

# 2006 IHRSA Compensation and Benefits Survey

**DEADLINE FOR SUBMITTING FORM: JULY 31, 2006**

Please note that the identity of, and information provided by, all participants will be **protected and held strictly confidential** under the administration of Industry Insights, Inc. of Columbus, Ohio. No one other than select Industry Insights staff will have access to the data you submit. This survey takes approximately 1.5 hours to complete.

**All the answers represented in this survey must relate exclusively to the facility or company identified. If the club is part of a chain or multi-managed group of facilities, the corporate office may complete one survey for the company as a whole.** If you have any questions about the survey or require an additional questionnaire, contact IHRSA at **800-228-4772**.

## General Instructions

- **Refer to enclosed job descriptions** when completing the compensation section.
- **Round Numbers**—Show dollar figures without cents.
- **Fill in all spaces** in one of the following ways if possible:
  - Fill in the data if you have it.
  - If data is **unavailable**, indicate **"UA"**.
  - If it **does not apply** to your firm, indicate **"DNA"**.

**Make a copy of your completed questionnaire**, then send your form to Industry Insights in the enclosed business reply envelope or FAX it (614/802-2309) **no later than JULY 31, 2006**.

*In order to receive credit for participating in the 2006 Compensation and Benefits Survey, please complete the following identification section. Industry Insights will then notify IHRSA upon receipt of your completed survey. Only those clubs that complete a substantial portion of the survey will receive credit for their participation.*

IHRSA Membership Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Club Name: \_\_\_\_\_

Club Address: \_\_\_\_\_ Suite/floor: \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/postal code: \_\_\_\_\_

Club Phone: (\_\_\_\_\_) \_\_\_\_\_ Club Fax: (\_\_\_\_\_) \_\_\_\_\_

Contact Email: \_\_\_\_\_

*(Email will be kept secure and confidential and will only be used to send you IHRSA updates related to the survey results.)*

**Prior to mailing your completed form to Industry Insights, Inc., please make a copy of your form for your files.**

### Return survey to:

Industry Insights, Inc.  
355 E. Campus View Blvd., Suite 180  
Columbus, OH 43235  
**614-802-2309 FAX**

**Job Descriptions Request**—IHRSA is requesting that clubs fax or email copies of their job descriptions for IHRSA's files. IHRSA is always interested in keeping up-to-date with club operations and tracking the responsibilities of club staff. In addition, these job descriptions would be shared with other IHRSA members only. No personal information (e.g., club name, contact name, number, etc.) would be included on the job descriptions when shared with other members. Thank you for assisting IHRSA in this effort. Please forward job descriptions to Katie Rollauer, e-mail: [khr@ihrsa.org](mailto:khr@ihrsa.org); fax: 617-951-0056.

## Company Profile

<b>1. This survey represents:</b>	<input type="checkbox"/> 1-1 Individual Facility Identified	<input type="checkbox"/> 2 Multi-Club Operation/Chain
<b>2. Total number of full-time employees at corporate headquarters only:</b>	#	2
<b>3. Total number of full-time employees at club-level only:</b>	#	3
<b>4. Number of contract employees:</b>	#	413
<b>5. Total number of clubs managed or owned by your company:</b>	#	4
<b>6. Total annual company sales for the most recently completed fiscal year:</b>	\$	5
<b>7. Your company is operated as a . . . (Check only one):</b>	<input type="checkbox"/> 6-1 Sole Proprietorship <input type="checkbox"/> 2 Partnership <input type="checkbox"/> 3 "C" Corp <input type="checkbox"/> 4 "S" Corp <input type="checkbox"/> 5 LLC <input type="checkbox"/> 6 LLP <input type="checkbox"/> 7 Other _____	
<b>8. Average annual salaried employee turnover rate (expressed as a percentage):</b>		451
<i>Number of terminated/previous salaried employees for the year divided by the average number of salaried employees for the year.</i>		%
<b>9. Average annual hourly employee turnover rate (expressed as a percentage):</b>		452
<i>Number of terminated/previous hourly employees for the year divided by the average number of hourly employees for the year.</i>		%

