



**FAIR PAY FOR SOUTHERN CALIFORNIA NONPROFITS:  
THE 2026 COMPENSATION AND BENEFITS SURVEY**

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**This document lists all of the questions asked in the online survey questionnaire. There are eight sections:** Organization, Compensation & Employment Practices, Impact of the Economic/Political Environment, Paid Time Off Benefits, Insurance Benefits, Retirement Benefits, Executive Director/CEO Profile and Compensation.

Refer to these printer-friendly pdf files for supporting information:

- For definitions of terms [FairPaySCA2026.Glossary.pdf](#)
- For a complete list of jobs covered in the survey [FairPaySCA2026.JobList.pdf](#)
- For a complete list of jobs covered and a description of each [FairPaySCA2026.JobDescriptions.pdf](#)

Submit your survey response by **Friday, March 6, 2026 (extended deadline)** and you will be eligible to purchase a copy of the survey report at the discounted participant rate. Visit [social.nonprofitcomp.com](http://social.nonprofitcomp.com) for details.

**Your survey response will be strictly confidential and data from this research will be reported only in the aggregate. All information entered online is encrypted and will remain confidential.**

If you have any questions, please contact Rita Haronian of Nonprofit Compensation Associates at 510-645-1005 or [survey@nonprofitcomp.com](mailto:survey@nonprofitcomp.com).

**I. ORGANIZATION**

**1. Contact information**

**Organization name:** \_\_\_\_\_  
**Name of person completing survey:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Email address:** \_\_\_\_\_  
**Telephone (w/ext. if applicable):** \_\_\_\_\_  
**Website:** \_\_\_\_\_  
**Street address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_  
**County:** \_\_\_\_\_

**2. Please enter name, job title and email address for any of the following employees not already listed as the contact person completing the survey above:**

**Executive Director/CEO:** \_\_\_\_\_  
**Job title at your organization:** \_\_\_\_\_  
**Email address:** \_\_\_\_\_

**CFO/Finance Dir/Business Mgr:** \_\_\_\_\_  
**Job title at your organization:** \_\_\_\_\_  
**Email address:** \_\_\_\_\_

**Human Resources Officer:** \_\_\_\_\_  
**Job title at your organization:** \_\_\_\_\_  
**Email address:** \_\_\_\_\_

3. **How did you find out about this survey? If you heard about it through any of our regional partners, please check the box(es) next to their name(s) here. If you heard about it some other way, please check "Other" and tell us how.**

- |   |   |
|---|---|
| <input type="checkbox"/> Academy for Grassroots Organizations                           | <input type="checkbox"/> Legal Aid Association of California              |
| <input type="checkbox"/> California Alliance of Child and Family Services, Sacramento   | <input type="checkbox"/> The Nonprofit Institute, University of San Diego |
| <input type="checkbox"/> California Community Action Partnership Assn. (CalCAPA)        | <input type="checkbox"/> The Nonprofit Partnership                        |
| <input type="checkbox"/> California Community Economic Development Assn. (CCEDA)        | <input type="checkbox"/> The Nonprofit Resource Center                    |
| <input type="checkbox"/> California Council of Community Behavioral Health Agencies     | <input type="checkbox"/> Nonprofit Solutions                              |
| <input type="checkbox"/> California Council of Land Trusts                              | <input type="checkbox"/> Northern Santa Barbara County United Way         |
| <input type="checkbox"/> California ReLeaf  | <input type="checkbox"/> OneOC  |
| <input type="checkbox"/> CalNonprofits  | <input type="checkbox"/> Orange County United Way                         |
| <input type="checkbox"/> CalNonprofits Insurance Services                               | <input type="checkbox"/> Patron Saints Foundation                         |
| <input type="checkbox"/> Catalyst of San Diego & Imperial Counties                      | <input type="checkbox"/> The Santa Barbara Foundation                     |
| <input type="checkbox"/> The Center for Nonprofit Leadership, California Lutheran Univ. | <input type="checkbox"/> Spokes   |
| <input type="checkbox"/> The Community Clinic Assn. of Los Angeles County               | <input type="checkbox"/> Tustin Community Foundation                      |
| <input type="checkbox"/> The Community Foundation San Luis Obispo County                | <input type="checkbox"/> United Way of Central Eastern California         |
| <input type="checkbox"/> Community Partners   | <input type="checkbox"/> United Way of Imperial County                    |
| <input type="checkbox"/> Community Vision Capital & Consulting                          | <input type="checkbox"/> United Way of San Luis Obispo County             |
| <input type="checkbox"/> Executive Service Corps of Southern California                 | <input type="checkbox"/> United Way of Santa Barbara County               |
| <input type="checkbox"/> Fieldstone Leadership Network, Orange County                   | <input type="checkbox"/> United Way Ventura                               |
| <input type="checkbox"/> The Fund for Santa Barbara                                     | <input type="checkbox"/> United Ways of California                        |
| <input type="checkbox"/> Inland Empire Community Collaborative                          | <input type="checkbox"/> Ventura County Community Foundation              |
| <input type="checkbox"/> Jericho Road Pasadena  | <input type="checkbox"/> Other: _____                                     |

4. **Total annual expenses of the organization:** \$ \_\_\_\_\_  
*Expenditures necessary to support the administrative and service functions of the organization. This information is used for broad classification purposes only. Please enter an approximate annual dollar amount for either your current fiscal year or most recently completed fiscal year.*

5. **How many full-time equivalent (FTE) employees does your organization employ as of January 1, 2026? Do not include temporary or contract staff.** \_\_\_\_\_

	Full-Time	Part-Time
6. <b>Total number of employees:</b> <b>(Do not include temporary staff, contract staff or volunteers)</b>		
<b>Number of employees who left their positions during the past 12 months VOLUNTARILY:</b> Do not include temporary employees, contractors, volunteers, furloughed positions or discontinued positions (layoffs).		
<b>Number of employees who left their positions during the past 12 months INVOLUNTARILY (termination):</b> Do not include temporary employees, contractors, volunteers, furloughed positions or discontinued positions (layoffs).		

