

2025 Golf Industry Compensation and Benefits Study “Golf Facility” Survey

Three Ways to Reply:

<p>1. Complete Online ngcoa.org/compensation</p>	<p>2. Scan and Email Scan and send electronic file to Jodi Reilly at jreilly@ngf.org</p>	<p>3. Complete Excel File Go to ngcoa.org/compensation to download an Excel file that can be used to report on multiple facilities.</p>
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If you have questions regarding this survey form, please contact Jodi Reilly at National Golf Foundation, 561-354-1640 or jreilly@ngf.org.

Contact Information

Facility Name:		
City:	State:	Zip:
Contact:	Title:	
Phone:	Email:	

Facility Profile Information

- Number of golf holes at facility:**
 9 holes 18 holes 27 holes 36 holes More than 36 holes _____ Other _____
- Facility type:**

<input type="checkbox"/> Public, daily fee	<input type="checkbox"/> Resort
<input type="checkbox"/> Semi-private – some public access	<input type="checkbox"/> Municipal/military (owned by a municipality, but operated by management co.)
<input type="checkbox"/> Private, member owned	<input type="checkbox"/> Municipal/military (self-managed)
<input type="checkbox"/> Private, investor-owned	
- Gross revenue of facility:**
 <\$1 million \$1-\$2 million \$2-\$3.5 million \$3-\$5 million \$5-\$7.5 million >\$7.5 million
- GOLF ONLY gross revenue of facility:**
 <\$1 million \$1-\$2 million \$2-\$3.5 million \$3-\$5 million \$5-\$7.5 million >\$7.5 million
- Number of employees at facility:**
 _____ Full-time year around _____ Part-time year around _____ Full-time Seasonal _____ Part-time Seasonal
- Is this facility owned or managed by a Multi-Course Operator?** Yes No
 If yes, who: _____
 (Please make sure to have them complete the Corporate/Headquarters Compensation and Benefits Survey).

Compensation Information

Please report number of employees and compensation information for **FULL-TIME EQUIVALENT** employees based on rates in effect January 1, 2025. Commission and bonus figures should be based on the 12 month period ending December 31, 2024, or your most recently completed fiscal year. All figures should be reported on an annual basis. If a particular employee is hourly, please convert their hourly rate to an annual salary by multiplying hourly rate x 2000. If more than one employee exists for a particular job title, please report average figures. **REPORT ALL FIGURES IN U.S. DOLLARS.**

If an employee handles multiple functions, please report their compensation under the position that matches their job title. For example, a general manager, who also has sales responsibilities at a course with no separate sales manager, should answer only for the general manager position and not additionally for the sales manager position.

Facility Level Compensation				
	Number of Employees	Average Base Salary Per Person	Average Annual Bonus Per Person	Average Annual Commission Per Person
Administrative				
Chief Staff Executive/General Manager		\$	\$	\$
Assistant General Manager/Clubhouse Manager		\$	\$	\$
Human Resources Director		\$	\$	\$
Accounting Manager/Controller		\$	\$	\$
Maintenance and Agronomics				
Lead Agronomic Manager (over more than one course)		\$	\$	\$
Superintendent (over one course)		\$	\$	\$
Assistant Superintendent		\$	\$	\$
Head Mechanic/ Equipment Manager		\$	\$	\$
Spray Technician		\$	\$	\$
Irrigation Technician		\$	\$	\$
Clubhouse and Grounds Maintenance Supervisor		\$	\$	\$
Game Administration				
Director of Golf		\$	\$	\$
Head Professional		\$	\$	\$
Assistant Professional		\$	\$	\$
Golf Shop Manager (if other than Assistant/Pro)		\$	\$	\$
Golf Shop Salesperson (if other than Assistant/Pro)		\$	\$	\$
Head Golf Instructor		\$	\$	\$
Director of Tennis		\$	\$	\$
Head Tennis Professional		\$	\$	\$
Head Tennis Instructor		\$	\$	\$
Athletic Director		\$	\$	\$
Sales and Marketing				
Sales and Marketing Manager		\$	\$	\$
Membership Director		\$	\$	\$
Communications Manager		\$	\$	\$
Food and Beverage				
Lead Food and Beverage Manager		\$	\$	\$
Assistant Food and Beverage Manager		\$	\$	\$
Head Chef		\$	\$	\$
Cook		\$	\$	\$
Catering Manager		\$	\$	\$

