



# 2015 Showroom Performance & Profitability Survey

**Deadline  
July 1, 2015**

- **An Excel version of this survey is available at [www.profitplanninggroup.com/surveys](http://www.profitplanninggroup.com/surveys).** Use this paper version if you choose to submit financial statements.
- **Your data will be treated confidentially by the Profit Planning Group.** Access to data is strictly limited to Profit Planning Group's staff. Participant data are never released to ALA or any other firm.
- To ensure confidentiality, **DO NOT send the survey to ALA.**
- Submit completed surveys by FAX to **303.444.9245** or by email to **surveys@profitplanninggroup.com** or by mail to **Profit Planning Group, 1790 38th St. #204, Boulder, CO 80301**
- Report the **most recently completed full 12 month fiscal year.** Data may be unaudited.
- Optionally, submit your income statement and balance sheet instead of answering those questions.
- **Estimates are better than blank answers.** Send questions to **surveys@profitplanninggroup.com**.
- Reports will be sent only to the following individual.

Name (only one) \_\_\_\_\_

Title \_\_\_\_\_

Firm \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Email Address (only one) \_\_\_\_\_

### Get reports two weeks earlier by email

**Yes, send reports in Adobe® Acrobat® PDF format to the email address provided above**

Have the email administrator verify that mail and attachments from profitplanninggroup.com are not blocked.

1. Organization (check **only one**) .....  S Corp  C Corp  LLC/LLP  Partnership  Sole Proprietorship
2. Market Type (check **only one**) .....  Urban  Suburban  Small Town/Rural
3. Number of computer workstations ..... \_\_\_\_\_ #
4. Are computer workstations networked? .....  Yes  No
5. Does the firm have a web site? .....  Yes  No
6. Estimated annual customer count (number of sales transactions) ..... \_\_\_\_\_ #
7. Percent of sales paid at time of sale by cash, check, bank card or COD (report 0 for none) ..... \_\_\_\_\_ %
8. Net sales for the fiscal year **PRIOR** to the reported year (to calculate sales growth) ..... \$ \_\_\_\_\_

9. Number of showrooms..... \_\_\_\_\_ #  
10. Total selling floorspace..... \_\_\_\_\_ sq. ft.  
11. Number of hours open weekly ..... \_\_\_\_\_ #

**12. Type of Sale**

Lighting Showroom..... \_\_\_\_\_ %  
Wholesale Supply..... \_\_\_\_\_  
All Other Sales..... \_\_\_\_\_  
Total Sales..... 100%

**13. Product Sales**

Residential Lighting Fixtures..... \_\_\_\_\_ %  
Residential Lamps & Bulbs ..... \_\_\_\_\_  
Residential Ceiling Fans ..... \_\_\_\_\_  
Other Home Electrical Supplies ..... \_\_\_\_\_  
Residential Table/Floor Lamps ..... \_\_\_\_\_  
Residential Decorative Accessories/Furniture..... \_\_\_\_\_  
Commercial/Industrial Lighting Fixtures ..... \_\_\_\_\_  
Other Commercial/Industrial Electrical Supplies ..... \_\_\_\_\_  
All Other Products ..... \_\_\_\_\_  
Total Sales..... 100%

**14. Customer Sales**

Consumer/End User ..... \_\_\_\_\_ %  
Contractor/Remodeler ..... \_\_\_\_\_  
Designer ..... \_\_\_\_\_  
Contract/Commercial..... \_\_\_\_\_  
All Other Customers ..... \_\_\_\_\_  
Total Sales..... 100%

**15. Inventory**

Display (samples on showroom floor, not intended for immediate sale) ..... \_\_\_\_\_ %  
Warehouse/Stock (includes items stocked on showroom floor meant for immediate sale)..... \_\_\_\_\_  
Total Inventory ..... 100%

**16. Average Inventory** (sum of 12 month-end balances ÷ 12; LIFO value, if you use LIFO) ..... \$ \_\_\_\_\_

**17. Was LIFO used for the reported fiscal year?** .....  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. **FTE Employees** Report Full-Time Equivalents based on 2080 annual work hours e.g. 30 hrs a week all year = 0.75 FTE.

Executives (owners, managers)..... \_\_\_\_\_ FTE  
 Outside Sales ..... \_\_\_\_\_ FTE  
 Residential Showroom, Inside/Counter Sales ..... \_\_\_\_\_ FTE  
 Warehouse & Delivery ..... \_\_\_\_\_ FTE  
 Office/Accounting/Clerical/Data Processing/Purchasing ..... \_\_\_\_\_ FTE  
 Other ..... \_\_\_\_\_ FTE  
 Total FTE Employees ..... \_\_\_\_\_ FTE

