2010 ISD Performance Analysis Survey

Survey Deadline June 30, 2010

Your data will be treated confidentially by the Profit Planning Group.
Participant data will be aggregated in a way that prevents identification of any individual company.

Please complete and fax to 303.444.9245 or mail to
Profit Planning Group, 1790 38th Street, Suite 204, Boulder, CO 80301

- Enter the financial statement figures for your **most recently completed fiscal year. A full 12 months of data are required** but it does not need to be audited.
- **It is better to estimate than to leave a blank.**
- Send questions to **surveys@profitplanninggroup.com**.
- Please provide your contact information below. Each participant will receive an individual **Profit Improvement Profile (PIP)** with an action plan for improving the performance of your firm and access to **Profit Toolkit Online**.

Name/Title _____

Company _____

Mailing Address _____

City, State, ZIP Code _____

Telephone (_____) _____ Fax (_____) _____

Email Address _____

GET YOUR REPORTS 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.

1. **FTE Employees by Function** (include owners as appropriate; convert part-time to full-time based on a 40 hour week)

Management (owners/officers/key managers) ..... _____#

Outside Salespeople ..... _____

Manufacturing/Fabricating ..... _____

All Other Employees ..... _____

Total Number of Employees (FTE) ..... _____#

2. **Employee Compensation Data**

Report compensation for a **typical** employee in each position. Employee compensation excludes fringe benefits. Report actual, annual wages (as reported on W-2 or T-4) prior to employee deductions.

Number of Employees		Total Compensation
a) _____	President/Owner	$_____
b) _____	Vice President/1st Officer	$_____
c) _____	General Manager/Operation Manager	$_____
d) _____	Vice President Sales/Marketing	$_____
e) _____	Director of Manufacturing	$_____
f) _____	Outside Sales Manager	$_____
g) _____	Outside Salesperson (OEM)	$_____
h) _____	Outside Salesperson (MRO)	$_____
i) _____	Inside Salesperson	$_____
j) _____	Estimator	$_____
k) _____	Customer Service Manager	$_____
l) _____	Purchasing Manager	$_____
m) _____	Buyer	$_____
n) _____	MIS Manager	$_____
o) _____	Marketing/Product Manager	$_____
p) _____	Controller/Accounting Manager	$_____
q) _____	Bookkeeper	$_____
r) _____	Customer Service Employee	$_____
s) _____	Warehouse Manager	$_____
t) _____	Warehouse Worker	$_____
u) _____	Branch Manager	$_____
v) _____	Shipping Employee	$_____
w) _____	Receiving Employee	$_____
x) _____	Clerical	$_____
y) _____	Machinist	$_____
z) _____	Engineer	$_____
aa) _____	Gasket Fabricator	$_____
bb) _____	Quality Manager	$_____
cc) _____	IT Employee	$_____
dd) _____	Office Manager	$_____

Employee Benefit Programs

3. Do you offer **health benefits** to your employees? ..... ☐Yes ☐No

4. **Medical/hospitalization plans offered**

a. **Check all that apply**	**Employer Paid**	**Annual Deductible Amount** (per person)	**Co-Pay Amount** (per visit)
☐ Traditional (Indemnity health insurance)	_____%	$_____	$_____
☐ Traditional Health Maintenance Organization (HMO)	_____%	$_____	$_____
☐ Point of Service HMO (POS)	_____%	$_____	$_____
☐ Preferred Provider Organization (PPO)	_____%	$_____	$_____
☐ Exclusive Provider Organization (EPO)	_____%	$_____	$_____

If you offer a PPO plan, answer 7b - 7e for the PPO. If not, SKIP TO QUESTION 8.

b. Total medical insurance premium rate per month for the PPO plan (employer + employee portion)

Single rate: $ _____
Single plus one rate
Employee + spouse: $ _____
Employee + child: $ _____
Family rate: $ _____

c. Number of deductibles for family coverage ..... ☐2 ☐3 ☐4 or more

d. Does your carrier require a second opinion for major medical claims? ..... ☐Yes ☐No

e. Does your carrier require pre-notification for non-emergency hospital admittance? ..... ☐Yes ☐No

5. **Additional health benefits offered**

Check all that apply	**Employer Paid**	**Annual Deductible Amount** (per person)	**Co-Pay Amount** (per visit)
☐ Dependent Coverage	_____%	$_____	$_____
☐ Dental Plan	_____%	$_____	$_____
☐ Vision/Optical Plan	_____%	$_____	$_____
☐ Retiree Medical Insurance Coverage (under FASB 106)	_____%	$_____	$_____
☐ Prescription Drug Plan	_____%		
☐ Mail-order Drug Plan	_____%		
☐ Group Term Life Insurance	_____%		
☐ Long-term Disability Insurance	_____%		
☐ Short-term Disability Insurance	_____%		
☐ Long-term Care Insurance	_____%		
☐ Employee Assistance Program (program to handle personal & work-related problems, i.e. drug dependency, mental health, financial, legal, etc.)	_____%		

6. a. Do you offer **Health Savings Accounts** to employees? ..... ☐Yes ☐No

b. **If yes,** enter the annual deductible under your HDHP for a full-time employee with family coverage ..... $_____

c. **If yes,** does the firm contribute to the employee's HSA? ..... ☐Yes ☐No

d. **If yes and if the firm contributes**, how much is contributed for a full-time employee with family coverage? (enter **either** % of deductible **OR** $ amount) ..... _____% **OR** $_____