Other Compensation Information

1. **Do you have independent contractors for the following instructors?**
 Golf: Yes No Tennis: Yes No Fitness: Yes No
2. **If “yes,” what percentage of the lesson fees are paid to the instructor?**
 Golf: _____% Tennis: _____% Fitness: _____%
3. **Who owns the pro shop?** Golf: Company/Facility Pro Tennis: Company/Facility Pro
4. **Has this changed in the past 3 years?** Golf: Yes No Tennis: Yes No

Employee Health Benefits/Policies

1. **Does your company provide the same employee benefits/policies for each facility owned or managed?** Yes No
 IF “YES,” COMPLETE THE REMAINDER OF THE SURVEY ONLY ONCE. IF “NO,” PLEASE FILL OUT FOR EACH FACILITY

- 2a. **Does your facility offer employees a Paid-Time-Off (PTO) policy in lieu of separate leave policies?**
 Yes No (Go to Question 3)

- 2b. **If “yes”, how many days are provided per year?**

	Salaried Employees	Hourly Employees
Less than 1 year on the job	_____ days	_____ days
1 year	_____ days	_____ days
2 to 5 years	_____ days	_____ days
6 to 10 years	_____ days	_____ days
Over 10 years	_____ days	_____ days

3. **Number of paid vacation days per year (indicate “0” if none—or skip question if PTO plan is provided):**

	Salaried Employees	Hourly Employees
Less than 1 year on the job	_____ days	_____ days
1 year	_____ days	_____ days
2 to 5 years	_____ days	_____ days
6 to 10 years	_____ days	_____ days
Over 10 years	_____ days	_____ days

4. **Does your facility provide health insurance for employees?** Yes No

If health insurance is provided, what type(s) of plans do you offer? Check all that apply.

Traditional Indemnity (i.e., Blue Cross) HMO 16 PPO POS High deductible/HAS Other _____

5. **What percentage of the health insurance premiums are paid by:**

	Facility Level	
	Individual Coverage	Family Coverage
Employer	_____ %	_____ %
Employee	_____ %	_____ %
Total	100%	100%
6. What are the deductible amounts?	\$ _____	\$ _____

7. What percent of your facility's operating budget is devoted to employee health insurance expenses? _____%
8. In addition to major medical, which of the following coverages does your facility offer? Check all that apply.
- Dental Mental health Employee Assistance Plan (EAP) Long-term disability
- Prescription drug Wellness Short-term disability Life insurance
- Vision
- 9a. What did the company/facility pay in health insurance premiums for all staff during the most recent fiscal year?
\$ _____
- 9b. How many employees are covered with respect to the health insurance premiums listed above? _____
- 9c. What percentage increase in health insurance premiums did your company/facility most recently experience? _____%

Retirement Benefits

1. Do you offer a retirement plan to employees? Yes No
2. If "yes," what type of plan(s)? Check all that apply.
- Defined Benefit Plan (Pension) ESOP Profit Sharing
- 401(k) Simple IRA Other _____
- SEP IRA 401(k)
3. When are eligible employees vested in this plan (other than the safe harbor portion of the plan, if any)?
- Immediate Cliff vesting, 100% after _____ years Graduated vesting, 100% after _____ years

DEFINED BENEFIT (PENSION) ONLY

4. What is the basis for your defined benefit plan? Check only one.
- Final average compensation Career average compensation Life cycle plan Cash balance
- Other _____
- 5a. Is your company's defined benefit plan under-funded? Yes No
- 5b. If "yes," what percentage is the plan under-funded? _____%