7. **How many full-time employees were promoted internally during the past 12 months?** \_\_\_\_\_

**8. Please check the field of service in the list below that most accurately reflects your organization's mission:**

- |  |   |
|--|---|
| <input type="checkbox"/> Animal Welfare                                      | <input type="checkbox"/> Health, Medical Clinics                |
| <input type="checkbox"/> Association Mgmt., Membership, Support Organization | <input type="checkbox"/> Housing, Shelters                      |
| <input type="checkbox"/> Child Care/Child Welfare                            | <input type="checkbox"/> Legal Services, Advocacy, Civil Rights |
| <input type="checkbox"/> Community/Economic Development                      | <input type="checkbox"/> Religious, Churches                    |
| <input type="checkbox"/> Conservation, Environment, Parks                    | <input type="checkbox"/> Substance Abuse Treatment/Prevention   |
| <input type="checkbox"/> Culture, Arts, Museums, Theater                     | <input type="checkbox"/> Youth/Recreation                       |
| <input type="checkbox"/> Education, Schools, Colleges, Research              | <input type="checkbox"/> Social Service, One Major Program      |
| <input type="checkbox"/> Employment Counseling/Workforce Programs            | <input type="checkbox"/> Social Service, Multiple Programs      |
| <input type="checkbox"/> Family Counseling/Mental Health Services            | <input type="checkbox"/> Other: _____                           |
| <input type="checkbox"/> Foundation, Philanthropy, Fundraising               |   |

**II. COMPENSATION & EMPLOYMENT PRACTICES**

<p><b>1. By what percentage, on average, do you expect salaries paid by your organization to increase during your current fiscal year? Enter 0 if you expect no increase overall. Consider existing staff only. Do not include additional payroll costs due to an increase in your workforce.</b></p>																							
<p><b>2. What method(s) describes your salary increase practices? Check all that apply. For each selected, enter the average increase over the past 12 months and the average projected increase over the next 12 months.</b></p> <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 30%; text-align: center;">Avg increase over past 12 months</th> <th style="width: 30%; text-align: center;">Avg projected increase over next 12 months</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Across-the-board increase</td> <td style="text-align: center;">_____ %</td> <td style="text-align: center;">_____ %</td> </tr> <tr> <td><input type="checkbox"/> Merit (or performance-based) increase</td> <td style="text-align: center;">_____ %</td> <td style="text-align: center;">_____ %</td> </tr> <tr> <td><input type="checkbox"/> Cost-of-living increase</td> <td style="text-align: center;">_____ %</td> <td style="text-align: center;">_____ %</td> </tr> <tr> <td><input type="checkbox"/> Length-of-service increase</td> <td style="text-align: center;">_____ %</td> <td style="text-align: center;">_____ %</td> </tr> <tr> <td><input type="checkbox"/> External labor market considerations</td> <td style="text-align: center;">_____ %</td> <td style="text-align: center;">_____ %</td> </tr> <tr> <td><input type="checkbox"/> Internal job equity considerations</td> <td style="text-align: center;">_____ %</td> <td style="text-align: center;">_____ %</td> </tr> </tbody> </table>				Avg increase over past 12 months	Avg projected increase over next 12 months	<input type="checkbox"/> Across-the-board increase	_____ %	_____ %	<input type="checkbox"/> Merit (or performance-based) increase	_____ %	_____ %	<input type="checkbox"/> Cost-of-living increase	_____ %	_____ %	<input type="checkbox"/> Length-of-service increase	_____ %	_____ %	<input type="checkbox"/> External labor market considerations	_____ %	_____ %	<input type="checkbox"/> Internal job equity considerations	_____ %	_____ %
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<input type="checkbox"/> Internal job equity considerations	_____ %	_____ %																					
<p><b>3. Does your organization offer bonuses or incentive pay to any full-time employees? Check all that apply.</b></p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> CEO/Executive Director</td> <td><input type="checkbox"/> Professional staff</td> </tr> <tr> <td><input type="checkbox"/> Management staff</td> <td><input type="checkbox"/> Support or administrative staff</td> </tr> </table> <p><b>If you have checked any of these boxes:</b>  <b>Are target percentages of salary used to determine bonuses or incentive pay for any employees?</b>  <input type="checkbox"/> Yes      <input type="checkbox"/> No</p>			<input type="checkbox"/> CEO/Executive Director	<input type="checkbox"/> Professional staff	<input type="checkbox"/> Management staff	<input type="checkbox"/> Support or administrative staff																	
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<input type="checkbox"/> Management staff	<input type="checkbox"/> Support or administrative staff																						
<p><b>4. What is your organization's full-time workweek? Please note that this question does NOT refer to the minimum workweek required for eligibility for employee benefits, but rather the standard workweek for regular full-time employees.</b></p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> 40 hours/week</td> <td><input type="checkbox"/> 35 hours/week</td> </tr> <tr> <td><input type="checkbox"/> 38 hours/week</td> <td><input type="checkbox"/> 32 hours/week</td> </tr> <tr> <td><input type="checkbox"/> 37.5 hours/week</td> <td><input type="checkbox"/> Other, please explain: _____</td> </tr> </table>			<input type="checkbox"/> 40 hours/week	<input type="checkbox"/> 35 hours/week	<input type="checkbox"/> 38 hours/week	<input type="checkbox"/> 32 hours/week	<input type="checkbox"/> 37.5 hours/week	<input type="checkbox"/> Other, please explain: _____															
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<input type="checkbox"/> 37.5 hours/week	<input type="checkbox"/> Other, please explain: _____																						
<p><b>5. Does your organization use an alternative (compressed) workweek schedule for any full-time employees?</b>  <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p><b>If Yes, please indicate which alternative schedule(s) you use. Check all that apply.</b></p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> 4/10 (weekly)</td> </tr> <tr> <td><input type="checkbox"/> 5-4/9 (biweekly)</td> </tr> <tr> <td><input type="checkbox"/> 9/80 (biweekly)</td> </tr> <tr> <td><input type="checkbox"/> Other, please explain: _____</td> </tr> </table> <p><b>Which job titles at your organization work an alternate schedule or have an option to work a compressed schedule?</b></p>			<input type="checkbox"/> 4/10 (weekly)	<input type="checkbox"/> 5-4/9 (biweekly)	<input type="checkbox"/> 9/80 (biweekly)	<input type="checkbox"/> Other, please explain: _____																	
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<input type="checkbox"/> 9/80 (biweekly)																							
<input type="checkbox"/> Other, please explain: _____																							