19. **Medical Benefits**

| <u>Check all that are offered</u>                                    | <b>Employer Paid</b> | <b>Annual Deductible Amount (per person)</b> | <b>Co-Pay Amount (per visit)</b> |
|--|----------------------|--|----------------------------------|
| <input type="checkbox"/> Employee Medical/Hospitalization Plan ..... | _____ %              | \$ _____                                     | \$ _____                         |
| <input type="checkbox"/> Dependent Coverage.....                     | _____ %              | \$ _____                                     | \$ _____                         |
| <input type="checkbox"/> Dental Plan.....                            | _____ %              | \$ _____                                     | \$ _____                         |
| <input type="checkbox"/> Vision/Optical Plan.....                    | _____ %              | \$ _____                                     | \$ _____                         |
| <input type="checkbox"/> Prescription Drug Plan.....                 | _____ %              |  |                                  |
| <input type="checkbox"/> Mail-Order Drug Plan.....                   | _____ %              |  |                                  |
| <input type="checkbox"/> Group Term Life Insurance.....              | _____ %              |  |                                  |
| <input type="checkbox"/> Long-term Disability Insurance .....        | _____ %              |  |                                  |
| <input type="checkbox"/> Short-term Disability Insurance.....        | _____ %              |  |                                  |
| <input type="checkbox"/> Long-term Care Insurance.....               | _____ %              |  |                                  |

20. Average **monthly** company-paid medical benefit expense **per employee**  
 (include cost of dependent benefits paid by company) ..... \$ \_\_\_\_\_

21. **Retirement**

Does the firm offer employee retirement plans? .....  Yes  No

**If yes**, what is the average **annual** firm contribution **per employee** ..... \$ \_\_\_\_\_

**If yes**, which of these plans are offered? (check **all** that apply)

- 401(k) (with or without employer match)
- Profit Sharing Plan (fluctuating employer contribution)
- Payroll Deduction/SEP/SIMPLE IRA (Group RRSP in Canada)
- Defined Benefit Plan
- Money Purchase Plan (fixed employer contribution)



**HERE YOU HAVE TWO OPTIONS:**

**1. Complete the following balance sheet and income statement.**

**OR**

**2. Attach your latest full-year balance sheet and income statement.**

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

# Balance Sheet (fiscal year end)

## 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 (accruals, taxes, benefits, etc.)..... \_\_\_\_\_

**Total Current Liabilities**..... \_\_\_\_\_

Long Term Liabilities..... \_\_\_\_\_

Loans From Stockholders..... \_\_\_\_\_

Net Worth or Owner Equity (paid-in capital + retained earnings)..... \_\_\_\_\_

**Total Liabilities & Net Worth**..... \_\_\_\_\_

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

|  |          |
|--|----------|
| <b>Net Sales</b> (less returns & allowances) .....   | \$ _____ |
| Cost of Goods Sold (including freight-in, less rebates/purchase discounts).....                          | _____    |
| <b>Gross Profit</b> (Net Sales - Cost of Goods Sold) .....   | _____    |
| <b>Payroll Expenses</b> (salaries, wages, commissions & bonuses)   |          |
| Executives (owners/managers) .....   | \$ _____ |
| Outside Sales (incl. sales mgr.).....  | _____    |
| Residential Showroom, Inside/Counter Sales .....   | _____    |
| Warehouse & Delivery .....   | _____    |
| Office/Acctg./Clerical/Data Processing/Purchasing.....   | _____    |
| All Other Employee Salary, Wage, Commission & Bonus.....   | _____    |
| <b>Total Salaries, Wages, Commissions &amp; Bonuses</b> .....  | \$ _____ |
| Payroll Taxes (FICA, workers' compensation & unemployment).....  | _____    |
| Group Insurance (hospital, medical, etc.).....   | _____    |
| Benefit Plans (include pension, profit sharing, etc.) .....  | _____    |
| <b>Total Payroll Expenses</b> (Salaries + Payroll Taxes + Group Insurance + Benefits).....               | \$ _____ |
| <b>Occupancy Expenses</b>  |          |
| Utilities (heat, light, power, water) .....  | \$ _____ |
| Telephone.....   | _____    |
| Building Repairs & Maintenance .....   | _____    |
| Rent or Real Estate Ownership (incl. rent, mortg. int., bldg. depr., real estate ins. & tax, etc.) ..... | _____    |
| <b>Total Occupancy Expenses</b> .....  | \$ _____ |
| <b>Other Operating Expenses</b>  |          |
| Advertising & Promotion .....  | \$ _____ |
| Insurance (business liability & casualty).....   | _____    |
| Taxes (licenses, permits, personal property use, etc.; exclude real estate and payroll taxes) .....      | _____    |
| Bad Debt Losses .....  | _____    |
| Depreciation (other than real estate) .....  | _____    |
| All Other Operating Expenses .....   | _____    |
| <b>Total Other Operating Expenses</b> .....  | \$ _____ |
| <b>Total Operating Expenses</b> (Payroll + Occupancy + Other) .....                                      | \$ _____ |
| <b>Operating Profit</b> (Gross Profit - Total Operating Expenses) .....                                  | \$ _____ |
| Other Income (interest income, gain on sale of assets, etc.) .....                                       | _____    |
| Interest Expense (exclude mortgage interest) .....   | _____    |
| Other Non-operating Expenses .....   | _____    |
| <b>Profit Before Taxes</b> .....   | \$ _____ |
| Income Taxes (local, state, federal).....  | _____    |
| <b>Net Profit After Taxes</b> .....  | \$ _____ |