## Compensation Information

Please report number of employees and compensation information for **full-time equivalent\*** employees (unless otherwise instructed). Base salaries should be reported as of June 1, 2006. Bonus commission and other taxable income should be based on the 12-month period ending with December 31, 2005. Place employees in the position that describes responsibilities similar to those that occupy most of their time. **Do not include company paid employment taxes or fringe benefits in the amounts reported below. Report all compensation figures in U.S. or Canadian dollars.**

**Monetary figures in this survey are reported in . . .**     7-1 U.S. Dollars     2 Canadian Dollars

### OWNERSHIP GROUP

<b>1. Total number of people that comprise the ownership group</b>	#	8
<b>2. Ownership group's total base salary</b>	\$	9
<b>3. Ownership group's total bonus/commission/other taxable income</b>	\$	10
<b>4. Total company cost of employee compensation and benefits for the most recently completed fiscal year:</b>	\$	11
<b>5. Total company cost of professional development for staff/employees for the most recently completed fiscal year:</b>	\$	12
<b>6. Total company cost of tuition reimbursement for staff/employees for the most recently completed fiscal year:</b>	\$	13

### SENIOR MANAGEMENT/CORPORATE STAFF (Head office/corporate staff; does not include on-site club positions)

Job Title	Number of Full-Time Equivalent Employees*	Average Base Salary Per Person	Average Bonus/Commission/Other Taxable Income Per Person	Average Length of Employment (Years)	Minimum Level of Education Required
CEO	14	\$ 15	\$ 16	17	1 2 3 4 5 18
Chief Operating Officer	19	\$ 20	\$ 21	22	1 2 3 4 5 23
Chief Financial Officer	24	\$ 25	\$ 26	27	1 2 3 4 5 28
Regional Club Manager	29	\$ 30	\$ 31	32	1 2 3 4 5 33
Sales & Marketing	34	\$ 35	\$ 36	37	1 2 3 4 5 38
Information Systems	39	\$ 40	\$ 41	42	1 2 3 4 5 43
Human Resources	44	\$ 45	\$ 46	47	1 2 3 4 5 48
Fitness	49	\$ 50	\$ 51	52	1 2 3 4 5 53
Corporate Counsel	54	\$ 55	\$ 56	57	1 2 3 4 5 58
Legal Affairs	59	\$ 60	\$ 61	62	1 2 3 4 5 63
Development	64	\$ 65	\$ 66	67	1 2 3 4 5 68
Accounting	69	\$ 70	\$ 71	72	1 2 3 4 5 73

\* One full-time equivalent (FTE) equals one individual who works 40 hours per week, two individuals who each work 20 hours per week, etc.