**6. Do you have employees who work on-call? If Yes, which of the following best describes your organization's practice?**

- Yes, pay for hours worked, including overtime
- Yes, pay flat rate for being on call
- Yes, provide compensatory time off or flex-time
- Yes, do not pay or provide time off (exempt staff only)
- Yes, pay show-up rate and hourly pay for time worked
- Yes, some other policy (or no formal policy)  
Please describe policy: \_\_\_\_\_
- No

**7. Do you have employees who work the evening or night shift?**

- Yes
- No

**If Yes, please describe policy regarding any additional compensation for evening or night shift:**

**8. Do you use salary grades and ranges?**

- Yes
- No

**If Yes: Were your salary ranges adjusted during the calendar year 2025?**

- Yes, overall percentage of adjustment \_\_\_\_\_ %
- No

**Do you expect to adjust your salary ranges during the calendar year 2026?**

- Yes, overall percentage of adjustment (projected) \_\_\_\_\_ %
- No

**9. How many months long is your introductory or probationary period?**

**If you do not have an introductory or probationary period, skip to the next group of questions.**

\_\_\_\_\_ months

Are employees eligible for paid time off benefits during the introductory or probationary period?

- Yes
- No

Are employees eligible for insurance benefits during the introductory or probationary period?

- Yes
- No

**10. Apart from after any probationary or introductory period, how does your organization handle performance management?**

- Performance reviews between employees and their managers
- Less formal "check-ins" between employees and their managers
- No policy
- Other, please describe: \_\_\_\_\_

**If you checked "Performance reviews" above, how often are employees reviewed?**

- Quarterly
- Every 6 months
- Annually
- No set schedule
- Other, please describe: \_\_\_\_\_

**If you checked "Check-ins" above, how often do they occur? Check all that apply**

- Weekly
- Monthly
- Quarterly
- Every 6 months
- Annually
- No set schedule
- Other, please describe: \_\_\_\_\_

**11. Are any of your employees covered by a union contract?**

- Yes
- No

**If Yes, which job classifications?**

**12. Do you pay a premium for jobs requiring bilingual skills?**

Yes  No

**If Yes, how much do you pay in addition to the standard salary? Please specify amount as % of salary or \$ per hour.**

**Which job classifications at your organization are subject to additional pay for bilingual skills?**

**13. Are your organization's pay practices being affected by recent or upcoming increases in the minimum wage due to California and/or local requirements?**

Yes  No

**If Yes, please indicate which statement below best describes your organization's likely response with respect to compensation adjustments due to the minimum wage increase:**

- Compensation has been/is being adjusted only for employees at the minimum wage level.
- Compensation has been/is being adjusted for some nonexempt employees whose current pay is above minimum wage.
- Compensation has been/is being adjusted for some nonexempt employees whose current pay is above minimum wage and also for some exempt employees.
- Compensation has been/is being adjusted for most or all of our organization's employees.

**14. Are any employees at your organization are provided an organization-paid cell phone, or do any receive reimbursement/stipend for cell phone-related expenses? Check all that apply.**

- Yes, organization provides cell phones to some or all employees
- Yes, organization reimburses or provides a stipend to some or all employees for cell phone-related expenses
- No

**If organization provides cell phones, approximately what percentage of regular, full-time employees receive this benefit? \_\_\_\_\_ %**

**If organization reimburses employees for their cell phone-related expenses, approximately what percentage of regular, full-time employees receive this type of benefit? \_\_\_\_\_ %**

**What is the typical or average amount that an employee receives per month from the employer for cell phone expenses? \$ \_\_\_\_\_**

**On what basis are positions identified as being eligible for cell phone benefits? Check all that apply.**

- Requiring regular work away from the office
- On-call work responsibilities (i.e. IT department)
- Other specific job responsibilities
- Level of job responsibility (i.e. executives)
- Other, please describe: \_\_\_\_\_

**15. Does your organization offer benefits that support the paying down and/or forgiveness of employees' student loan debt?**

Yes  No

**If Yes, please indicate which of these benefits you offer. Check all that apply.**

- Public Service Loan Forgiveness (PSLF)
- SECURE 2.0 Act provisions
- Federal Section 127 plan
- Other, please describe: \_\_\_\_\_

**16. Does your organization pay a per diem to employees on work-related travel?**

Yes  No

**If Yes, please enter your organization's standard per diem rate: \$ \_\_\_\_\_**

**17. Which of the following policies/practices has your organization implemented in order to encourage employee engagement and retention? Check all that apply.**

- Conduct an assessment of employee engagement
- Involve staff in strategic planning discussions
- Involve staff in programmatic planning discussions
- Employee recognition program
- Training and development opportunities for employees to develop skills and knowledge, including mentorships or coaching
- Communicate organization's board-approved compensation philosophy to employees
- Policies on how pay ranges (for positions) and pay rates (for individuals) are established are communicated to employees (pay transparency)
- Flexibility around working from home options
- Flexible work schedules
- Employee wellness programs (fitness classes, stress management, mental health resources), including wellness stipends for employees' discretionary use and specific wellness-related paid time off
- Regular review of wages and/or benefits in comparison to like organizations (e.g. using salary surveys)
- Retention bonuses
- "Stay" interviews, to understand why employees have stayed (in contrast to exit interviews)
- Other, please describe: \_\_\_\_\_

