in hospitals with pension plans (see app. II). And, the rate is likely to grow steadily in the near future. "Hospitals are * * * finding it necessary to establish pension plans as a fringe benefit, so that they can compete with industry and other professional fields where pension and retirement benefits have long been an accepted part of the job." [8] "The hospital personnel of the future will have to come from closer to the top than the bottom of the barrel," says Ray E. Brown, vice president for administration, University of Chicago.[9] Union activity among nurses and nonprofessional hospital workers has created additional pressure for increased pension coverage. Furthermore, prepayment plans are helping general hospitals raise salaries and fringe benefits.

OTHER NONPROFIT ORGANIZATIONS

This category includes all of the Standard Industrial Classification Code's group 86, nonprofit membership organization, except group 8661, religious organizations, which corresponds to our category "religious bodies." These organizations together have approximately 500,000 employees, broken down as follows:

Charitable organizations	100,000
Professional membership organizations	10,000
Civic, social, and fraternal associations	205,000
Labor organizations	100,000
Business associations	50,000
Political organizations	5,000
Nonprofit membership organizations, n.e.c.	30,000

The first two groups and subgroups of some of the others fall under section 501(c)(3) of the Internal Revenue Code. The other groups and subgroups are not organized for profit and are also exempt from Federal income tax, but they promote the interests of their members and many engage in lobbying. They are included here only because they are probably not included elsewhere and our data are not detailed enough to exclude them.

The majority of the charitable organizations are affiliated with religious bodies. Most Jewish agencies are included in the federation plans which were mentioned in the section on hospitals. On the national level, coverage of Catholic charitable organizations is generally high; on the diocesan level, as is the case for other diocesan lay employees, pension plans are being studied but few have begun operating. Coverage is rather low, on the average, in Protestant charitable organizations. The American Red Cross dominates the groups not affiliated with religious bodies, and it has its own trusteed plan. In Cleveland there is a plan of the Welfare Federation to which religious and secular organizations belong. Approximately half of the charitable plans are insured, mostly with the National Health and Welfare Retirement Association, and the other half are self-administered.

Pension plans are quite common in the other groups listed under "other nonprofit organizations" except when the organization has very few paid employees. Most of the plans are insured, but some of the

[8] George R. Wren, "Why Waste Scarce Manpower With a Fixed Retirement Age?" *Hospitals*, Jan. 16, 1964.
[9] "The Impact of Wages and Hospital Costs," *Hospitals*, July 1, 1963.