CFO/Top Finance/Accounting Executive	
COO/Chief Operating Officer	
CIO/Chief Information Officer	
Top Divisional Vice President	
Top Human Resources/Personnel Professional	
Top Sales/Marketing Executive	
Top Manufacturing/Products/Services Vice President	

9. Please note here anything specific to your company's officers or compensation structure not noted above.

## Equity Ownership

10. What is your current plan for granting equity compensation to executives? (Select all that apply)

- N/A - No equity compensation granted to executives
- On Hire
- Tenure--based
- Based on an individual performance metric
- Based on a company performance metric
- On a discretionary basis
- Annually
- Periodically, less often than annually
- Other \_\_\_\_\_

11. Please indicate which (if any) executives have direct share ownership outside the ESOP (founding shares, vested restricted stock, granted on hire, etc.) Check all that apply.

- CEO/President
- CFO/Top Finance/Accounting Executive
- COO/Chief Operating Officer
- CIO/Chief Information Officer
- Top Divisional Vice President
- Top Human Resources/Personnel Professional
- Top Sales/Marketing Executive
- Top Manufacturing/Products/Services Vice President

## **Board of Directors Compensation**



12. How many of the following individuals are on your board currently? (The sum of your answers for A through E should equal the total number of directors on your board.)

	Number
A. The CEO (or if you do not have a CEO, the top executive officer)	
B. Current employees who are officers of the company other than the CEO	
C. Current employees who are not officers of the company	
D. Affiliated directors (i.e., non--employees with an ownership or business interest in the company, retired employees, or family members of employees, owners, or business partners)	
E. Independent directors (i.e., directors with no current or past employment with the company or direct financial relationship, other than compensation for director services)	

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13. Indicate how much you pay your directors for each of the components listed below. If you don't offer that type of compensation, please check Not Applicable. (Use the present dollar value of any equity awards if you pay part or all of the fee in this form)

	Not applicable	Inside director	Independent director	Affiliated director

	(We don't provide that type of pay)	(current employees)	(i.e., directors with no current or past employment with the company or direct financial relationship, other than compensation for director services)	(i.e., non-employees with an ownership or business interest in the company, retired employees, or family members of employees, owners, or business partners)
Retainer (i.e., not based on number of meetings)	<input type="checkbox"/>			
Fee per board meeting	<input type="checkbox"/>			
Fee per interim board meeting	<input type="checkbox"/>			
Fee per committee meeting	<input type="checkbox"/>			
Deferred compensation denominated in cash	<input type="checkbox"/>			
Equity--based compensation	<input type="checkbox"/>			
Other	<input type="checkbox"/>			

14. Please indicate how much in additional retainer or fees each of the following receive.

	Not applicable	
	(We don't pay additional fees)	Amount

The board chair	<input type="checkbox"/>
Committee chairs	<input type="checkbox"/>

15. How many of the following types of meetings do you expect to have in the entire 2019 calendar year? (please provide a single number, not a range)

	Number of meetings
In-person full board meetings	
Virtual board meetings (by phone, Skype, etc.)	
Committee meetings	

### Demographics

16. Thinking about your workforce as a whole, do you provide some type of formal on-the-job training to your employees?

No, not currently

Yes, please describe briefly \_\_\_\_\_

17. Which of the below best describes your industry?

- Construction
- Manufacturing
- Wholesale trade
- Retail trade
- Finance, insurance, real estate
- Professional, scientific and technical services
- Health care and social assistance
- Information, technology (computers, biotechnology, software)
- Other (please specify) \_\_\_\_\_

18. How many full- and part-time employees does your company have?

\_\_\_\_\_

19. Where is your company's headquarters?

State \_\_\_\_\_

Postal Code \_\_\_\_\_

20. What was the company's average **annual** change in stock price over the past five years? (If your company has had an ESOP for fewer than five years, answer for the number of years the plan has been in place.)

- Negative (we had a loss)
- 0--10%
- 11--20%
- 21% or higher

21. Please choose a category below for the dollar value of your company's revenues in the most recently completed fiscal year.

- Up to \$10 million
- \$10 million to \$30 million
- \$31 million to \$50 million
- \$51 million to \$75 million
- \$76 million to \$100 million
- \$101 million to \$200 million
- \$201 million to \$500 million
- \$501 million or more

If you would like to receive a discount on the purchase of the full report, please provide your contact information below. All identifying information will be removed from the database and your answers will not be associated with your company in any way.

Company \_\_\_\_\_  
Email address \_\_\_\_\_  
Name \_\_\_\_\_

Thank you for your participation! If you have any final comments, additions or clarifications, please enter them here.