**18. Does your organization own and maintain vehicles available for staff who use them for work-related travel?**

- Yes       No

**Does your organization compensate employees for the use of their personal vehicle for work-related travel? Check all that apply.**

- Yes, we reimburse employees using a standard mileage rate
- Yes, we reimburse employees for their vehicle maintenance
- Yes, we reimburse employees for the cost of vehicle insurance
- Yes, we reimburse on some other basis: \_\_\_\_\_
- No

**19. Does your organization use artificial intelligence tools in the workplace?**

- Yes       No

**If Yes, for what purpose(s)? Please check all that apply:**

- Note taking/summarizing for meetings
- Logistics/work planning
- Event planning
- External communications/social media
- Research
- Data analysis
- Grant writing/impact reporting
- Other, please describe: \_\_\_\_\_

**Do you consider the overall impact of AI on your organization to be positive or negative?**

- Positive       Negative       Mixed       Neutral       Not sure

**Please explain why:** \_\_\_\_\_

**20. As a general rule, does your organization provide any of the following benefits to staff at any level?  
Please check for whom each benefit applies.**

	Exec. Dir/ CEO	Other Mgrs/ Executives	Other Staff
Employee Assistance Program (EAP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telecommuting (for local employees)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial planning services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reimbursement for acquiring and/or maintaining professional license or other credentials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional conferences attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional development classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low-interest or no-interest loan program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation and/or travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local mass transit subsidy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuition reimbursement toward accredited degree program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing or housing allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home computer purchase or lease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of home internet provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal liability insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional liability insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health club/gym membership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional membership dues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sabbatical (paid time off)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pet insurance at no cost or reduced cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Exec. Dir/ CEO	Other Mgrs/ Executives	
Additional vacation time	<input type="checkbox"/>	<input type="checkbox"/>	
Additional contribution to medical insurance	<input type="checkbox"/>	<input type="checkbox"/>	
Additional contribution to life insurance	<input type="checkbox"/>	<input type="checkbox"/>	
Additional contribution to disability insurance	<input type="checkbox"/>	<input type="checkbox"/>	
Additional contribution to long-term care insurance	<input type="checkbox"/>	<input type="checkbox"/>	
Additional contribution to retirement plan	<input type="checkbox"/>	<input type="checkbox"/>	

**21. If any employees are eligible for tuition reimbursement:**

What is the maximum dollar amount that an employee can be reimbursed for during one calendar year?  
\$ \_\_\_\_\_

**22. If any employees are eligible for sabbatical time off:**

What length of employment is required to qualify for a paid sabbatical? \_\_\_\_\_

What is the typical length of the sabbatical period? \_\_\_\_\_

How many employees at your organization have taken a sabbatical leave during the past year? \_\_\_\_\_

Do employees remain enrolled in the organization's employee benefits programs such as insurance and retirement while on sabbatical?

Yes       No

### III. IMPACT OF THE ECONOMIC/POLITICAL ENVIRONMENT

**1. Does your organization have any employees who work either remotely or have a hybrid work arrangement combining in-person and remote work? Check all that apply.**

- Yes, remote       Yes, hybrid       No

**If No, please skip the following parts of this question.**

**Does your organization compensate remote or hybrid employees for work expenses?**

- Yes       No

**If Yes, please check the box(es) to indicate which expenses. Check all that apply.**

- Internet service  
 Cell phone  
 Computer  
 Home office supplies  
 Home office furniture and other equipment  
 Stipend to cover work-related expenses  
 Other, please describe: \_\_\_\_\_

**Since the onset of the COVID-19 pandemic, has your organization required any remote or hybrid employees to return to exclusively in-person work?**

- Yes       No

**Do you expect to require that any remote or hybrid employees to return to exclusively in-person work during calendar year 2026?**

- Yes       No

**How are work schedules most often set for remote or hybrid employees?**

- Set predominantly by organization  
 Set by agreement between organization and employee  
 Set by predominantly by employee

**What is the geographic area your organization hires from? Check all that apply.**

- Locally (within commuting distance of your organization's service area)  
 Outside the local area  
 Outside of California

**If you have any employees that do not live locally:**

**Do you adjust pay based on geographic cost of living differences?**

- Yes       No

**2. Please indicate changes in the overall cost of your organization's insurance benefits per employee during calendar year 2025.**

- Increased       Reduced  
 Kept about the same       Not applicable, we do not provide insurance benefits

**If increased, by approximately what percentage did the cost per employee increase? \_\_\_\_\_ %**

**3. Please indicate expected/projected changes in the overall cost of your organization's insurance benefits per employee during calendar year 2026.**

- Increase       Reduce  
 Keep about the same       Not applicable, we do not provide insurance benefits

**4. Do you see turnover as a significant problem for your organization in calendar year 2026?**  
 Yes       No

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**5. How does your organization's current workforce size compare with your pre-pandemic workforce?**  
 Larger now       About the same       Smaller now  
 Not applicable: this organization was not operating before the pandemic

**If your workforce is smaller now, please indicate contributing factors. Check all that apply.**  
 Lack of funding       Difficulty filling open positions  
 Programs have changed       Other, please explain: \_\_\_\_\_

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**6. During the past three years, has your organization contracted out any work that was previously done by staff?**  
 Yes       No

**If Yes, which functions have been contracted out during this time?**  
 Financial       HR       IT       Maintenance       Other, please describe: \_\_\_\_\_

**During calendar year 2026, do you expect to contract out any work that is currently done by staff?**  
 Yes       No

**If Yes, which functions do you expect to contract out during 2026?**  
 Financial       HR       IT       Maintenance       Other, please describe: \_\_\_\_\_