7. a. Do you offer a **retirement plan** to your employees? ..... ☐Yes ☐No

b. **If yes, retirement plans offered** (check **all** that apply)

- ☐ 401(k) (with or without employer contribution)
- ☐ Profit Sharing Plan (discretionary employer contribution)
- ☐ Payroll Deduction/SEP/SIMPLE IRA (Group RRSP in Canada)
- ☐ Defined Benefit Plan (fixed, pre-established benefit)
- ☐ Money Purchase Plan (required employer contribution)

Operating Information

8. When does your fiscal year end? _____

9. Sales by **Type of Transaction**

Warehouse Sales (stocked items)	_____%
Special Orders (arrive at your dock before delivery to customer)	_____
Drop Shipments (supplier direct to customer)	_____
Total Sales	**100%**

10. What percentage of your sales are cash, check or C.O.D.? (enter zero if you do not have cash sales) _____%

11. Number of branches (including headquarters location) _____

12. Sales by **Type of Sale**

OEM	_____%
MRO	_____
All Other	_____
Total Sales	**100%**

13. Sales by **Type of Activity**

Manufacturing	_____%
Fabrication	_____
Distribution (resale)	_____
All Other	_____
Total Sales	**100%**

14. Sales by **Type of Product**

Hydraulic Seals and Packing	_____%
Mechanical Seals	_____
Extrusions	_____
Metal Stamping	_____
Molded	_____
All Other	_____
Total Sales	**100%**

15. Total square feet of warehouse space (all locations) _____

16. Total square feet of manufacturing space (all locations) _____

17. Number of active customers (6 or more orders per year) _____#

18. Average number of orders per month (invoices sent, NOT purchase orders received) _____#

19. Average number of manufacturing/fabricating jobs per month _____#

20. Average number of lines per invoice _____#

21. Number of stockkeeping units (SKUs) carried _____#

22. Net sales for the fiscal year **prior** to the one being reported (needed to calculate sales growth) $_____

23. Percent of sales using EDI _____%

24. Percent of sales using online sales entry _____%

25. Percent of sales using ASN (advance shipping notice) _____%

26. **Income Statement** (12 months of data)

Net Sales (less returns, discounts & allowances) ..... $_____

Cost of Goods Sold

Merchandise Cost (less purchase discounts) ..... $_____

Freight In ..... _____

Manufacturing/Fabricating Labor (exclude payroll taxes & benefits) ..... _____

Total Cost of Goods Sold ..... $_____

Gross Profit (Net Sales - Cost of Goods Sold) ..... $_____

Payroll Expenses

Management Salaries & Bonuses (officers/owners/key managers) ..... $_____

Outside Sales Salaries, Commissions & Bonuses ..... _____

All Other Salaries/Wages & Bonuses (administrative, etc.) ..... _____

Total Salaries, Wages, Commissions & Bonuses ..... $_____

Payroll Taxes (FICA, workers' compensation & unemployment, **all** employees) ..... _____

Group Insurance (medical, hospitalization, etc. , **all** employees) ..... _____

Employee Benefit Plans (fringes, pension, profit sharing, etc. , **all** employees) ..... _____

Total Payroll Expenses (Salaries + Payroll Taxes + Group Insurance + Benefits) ..... $_____

Occupancy Expenses

Utilities (heat, light, power, water) ..... $_____

Telephone ..... _____

Building Repairs & Maintenance ..... _____

Rent or Ownership in Real Estate (include rent, mortgage interest, building depreciation, insurance, real estate taxes, etc.) ..... _____

Total Occupancy Expenses ..... $_____

Other Operating Expenses

Advertising & Promotion ..... $_____

Insurance (business liability & casualty) ..... _____

Depreciation (exclude building & vehicle) ..... _____

Vehicle Expenses (include gas, oil, repairs & maintenance, insurance, depreciation, leasing, etc.) ..... _____

Personal Property Taxes/Licenses ..... _____

Professional Fees (accounting, consulting, legal) ..... _____

Memberships & Dues ..... _____

Bad Debt Losses ..... _____

All Other Operating Expenses ..... _____

Total Other Operating Expenses ..... $_____

Total Operating Expenses (Payroll + Occupancy + Other) ..... $_____

Operating Profit ..... $_____

Other Income (interest income, cash discounts received, gain on sale of assets, etc.) ..... _____

Interest Expense (exclude mortgage interest) ..... _____

Other Non-operating Expenses ..... _____

Profit Before Taxes ..... $_____

Income Taxes (local, state, federal) ..... _____

Net Profit After Taxes ..... $_____

27. Were you on a LIFO Inventory Valuation System for the year being reported? ☐Yes ☐No

a. **If yes**, how much was your annual **change** (+/-) in LIFO reserves? $_____

b. **If yes**, how much was your total **ending** LIFO reserve? $_____

28. **Balance Sheet** (end of fiscal year)

Assets

Current Assets

Cash & Marketable Securities $_____

Accounts Receivable (trade) _____

Inventory _____

Other Current Assets _____

Total Current Assets $_____

Total Fixed & Noncurrent Assets (net of depreciation) _____

Total Assets $_____

Liabilities and Net Worth

Current Liabilities

Accounts Payable (trade) $_____

Notes Payable (due within one year) _____

Other Current Liabilities _____

Total Current Liabilities $_____

Long Term Liabilities _____

Loans from Stockholders _____

Net Worth or Owner Equity (paid-in capital & retained earnings) _____

Total Liabilities and Net Worth $_____

Thank You for Your Participation