<b>SALARIED CLUB-LEVEL EMPLOYEES (staff working on-site or on location at club)</b>	<b># of Full-Time Equivalent Employees*</b>	<b>Actual # of Employees</b>	<b>Average Base Salary Per Person</b>	<b>Average Bonus/Commission/Other Taxable Income Per Person</b>	<b>Average Length of Employment (Years)</b>	<b>Minimum Level of Education Required</b> 1 = High School 2 = Associate Degree 3 = Bachelor Degree 4 = Master's Degree 5 = Ph.D. 6 = Other (specify)							
General Manager	74	375	\$ 75	\$ 76	77	1	2	3	4	5	6	_____	78
Sales/Marketing Director	79	376	\$ 80	\$ 81	82	1	2	3	4	5	6	_____	83
Sales Representative	84	377	\$ 85	\$ 86	87	1	2	3	4	5	6	_____	88
Fitness Director	89	378	\$ 90	\$ 91	92	1	2	3	4	5	6	_____	93
Group/Exercise/Aerobics Director	94	379	\$ 95	\$ 96	97	1	2	3	4	5	6	_____	98
Personal Training Director	124	385	\$ 125	\$ 126	127	1	2	3	4	5	6	_____	128
Tennis Director	99	380	\$ 100	\$ 101	102	1	2	3	4	5	6	_____	103
Assistant General Manager	104	381	\$ 105	\$ 106	107	1	2	3	4	5	6	_____	108
Manager on Duty (Shift Dir.)	109	382	\$ 110	\$ 111	112	1	2	3	4	5	6	_____	113
Athletics or Prg. Manager	114	383	\$ 115	\$ 116	117	1	2	3	4	5	6	_____	118
Controller or Business Mgr.	119	384	\$ 120	\$ 121	122	1	2	3	4	5	6	_____	123
Office Manager	129	386	\$ 130	\$ 131	132	1	2	3	4	5	6	_____	133
Front-Desk Manager	134	387	\$ 135	\$ 136	137	1	2	3	4	5	6	_____	138
Aquatics	139	388	\$ 140	\$ 141	142	1	2	3	4	5	6	_____	143
Children's Programs Manager	149	390	\$ 150	\$ 151	152	1	2	3	4	5	6	_____	153
Maintenance Manager	159	392	\$ 160	\$ 161	162	1	2	3	4	5	6	_____	163
Housekeeping Manager	164	393	\$ 165	\$ 166	167	1	2	3	4	5	6	_____	168
Childcare Manager	169	394	\$ 170	\$ 171	172	1	2	3	4	5	6	_____	173
Spa Director	414	415	\$ 416	\$ 417	418	1	2	3	4	5	6	_____	419
Nutrition/Wellness Director	420	421	\$ 422	\$ 423	424	1	2	3	4	5	6	_____	425
Information Systems Director	426	427	\$ 428	\$ 429	430	1	2	3	4	5	6	_____	431
Member Service Director	432	433	\$ 434	\$ 435	436	1	2	3	4	5	6	_____	437
<b>HOURLY CLUB-LEVEL EMPLOYEES (staff working on-site or on location at club)</b>	<b># of Full-Time Equivalent Employees*</b>	<b>Actual # of Employees</b>	<b>Average Hourly Rate for Full-Time</b>	<b>Average Hourly Rate for Part-Time</b>	<b>Minimum Level of Certification Required</b> 1 = Bachelor's Degree in Physical Fitness or related field 2 = ACSM 3 = ACE 4 = AFAA 5 = Other (specify)								
Aquatics Instructor	174	395	\$ 175	\$ 176	1	2	3	4	5	_____	177		
Personal Trainer	178	396	\$ 179	\$ 180	1	2	3	4	5	_____	181		
Fitness Center Personnel/Instructor	182	397	\$ 183	\$ 184	1	2	3	4	5	_____	185		
Tennis Instructor	186	398	\$ 187	\$ 188	1	2	3	4	5	_____	189		
Racquetball Instructor	190	399	\$ 191	\$ 192	1	2	3	4	5	_____	193		
Group Exercise/Aerobics Instructor	194	400	\$ 195	\$ 196	1	2	3	4	5	_____	197		
Pilates Instructor	198	401	\$ 199	\$ 200	1	2	3	4	5	_____	201		
Yoga Instructor	202	402	\$ 203	\$ 204	1	2	3	4	5	_____	205		
Martial Arts Instructor	206	403	\$ 207	\$ 208	1	2	3	4	5	_____	209		
Group Cycling Instructor	210	404	\$ 211	\$ 212	1	2	3	4	5	_____	213		
Front-Desk Personnel	214	405	\$ 215	\$ 216									
Bookkeeper	217	406	\$ 218	\$ 219									
Office Staff (Admin or Clerical)	220	407	\$ 221	\$ 222									
Maintenance	223	408	\$ 224	\$ 225									
Housekeeping	154	391	\$ 155	\$ 156									
Childcare Staff	226	409	\$ 227	\$ 228									
Food & Beverage Staff	229	410	\$ 230	\$ 231									
Pro-Shop Staff	232	411	\$ 233	\$ 234									
Summer Camp Staff	235	412	\$ 236	\$ 237									

\* One full-time equivalent (FTE) equals one individual who works 40 hours per week, two individuals who each work 20 hours per week, etc.