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**7. Overall, does your organization plan to increase or reduce the number of full-time equivalent employees in calendar year 2026?**  
 Increase       Keep about the same       Reduce

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**8. Are there any specific job families for which you are finding it especially difficult to hire and/or retain employees? Check all that apply.**

<input type="checkbox"/> Accounting/Finance	<input type="checkbox"/> Human Resources
<input type="checkbox"/> Administrative/General Office	<input type="checkbox"/> Information Technology
<input type="checkbox"/> Communications/Marketing	<input type="checkbox"/> Maintenance/Facilities/Grounds/Drivers
<input type="checkbox"/> Development/Fundraising	<input type="checkbox"/> Program Delivery
<input type="checkbox"/> Executive	<input type="checkbox"/> Other, please describe: _____

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**9. Other than retirement, which factors below do you believe are significant reasons why employees have left your organization during the past year (voluntary turnover)? Please check all that apply.**

<input type="checkbox"/> Job with higher pay elsewhere	<input type="checkbox"/> Dissatisfaction with in-person work
<input type="checkbox"/> Job with more comprehensive benefits elsewhere	<input type="checkbox"/> Dissatisfaction with remote work
<input type="checkbox"/> Higher-level job (promotion) elsewhere	<input type="checkbox"/> Dissatisfaction with leadership/management
<input type="checkbox"/> Geographic move for affordability reasons	<input type="checkbox"/> Dissatisfaction with organizational culture
<input type="checkbox"/> Geographic move for personal/family reasons	<input type="checkbox"/> Stress/burnout
<input type="checkbox"/> Other personal/family reasons	<input type="checkbox"/> Job in the private sector
<input type="checkbox"/> Career change	<input type="checkbox"/> Job in the public sector/government
<input type="checkbox"/> Pursuing higher education	<input type="checkbox"/> Other, please describe: _____

**10. Do you consider paying employees a living wage to be a priority or strategic goal for your organization?**  
 Yes     No     We already pay all employees at or above a living wage as we have determined it

If you answered “No” above, please skip the following parts of this question.

**What data does your organization use to determine an appropriate living wage for your location(s)? Check all that apply.**

*Please note that external labor market data such as compensation surveys do not report the living wage but rather prevailing wages for specific jobs.*

- MIT Living Wage Calculator
- Economic Policy Institute’s Family Budget Calculator
- Municipal/city data
- County/regional data
- State data
- Other, please describe: \_\_\_\_\_

**How does your organization address or expect to address the budget impact involved? Check all that apply.**

- Absorb with already-existing resources
- Budget re-allocations, possibly including layoffs
- Additional fundraising
- Increasing income from programs and services
- Budget re-allocations, not including layoffs
- Other, please describe: \_\_\_\_\_

**11. Has your organization received contract/grant income from government agencies during 2025 or so far in 2026? Check all that apply:**

- Federal
- State
- Local

**If any are checked:**

**Approximately what % of your overall revenue do these contracts/grants represent?** \_\_\_\_\_ %

**Did you experience cuts in any of these contracts/grants in 2025?**     Yes     No

**If Yes, by approximately what percent?** \_\_\_\_\_ %

**Do you anticipate upcoming cuts in any of these contracts/grants in 2026?**     Yes     No

**If Yes, by approximately what percent?** \_\_\_\_\_ %

**If any cuts are reported/anticipated, please indicate what kinds of programs/services are impacted by these cuts. Check all that apply:**

- Animal Welfare
- Child Care/Child Welfare
- Community/Economic Development
- Conservation, Environment, Parks
- Counseling, Mental/Behavioral Health
- Culture, Arts
- Disability Services
- Domestic Violence/Sexual Assault Services
- Education
- Employment/Workforce Services
- Food, Hunger
- Health, Medical
- Housing, Shelters
- Legal Services, Advocacy, Civil Rights
- Older Adults Services
- Reentry Services
- Substance Abuse Treatment/Prevention
- Youth/Recreation
- Other: \_\_\_\_\_

**Did you experience increases in any of these contracts/grants in 2025?**     Yes     No

**If Yes, by approximately what percent?** \_\_\_\_\_ %

**Do you anticipate upcoming increases in any of these contracts/grants in 2026?**     Yes     No

**If Yes, by approximately what percent?** \_\_\_\_\_ %

**12. Has your organization engaged in any DEI-related work to this point?**  Yes  No  
*Answer "Yes" if you are currently engaged in DEI work or have been at a previous time.*

**If Yes, please choose the option below that best represents your organization experience with DEI work to this point:**

- Our DEI work has been in place for at least one year and is continuing without significant changes.
- Our DEI work has been in place for at least one year and is continuing without significant changes with respect to content, but is being “re-branded” by changing the ways we refer to DEI-related initiatives and/or job titles.
- The organization’s work relating to DEI is being significantly changed.
- The organization has discontinued or plans to discontinue its DEI work.
- Other, please describe: \_\_\_\_\_

**If it has been or will be discontinued, why has it been or will it be discontinued? Please check all that apply.**

- Not a priority at this time
- Lack of internal consensus among staff and/or board about how/whether to proceed
- Concern about potential negative consequences from the federal government
- Other, please describe: \_\_\_\_\_

**If No, what is your understanding of why that is? Please check all that apply.**

- DEI-related issues are essential to our organization’s entire operating strategy due to our culture, mission and programs and therefore additional or separate DEI work would be redundant.
- Not a priority at this time
- Lack of internal consensus among staff and/or board about how/whether to proceed
- Concern about potential negative consequences from the federal government
- Other, please describe: \_\_\_\_\_

**IV. PAID TIME OFF BENEFITS**

**1. With respect to paid time off for regular, full-time employees, does your organization offer separate vacation, sick and holiday time off or does your organization offer "PTO" time off that combines vacation and sick time?**

- Separate vacation, sick and holiday time off
- Unlimited vacation time, separate sick and holiday time off
- "PTO" time combining vacation and sick time
- Unlimited "PTO" time, which includes vacation and sick time, separate holiday time off
- Other, please describe: \_\_\_\_\_

**Are your organization's policies regarding vacation/PTO time the same for exempt and non-exempt staff? Please note that each of these options allows for different vacation/PTO schedules depending on employee length of service.**

- Same policies for exempt and non-exempt
- Different policies for exempt and non-exempt

If you checked "Same policies for exempt and non-exempt" above, enter the number of vacation days or PTO days given to regular, full-time employees according to their number of years of service in your organization.

