

**Deadline**  
**May 1, 2014**

**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 email to [surveys@profitplanninggroup.com](mailto:surveys@profitplanninggroup.com) 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](http://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](mailto: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](mailto:mail@profitplanninggroup.com) to your address book and/or to your spam filter's white list.

<b>1.</b>	<b>Full-time Equivalent Employees by Function</b> (convert part-time employees to FTE based on a 40-hour work week)	<b>FTEs</b>
	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) .....	_____
	<b>Total Number of Employees</b> (all employees, including executives) .....	_____
<b>2.</b>	Number of stocking locations .....	_____
<b>3.</b>	<b>Product Sales</b>	
	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 .....	_____
	<b>Total Sales</b> .....	<b>100%</b>

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)

<b>Net Sales</b> (less returns, discounts & allowances) .....	\$ _____
<b>Cost of Goods Sold</b>	
Cost of Materials Sold (less rebates & purchase discounts) .....	\$ _____
Freight In.....	_____
<b>Total Cost of Materials</b> .....	\$ _____
Warehouse Assembly Labor, Service & Repair Labor (include related payroll taxes, group insurance & benefits) .....	_____
Other Direct Costs .....	_____
<b>Total Cost of Goods Sold</b> (Materials + Labor + Other).....	\$ _____
<b>Gross Profit</b> (Net Sales - Cost of Goods Sold).....	\$ _____
Plus Commission Income (agency commissions) .....	_____
<b>Total Gross Profit</b> (Gross Profit + Commission Income).....	\$ _____
<b>SG&amp;A Payroll Expenses</b>	
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 .....	_____
<b>Total SG&amp;A Salaries, Wages, Commissions &amp; Bonuses</b> .....	\$ _____
Payroll Taxes (FICA, unemployment, workers' compensation) .....	_____
Group Insurance (medical, hospitalization, group life, etc.) .....	_____
Employee Benefits (include profit sharing, pension fund, etc.).....	_____
<b>Total SG&amp;A Payroll Expenses</b> (Salaries + Payroll Taxes + Group Insurance + Benefits) .....	\$ _____
<b>Occupancy Expenses</b>	
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.) .....	_____
<b>Total Occupancy Expenses</b> .....	\$ _____
<b>Other Operating Expenses</b>	
Advertising & Promotion .....	\$ _____
Vehicle Expenses (incl. gas, oil, repairs & maint., insurance, depreciation, leasing, etc. for <b>all</b> 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 .....	_____
<b>Total Other Operating Expenses</b> .....	\$ _____
<b>Total Operating Expenses</b> (Payroll + Occupancy + Other) .....	\$ _____
<b>Operating Profit</b> (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.) .....	_____
<b>Profit Before Taxes</b> .....	\$ _____
Income Taxes (local, state, federal).....	_____
<b>Net Profit After Taxes</b> .....	\$ _____

**Thank You For Your Participation**