**SALES STAFF**

**1. What is the basis of commission for your Sales Staff?**

- 238-1  Percent of revenues generated; what is the percentage? \_\_\_\_\_% 239
- 2  Set fee or commission per account/membership sold? What is the amount \$ \_\_\_\_\_ 240
- 3  Percent of (specify) \_\_\_\_\_; what is the percentage? \_\_\_\_\_% 241

**2. Does your company set a quota that must be surpassed before commissions are earned for Sales Staff?** 242  Yes  No

**PERSONAL TRAINING INSTRUCTOR**

**3. What is the basis of commission for your Personal Training Instructor?**

- 243-1  Percent of revenues generated; what is the percentage? \_\_\_\_\_% 244
- 2  Set fee per session? What is the fee \$ \_\_\_\_\_ 245
- 3  Percent of (specify) \_\_\_\_\_; what is the percentage? \_\_\_\_\_% 246

**4. Does your company set a quota that must be surpassed before commissions are earned for Personal Training Instructors?**

- 247  Yes  No

**RACQUET SPORTS INSTRUCTOR**

**5. Type of racquet sport:**

- 248-1  Tennis
- 2  Racquetball
- 3  Squash

**6. What is the basis of commission for your Racquet Sports Instructor?**

- 249-1  Percent of revenues generated; what is the percentage? \_\_\_\_\_% 250
- 2  Set fee per lesson? What is the fee \$ \_\_\_\_\_ 251
- 3  Percent of (specify) \_\_\_\_\_; what is the percentage? \_\_\_\_\_% 252

**7. Does your company set a quota that must be surpassed before commissions are earned for Racquet Sports Instructors?**

- 253  Yes  No

**Bonus Plan**

**1a. Does your company offer a bonus plan?** 438  Yes  No

**1b. If "yes," what staff are included? (Check all that apply)**

- 439  Executive
- 440  Club Management
- 441  Sales Staff
- 442  Club Staff
- 443  All Staff

**1c. If "yes," what factors are considered? (Check all that apply)**

- 444  Meeting performance goals
- 446  Overall company/club performance
- 445  Positive member comments
- 447  Other \_\_\_\_\_

**1d. If "yes," what amount is the typical bonus annually?**

- 448-1  \$250 or less
- 2  \$251 to \$500
- 3  \$501 to \$1,000
- 4  Over \$1,000

**Employee Benefits Offered**

	Salaried Employees			Hourly Employees		
	Is Fully Paid By Company	Is Partially Paid By Company	Is Not Provided	Is Fully Paid By Company	Is Partially Paid By Company	Is Not Provided
Medical (Hospital & Surgical)--Employee	254 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	277 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical--Dependents	255 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	278 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major Medical--Employee	256 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	279 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major Medical--Dependents	257 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	280 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance--Employee	258 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	281 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance--Dependents	259 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	282 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Insurance--Employee	260 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	283 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Insurance--Dependents	261 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	284 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optical/Vision--Employee	262 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	285 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optical/Vision--Dependents	263 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	286 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short Term Disability Insurance	264 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	287 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Disability Insurance	265 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	288 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Salaried Employees			Hourly Employees		
	Is Fully Paid By Company	Is Partially Paid By Company	Is Not Provided	Is Fully Paid By Company	Is Partially Paid By Company	Is Not Provided
Maternity Leave	266 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	289 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational Assistance	267 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	290 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Assistance Program	268 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	291 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Discounts	269 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	292 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care Assistance	270 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	293 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Partner Insurance Coverage	272 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	295 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care Insurance	273 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	296 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 125 Plan	274 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	297 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Health Insurance Practices