If you checked "Different policies for exempt and non-exempt" above, enter the number of vacation days or PTO days given to both exempt and non-exempt regular, full-time employees according to their number of years of service in your organization.

Year of service	Vacation or PTO days per year for all regular, full-time employees	Vacation or PTO days per year for regular, full-time exempt employees	Vacation or PTO days per year for regular, full-time non-exempt employees
1st Year			
2nd Year			
3rd Year			
4th Year			
5th Year			
6th – 9th Years			
10th Year			
11th Year +			

**2. If you offer separate vacation, sick and holiday time, are part-time employees eligible for paid vacation time?**

**(Please note that under California's Healthy Workplace Healthy Family Act, part-time employees must be eligible for paid sick time, with few exceptions.)**

- Part-time employees working a sufficient number of hours per week are eligible for paid vacation time: They must work a minimum of \_\_\_\_\_ hours per week.
- All part-time employees are eligible for paid vacation time regardless of their work schedule.
- No, only full-time employees are eligible for paid vacation time.
- Not applicable; we have no part-time employees.

**3. California prohibits “use it or lose it” vacation or PTO policies, though employers can “cap” the accrual of unused vacation or PTO time.**

**What is the maximum unused vacation or PTO balance that can be accrued by regular, full-time employees?**

- |  |  |
|--|--|
| <input type="checkbox"/> 1 x employee’s annual accrual         | <input type="checkbox"/> 2.5 x employee’s annual accrual |
| <input type="checkbox"/> 1.1 – 1.4 x employee’s annual accrual | <input type="checkbox"/> 3 x employee’s annual accrual   |
| <input type="checkbox"/> 1.5 x employee’s annual accrual       | <input type="checkbox"/> No maximum (unlimited accrual)  |
| <input type="checkbox"/> 1.6 – 1.9 x employee’s annual accrual | <input type="checkbox"/> Other, please describe: _____   |
| <input type="checkbox"/> 2 x employee’s annual accrual         |  |

**4. How many holidays per year are given to regular, full-time employees?** \_\_\_\_\_

**5. How many sick days per year are given to regular, full-time employees?** \_\_\_\_\_  
 (Answer only if you do NOT have a PTO program.)

**Can earned sick days that are not taken be carried forward to the next year?**  Yes  No  
 If Yes, what is the maximum number of sick days that can be carried forward by full-time employees? \_\_\_\_

**6. How many personal days or floating holidays per year are given to regular, full-time employees? (Answer only if you do NOT have a PTO program.)**

**7. Does your organization allow employees to "donate" unused paid time off to another employee who is on medical or other extended leave?**  Yes  No

**8. Does your organization offer a paid time off purchase plan that allows employees to buy and/or sell vacation/PTO days in exchange for compensation?**  Yes.  No  
 (This is apart from an employee "cashing out" accrued vacation/PTO time at the end of employment.)

**9. Do you offer additional paid time off between the Christmas and New Year's holidays to regular, full-time employees? Answer "Yes" only if this time off is not included in the time off that you have already entered.**  
 Yes  No  
 If Yes, how many additional days off are typically given to regular, full-time employees at this time? \_\_\_\_\_

**10. Please check the box that best describes your policy about paid time off for each of the lines below: If your organization has a written policy providing for specific PAID time off, please check the box under “Specific paid time off given.”**  
**If accrued sick leave or vacation time must be used before any additional specifically provided paid time off, please check the box under “Other paid time off (i.e. sick, vacation) must be used first.”**  
**If accrued sick leave or vacation time may be used instead of or in addition to specifically provided paid time off, please check the box under “Other paid time off (i.e. sick, vacation) may be used.”**  
**For family illness and parental leave, check boxes only if the paid time off is in addition to paid time provided by California’s Paid Family Leave (PFL).**

	Specific paid time off given	Other paid time off (i.e. sick, vacation) must be used first	Other paid time off (i.e. sick, vacation) may be used
Jury service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bereavement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family illness (in addition to CA Paid Family Leave)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental leave (in addition to CA Paid Family Leave)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job-related education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**11. Does your organization pay employees who are on California’s Paid Family Leave (PFL) or Short-Term Disability Insurance (SDI) the difference between their PFL/SDI pay and their regular pay rate?**  
 Yes, for PFL  Yes, for SDI  No

## V. INSURANCE BENEFITS

### 1. Does your organization offer insurance coverage as a benefit for regular, full-time employees?

- Yes, we offer employer-sponsored group health insurance for employees and fall under the following market size::  
 Small group (100 employees or fewer)                       Large group (101+ employees)
- No, we do not offer group insurance coverage as we are not required to do so under the ACA.  
 We do offer an ACA-allowed Qualified Small Employer Health Reimbursement Arrangement (QSEHRA) to reimburse employees for premiums they pay for individual insurance policies with an average cost to the organization cost per employee per month of \$ \_\_\_\_\_.
- No, we are required to do so under the ACA but have chosen to be subject to applicable penalties instead.

