

Your data will be treated confidentially by the Profit Planning Group.

No one from FPDA or its staff will have access to individual company data. In reports, participant data will be aggregated in a way that prevents identification of any individual company. Survey forms are destroyed after processing.

**Please fax your completed survey to 303.444.9245 or mail to
Profit Planning Group, 1790 38th Street, Suite 204, Boulder, CO 80301**

NOTE! A spreadsheet version of this questionnaire is available at www.profitplanninggroup.com/surveys.

- Report data for the **most recently completed fiscal year**. **12 months of data are required** but may be unaudited.
- **You may submit your balance sheet and income statement** instead of answering those questions.
- **It is better to estimate than to leave a blank.**
- **Send questions to surveys@profitplanninggroup.com or call 303.444.6212.**
- Your **FREE** confidential **Profit Improvement Profile (PIP)** with an action plan for improving performance and access to **Profit Toolkit Online** will be sent only to the following individual.

Name (only one) _____

Title _____

Company Name _____

Mailing Address _____

City, State, ZIP Code _____

Telephone (_____) _____ Fax (_____) _____

Email Address (only one) _____

GET YOUR REPORT TWO WEEKS EARLIER BY EMAIL

☐ **Yes, send my report in an Adobe® Acrobat® PDF file to the email address above**

Be sure to provide your email address above and add mail@profitplanninggroup.com to your address book and/or to your spam filter's white list.

- Full-time Equivalent Employees by Function** (convert part-time employees to FTE based on a 40-hour work week) **FTEs**

Executives (senior management team, owners)	_____
Outside Sales (including sales manager & sales support)	_____
Inside Sales/Counter Sales	_____
Purchasing/Inventory Control	_____
Engineering & Estimation	_____
Assembly/Service & Repair	_____
Warehouse & Delivery	_____
Other (any employees not listed above)	_____
Total Number of Employees (all employees, including executives)	_____
- Number of stocking locations
- Product Sales**

Power Transmission	_____ %
Hydraulic Components	_____
Pneumatic Components	_____
Tube, Pipe, Quick Connect Fittings	_____
Hose & Hose Fittings	_____
In-house Fabrication (power units)	_____
Service & Repair	_____
Electrical & Electronic Products	_____
All Other Products	_____
Total Sales	100%

4. **Sales by Type of Sale** (exclude agency commissions)
- Stocked items (any items that are received at your dock before delivery to customers) %
- Warehouse assembly.....
- Drop shipments to customer (supplier direct to customer)
- Total Sales** **100%**
5. **Customer Sales**
- User/Consumer %
- OEM
- Jobber/Resaler
- Other
- Total Sales** **100%**
6. What percentage of your sales comes from fee-for-service? %
7. What percentage of your sales are cash, credit card or C.O.D.? (enter zero if you have no cash sales) %
8. What percentage of your sales comes from internet (i.e. "shopping cart") orders? %
9. Number of active customers (purchase at least \$1,000 per year) #
10. Number of stockkeeping units (SKUs or inventory line items) carried #
11. Average number of invoices per month #
12. Average number of lines per invoice (estimate if necessary) #
13. Average number of **merchandise return credit memos** per month (estimate if necessary)..... #
14. Average number of shipments received per month #
15. Number of trade vendors #
16. Net Sales for the fiscal year **prior** to the one being reported (to calculate sales growth)..... \$
17. Was the firm on LIFO for the year being reported? ☐ Yes ☐ No
- If yes**, what was the annual **change** (+/-) in LIFO reserves for the year? \$
- If yes**, what was the total **ending** LIFO reserve? \$
18. When does your fiscal year end?.....



Here you have two options:

1. Complete the balance sheet and income statement on this survey.

OR

2. Attach the latest detailed full-year balance sheet and income statement.

Detailed financial are required so Profit Planning Group can complete the survey.

Balance Sheet (end of fiscal year)

Assets

Current Assets

Cash & Marketable Securities..... \$

Accounts Receivable (trade) \$

Inventory \$

Other Current Assets \$

Total Current Assets \$

Fixed Assets (net of depreciation)..... \$

Goodwill & Other Noncurrent Assets (net of amortization) \$

Total Assets \$

Liabilities and Net Worth

Current Liabilities

Accounts Payable (trade) \$

Notes Payable (due within one year)..... \$

Other Current Liabilities (including accruals) \$

Total Current Liabilities \$

Long Term Liabilities \$

Loans from Stockholders \$

Net Worth or Owner Equity (include paid-in capital & retained earnings) \$

Total Liabilities and Net Worth \$

Income Statement (12 months of data for most recent fiscal year)

Net Sales (less returns, discounts & allowances).....	\$ _____
Cost of Goods Sold	
Cost of Materials Sold (less rebates & purchase discounts).....	\$ _____
Freight In	_____
Total Cost of Materials	\$ _____
Warehouse Assembly Labor, Service & Repair Labor (include related payroll taxes, group insurance & benefits)	_____
Other Direct Costs.....	_____
Total Cost of Goods Sold (Materials + Labor + Other)	\$ _____
Gross Profit (Net Sales - Cost of Goods Sold)	\$ _____
Plus Commission Income (agency commissions).....	_____
Total Gross Profit (Gross Profit + Commission Income)	\$ _____
SG&A Payroll Expenses	
Executive Salaries & Bonuses	\$ _____
Outside Sales Salaries & Commissions	_____
Inside/Counter Sales Wages & Commissions	_____
Purchasing/Inventory Control Wages & Bonuses	_____
Engineering & Estimating Wages & Bonuses	_____
Warehouse & Delivery Wages & Bonuses	_____
All Other Employee Wages & Bonuses	_____
Total SG&A Salaries, Wages, Commissions & Bonuses	\$ _____
Payroll Taxes (FICA, unemployment, workers' compensation)	_____
Group Insurance (medical, hospitalization, group life, etc.).....	_____
Employee Benefits (include profit sharing, pension fund, etc.)	_____
Total SG&A Payroll Expenses (Salaries + Payroll Taxes + Group Insurance + Benefits)	\$ _____
Occupancy Expenses	
Utilities: Heat, Light, Power, Water	\$ _____
Telephone (including cell phones & radio communications).....	_____
Building Repairs & Maintenance	_____
Rent or Real Estate Ownership (include rent, mortgage interest, building depreciation, insurance, real estate taxes, etc.)	_____
Total Occupancy Expenses	\$ _____
Other Operating Expenses	
Advertising & Promotion	\$ _____
Vehicle Expenses (incl. gas, oil, repairs & maint., insurance, depreciation, leasing, etc. for all vehicles)	_____
Insurance (business liability & casualty).....	_____
Depreciation (fixtures & equipment; exclude building & vehicle).....	_____
Bad Debt Losses.....	_____
Freight Out (net) (Freight Out Expense - Freight Out Revenue).....	_____
All Other Operating Expenses	_____
Total Other Operating Expenses	\$ _____
Total Operating Expenses (Payroll + Occupancy + Other)	\$ _____
Operating Profit (Total Gross Profit - Total Operating Expenses)	\$ _____
Other Income (interest income, sale of assets, etc.)	_____
Interest Expense (exclude mortgage interest)	_____
Other Non-operating Expenses (amortization of goodwill, etc.).....	_____
Profit Before Taxes	\$ _____
Income Taxes (local, state, federal)	_____
Net Profit After Taxes	\$ _____

Thank You For Your Participation