**1. If your company provides a healthcare plan, please indicate what type(s). (Check all that apply)**

- 300  Traditional Indemnity (e.g., Blue Cross type)     
 302  PPO     
 304  Self Insured  
 301  HMO     
 303  Point of Services (POS)     
 305  Other \_\_\_\_\_

**2. Total healthcare costs as a percent of total compensation:** \_\_\_\_\_ % <sup>306</sup>

**3. Your company's expected percentage increase for healthcare costs in 2006 over 2005:** \_\_\_\_\_ % <sup>307</sup>

**4. Please indicate the percentage of the healthcare premiums that are paid by the company versus employee:**

	Employee Coverage Only	Family Coverage
Company pays	_____ % <sup>308</sup>	_____ % <sup>310</sup>
Employee pays	_____ % <sup>309</sup>	_____ % <sup>311</sup>
Total	100%	100%

## Retirement Plans

**1a. Does your company offer a retirement plan?** <sup>312</sup>  Yes  No

**1b. If "yes," what types: (Check all that apply)**

- 313  Defined Benefit Plan     
 315  Profit-sharing plan     
 317  SIMPLE 401(k)  
 314  401(k) plan     
 316  SEP IRA     
 318  Other \_\_\_\_\_

### 401(k) Plans

**2a. Does your company match employee contributions?** <sup>319</sup>  Yes  No

**2b. If "yes," what are the terms for matching? (Check only one)**

- <sup>320-1</sup>  100% match, maximum % of employee pay matched (e.g., 100% match up to 3% of pay) \_\_\_\_\_ % <sup>321</sup>  
 50% match, maximum % of employee pay matched (e.g., 50% match up to 3% of pay) \_\_\_\_\_ % <sup>322</sup>  
 Other matching terms \_\_\_\_\_

## Vacations and Holidays

**1. Number of Days of Paid Vacation Per Year (Indicate "0" if none-do not leave blank)**

	Salaried Employees		Hourly Employees	
	Days	Days	Days	Days
Less than 1 year on Job	323	Days	329	Days
1 Year	324	Days	330	Days
2-5 Years	325	Days	331	Days
6-10 Years	326	Days	332	Days
Over 10 Years	327	Days	333	Days
Number of Paid Holidays Per Year	328	Days	334	Days

**2a. Can unused vacation carry over to the next year?** <sup>335</sup>  Yes  No

**2b. If "yes," how many days?** \_\_\_\_\_ <sup>336</sup>

**3. Do employees receive compensation for unused vacation days?** <sup>337</sup>  Yes  No

## Sick and Other Leave

1. Number of Days of Paid Sick Leave Per Year (Indicate "0" if none-do not leave blank)	Salaried Employees		Hourly Employees	
		Days		Days
Less than 1 year on Job	338	Days	343	Days
1 Year	339	Days	344	Days
2-5 Years	340	Days	345	Days
6-10 Years	341	Days	346	Days
Over 10 Years	342	Days	347	Days

2. If provided for "All" or "Some" employees, is there a formal written policy? 348  Yes  No

3. Check here if your company has no limit on the number of paid sick days allowed per year. 349

4. Can sick days accrue and carry over to the next year? 350  Yes  No

5. Do employees receive compensation for unused sick days? 351  Yes  No

6. Does your company use a time paid off program (combining vacation and sick leave)? 352  Yes  No

7. Does your company provide personal days? 353  Yes  No

8. Is bereavement leave paid for? 354  Yes  No

If "yes," how many days? Immediate family \_\_\_\_\_ 355 Other family \_\_\_\_\_ 356

## Job Trends

1a. Has your club created any new positions within the past two years? 449  Yes  No

1b. If "yes," what position(s)? \_\_\_\_\_

2a. Are there any new club positions that your club plans to add in the next year? 450  Yes  No

2b. If "yes," what position(s)? \_\_\_\_\_