**If you did not check the first box above, please skip to the Retirement Benefits section.**

### 2. Are part-time employees eligible for health insurance benefits?

- Part-time employees working a minimum of \_\_\_\_\_ hours per week receive FULL BENEFITS.
- Part-time employees working a minimum of \_\_\_\_\_ hours per week receive PRO-RATED BENEFITS depending on their work schedules.
- All part-time employees are eligible regardless of their work schedule and receive FULL BENEFITS.
- All part-time employees are eligible regardless of their work schedule and receive PRO-RATED BENEFITS depending on their work schedules.
- No, only full-time employees are eligible.
- Not applicable; we have no part-time employees.

### 3. Does your organization have a “cash in lieu of benefits” policy that applies to employees who choose to waive coverage due to having coverage through another employer-sponsored plan? (i.e. spouse or partner)?

- Yes    Enter amount of monthly payment: \$ \_\_\_\_\_                       No

### 4. What is the waiting period for new employees' health insurance benefits?

- None - covered on date of hire
- Covered on 1<sup>st</sup> of month following hire date
- Covered on 1<sup>st</sup> of month following 30 days of employment
- Covered on 1<sup>st</sup> of month following 60 days of employment
- Other, please describe: \_\_\_\_\_

### 5. Does your organization offer any of these Section 125 plans? Check all that apply. See Glossary for definitions.

- Premium only plan (allows employee contributions to health insurance premiums to be paid with tax-free dollars)

Flexible Spending Account (FSA):

- Health Care Spending Account (HCSA)                      Max annual amount employee can allocate: \$ \_\_\_\_\_
- Dependent Care Spending Account (DCSA)

### 6. Please indicate which of the options below best describes your organization’s employee insurance benefits:

- “Traditional” plan: Organization offers one or more type of insurance (medical, dental, vision, etc.), sometimes with multiple options for any type. The organization generally pays either a percentage or dollar amount of the monthly premium cost of each insurance option for employee coverage and sometimes also contributes a percentage or dollar amount toward dependent coverage.
- Flexible benefits plan: Benefits plan that allows employees to choose the benefits they want from a predetermined list. Employers provide a certain number of credits or dollars to each worker to ensure core coverage, and additional benefits may be purchased at an individual employee’s expense.

**7. Traditional Plan: Answer this group of questions if you checked “Traditional plan” above. Skip the group of questions for “Flexible benefits plan” below and continue to the “Consumer Directed Health Plans” questions.**

Answer this section only if you did NOT check the flexible benefits plan box above.

What is the average annual or monthly cost to your organization, **per enrolled full-time employee**, for insurance benefits? Include the cost for HMO/EPO/PPO/POS as well as any organization contributions to dental, vision, life, disability and/or long-term care insurance. Include the organization's share of premium costs only, leaving out any amount contributed by employees. Do not include organization’s additional contributions in the case of high-deductible health plans.

\$ \_\_\_\_\_ **PER ENROLLED FULL-TIME EMPLOYEE**       Annual       Monthly

Please enter the number of employees who participate in these insurance plan: \_\_\_\_\_ employees

For each type of insurance that your organization offers, enter:

- Average % of the premium paid by the organization for coverage of full-time employee
- Average % of the premium paid by the organization for coverage of full-time employee’s spouse/partner
- Average % of the premium paid by the organization for coverage of full-time employee’s child dependent(s)
- Co-payment for primary care doctor office visits
- Annual deductible for employee only policy (if applicable)
- Annual deductible for a family policy (if applicable)
- Coverage level (if applicable): platinum, gold, silver or bronze

If more than one plan is offered for any type (i.e. more than one HMO), answer these questions based on the plan with the highest level of employee enrollment.

**If the insurance is offered but employees pay the entire cost, enter zero (0). If the insurance is not offered, enter NA.**

	% paid by org for full-time employee	% paid by org for full-time employee’s spouse/partner	% paid by org for full-time employee’s child dependent(s)	Co-payment for primary care doctor office visit	Annual deductible for employee only policy	Annual deductible for family policy	Coverage level (platinum, gold, silver, bronze)
Medical: HMO							
Medical: EPO							
Medical: PPO							
Medical: POS							
Dental							
Vision							
Life							
Short-Term Disability (in addition to required CA SDI)							
Long-Term Disability							
Long-Term Care							
Voluntary supplemental plans paid by employee, please desc:							
Other paid by organization, please describe:							

**8. Flexible benefits plan: Answer this group of questions if you checked the box for “Flexible benefits plan” above. Then continue to the “Consumer Directed Health Plans” questions.**

Organization’s contribution **PER ENROLLED FULL-TIME EMPLOYEE** \$ \_\_\_\_\_       Annual       Monthly

Enter the number of employees participating in the plan: \_\_\_\_\_

Indicate below to which types of plans employees can allocate their flexible benefits plan dollars. Check all that apply.

- HMO (Health Maintenance Organization)
- EPO (Exclusive Provider Organization)
- PPO (Preferred Provider Organization)
- POS (Point of Service)
- Dental
- Vision
- Other, please describe: \_\_\_\_\_
- Life Insurance
- Short-Term Disability Insurance (in addition to required CA SDI)
- Long-Term Disability Insurance
- Long-Term Care Insurance
- Voluntary supplemental plan
- Retirement plan, any type

**9. Consumer-Directed Health Plans**

**Does your organization offer any high-deductible health plan (HDHP) that is compatible with a Health Savings Account (HSA)?**

- Yes       No

**For any that apply, please enter the organization's annual HSA contribution per participating single full-time employee and for family. See Glossary for definition.**

*Do not include organization's contribution toward the premium cost.*

- HMO      annual contribution for single full-time employee \$ \_\_\_\_\_ for family \$ \_\_\_\_\_  
 EPO      annual contribution for single full-time employee \$ \_\_\_\_\_ for family \$ \_\_\_\_\_  
 PPO      annual contribution for single full-time employee \$ \_\_\_\_\_ for family \$ \_\_\_\_\_  
 POS      annual contribution for single full-time employee \$ \_\_\_\_\_ for family \$ \_\_\_\_\_