DEFINED CONTRIBUTION AND/OR 401(K) PLANS ONLY

6. Are employees auto-enrolled into your defined contribution and/or 401(K) plan? Yes No
7. What is the maximum company/facility contribution as a percentage of base salary? _____%
8. What is the maximum employee contribution as a percentage of base salary? _____%
9. Does your company/facility match employee contributions? Yes No
10. If "yes," what are the matching terms? _____% match, up to a maximum of _____ (% of salary or dollar amount)

OTHER PLANS

- 11a. Do you allow employee participation in retirement and rebate plans offered by industry suppliers (i.e., Golf Retirement Plus)? Yes No
- 11b. If "yes," do you review and track this participation? Yes No

Other Benefits

1. **Chief Staff Executive/General Manager Benefits (Check all that apply)**
- | | |
|--|---|
| <input type="checkbox"/> Commissions | <input type="checkbox"/> Financial planning services |
| <input type="checkbox"/> Bonus | <input type="checkbox"/> Low/no interest loan program |
| <input type="checkbox"/> Profit Sharing | <input type="checkbox"/> Cellular phone allowance |
| <input type="checkbox"/> Reimbursement for acquiring/maintaining prof. credentials | <input type="checkbox"/> Dining allowance |
| <input type="checkbox"/> Relocation expenses | <input type="checkbox"/> Vehicle allowance \$_____ monthly amount |
2. **Other Employee Benefits (Check all that apply)**
- Section 125 cafeteria plan (pre-tax flexible spending accounts)
- Section 132 qualified transportation plan (pre-tax transit, parking reimbursement)
- Section 127 tuition reimbursement plan
- 3a. **Does your facility offer a vehicle allowance to some staff?** Yes No
- 3b. **If a vehicle allowance is offered, what is the monthly amount?** \$_____
4. **Does your facility offer a dining allowance to some staff?** Yes No
- 5a. **Does your facility pay respective professional association dues on behalf of staff members?** Yes No
- 5b. **If "yes," please indicate for which association the company is paying dues. Check all that apply.**
- | | | | |
|-------------------------------|--------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> PGA | <input type="checkbox"/> GCSAA | <input type="checkbox"/> LPGA | <input type="checkbox"/> AGM |
| <input type="checkbox"/> CMAA | <input type="checkbox"/> HFTP | <input type="checkbox"/> USPTA | <input type="checkbox"/> Other _____ |
6. **Does your facility offer or fund continuing education or professional development outside of what is offered via the industry association memberships your employees hold?** Yes No

While We Have You...

1. **Does your facility participate in the Department of Labor non-immigrant H-2B program?** Yes No
- 1b. **If "yes", how many H-2B visa employees do you have per year?** _____
2. **What changes is your facility making because of minimum wage increases?**
- Reducing staff
- No change – absorbing cost, total expense increase
- Cutting expenses in other areas to accommodate the wage increase
- Raising prices – passing the increase on to the customer
- Other _____
3. **How does your facility determine pay increases for staff? Check all that apply.**
- | | |
|---|---|
| <input type="checkbox"/> Guidance from NGCOA Compensation Study | <input type="checkbox"/> Certification or skill acquisition bonuses |
| <input type="checkbox"/> Cost-of-living adjustments (COLA) based on inflation | <input type="checkbox"/> Facility performance bonuses |
| <input type="checkbox"/> Merit-based increases from performance evaluations | <input type="checkbox"/> Retention bonuses to reduce turnover |
| <input type="checkbox"/> Adjustments based on local pay scales | <input type="checkbox"/> Promotions to higher positions |
| <input type="checkbox"/> Pre-determined pay scales | <input type="checkbox"/> No formal system for determining raises |
| <input type="checkbox"/> Experience-based increases (seniority) | <input type="checkbox"/> Other _____ |

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Thank you for participating!