**Does your organization offer a Health Reimbursement Arrangement (HRA)? See Glossary for definition.**

- Yes:      The organization's annual HRA contribution for a single full-time employee: \$ \_\_\_\_\_  
                    The organization's annual HRA contribution for a family: \$ \_\_\_\_\_  
 No

**Does your organization offer a Medical Expense Reimbursement Plan (MERP)? See Glossary for definition.**

- Yes:      The organization's annual MERP contribution for a single full-time employee: \$ \_\_\_\_\_  
                    The organization's annual MERP contribution for a family: \$ \_\_\_\_\_  
 No

**VI. RETIREMENT BENEFITS**

**1. Does your organization provide any type of retirement benefit for regular full-time employees?**

- Yes       No

**If No, please skip the rest of this section and continue with the Executive Director/CEO section.**

**2. Are part-time employees eligible for retirement benefits?**

- Part-time employees working a sufficient number of hours per week are eligible:  
                    They must work a minimum of \_\_\_\_\_ hours per week.  
 All part-time employees are eligible regardless of their work schedule.  
 No, only full-time employees are eligible.  
 Not applicable; we have no part-time employees.

**3. What is the waiting period for new employees entering into the retirement plan? Please specify days, months, etc. Enter "none" if new employees join immediately upon hire. \_\_\_\_\_**

**4. Which best describes the organization's retirement benefit for regular full-time staff? Check all that apply.**

- Tax Sheltered Annuity - 401(k), 403(b)       Defined Benefit Plan  
 Other Defined Contribution Plan       Other, please describe: \_\_\_\_\_  
 IRA, SEP-IRA, Simple IRA

**5. Follow-up questions if you checked the TSA – 401(k), 403(b) box above:**

**Have you conducted an audit of the plan during the past 12 months?**

Yes       No

**If Yes, have you considered or are you considering discontinuing your 403(b) plan based on the audit?**

Yes       No

**Please check all of the following issues that apply.**

Compliance issues       Budgetary issues       Other, please describe: \_\_\_\_\_

**6. How is the retirement plan funded? If your organization offers more than one retirement benefit, answer this question based on the type of retirement plan that involves the highest level of contribution from the organization.**

- Employee contribution only (Please skip the rest of this section.)
- Organization contribution only
- Organization contributions/employee may contribute
- If employee contributes, organization also contributes (i.e. employer match)
- Other, please describe:

**7. Follow-up questions if you checked a box indicating the possibility of an employee contribution above:**

**Do employees have the option of making Roth (after-tax) contributions to a retirement account?**

Yes       No

**8. Cost to organization of retirement benefit: If your organization offers more than one retirement benefit, please answer this question based on the type of retirement plan that involves the highest level of contribution from the organization.**

- Organization contributes percentage of employee's salary  
Enter the percentage of salary contributed by the organization for eligible full-time employees. If the percentage varies depending on whether or not an employee has contributed, enter the highest percentage of salary the organization will contribute: \_\_\_\_\_ %
- Organization contributes \$ amount for each employee  
Enter the dollar amount contributed annually by the organization for eligible full-time employees. If the dollar amount varies depending on whether or not an employee has contributed enter the largest dollar amount the organization will contribute: \$ \_\_\_\_\_
- Other, please explain:

**9. What is the period (in years) after which retirement benefits are fully vested?**

\_\_\_\_\_ years

**10. Does your organization offer a 457 plan for highly compensated employees?**

Yes       No



## VIII. COMPENSATION - INSTRUCTIONS

This chart requests specific compensation information for each employee in your organization. Use one line for **each employee**. If you have multiple employees with the same job title, please include a line for each employee, listing each individual's salary, not an average of every employee in that job position. Make extra copies of the chart as needed.

### **Column 1 Job Code**

Enter the three-digit code for the job that you are reporting (for example, Executive Director is 005).

Download a printer-friendly pdf list of survey jobs here:

<https://www.nonprofitcomp.com/pdf/FairPaySCA2026.JobList.pdf>

And a printer-friendly pdf list of survey jobs with job descriptions here:

<https://www.nonprofitcomp.com/pdf/FairPaySCA2026.JobDescriptions.pdf>

Note: These job codes are the same as those used in the 2026 survey with the addition of several new job this year, which appear in red type.

### **Column 2 Position Title**

Enter the title **your organization** uses for this job. This may be different from the job title we use for the survey.

### **Column 3 Pay Rate as of January 1, 2026**

Enter the actual pay rate for the employee as of January 1, 2026.

For full-time employees, you may enter either an annual rate or an hourly rate.

For part-time employees, please enter an **hourly** rate. If you need help calculating the hourly rate, please email us at [survey@nonprofitcomp.com](mailto:survey@nonprofitcomp.com) and we will help.

### **Column 4 Eligible for Bonus or Incentive Pay**

If the employee in this position is **eligible for** incentive or bonus pay in addition to the regular base pay, enter "Y" (regardless of whether the employee actually received bonus or incentive pay). Do not include sign-on or retention bonuses. If the employee is not eligible, enter "N."

### **Column 5 Bonus or Incentive Pay Paid During Past Twelve Months**

Complete this column only if the employee was eligible for incentive or bonus pay. If the employee was paid any type of bonus or incentive pay during the past twelve months, enter that amount here. Otherwise enter a zero.

### **Column 6 Number of Full-Time Equivalent Employees Managed (Direct and Indirect)**

Enter the number of employees supervised by this position, **directly and indirectly**. For example, for the Executive Director position, list the total number of full-time equivalent employees of the organization. Do **not** include contractors or volunteers supervised by this employee.

### **Column 7 County Location of Job if Different from Organization's Main Location**

Use this column only if the job is located in a county other than the main administrative location of your organization. *Do not enter anything for employees who are working remotely unless the organization has operations in a location other than the organization's headquarters.*

