

Financial Performance Survey

Your data will be treated confidentially by the Mackay Research Group.

No one from TRSA or its staff will have access to individual company data.

Participant data will be aggregated in a way that prevents identification of any individual company.

Please complete and mail in the enclosed envelope **no later than August 31, 2020** to:

surveys@mackayresearchgroup.com

Mackay Research Group, P.O. Box 17668, Boulder, CO 80308-0668, or fax 720-890-8719.

Instructions

- (1) Enter the financial statement figures for your **most recently completed fiscal year** (12 months of data). Full-year data is required, but the data need not be audited.
- (2) As an option, **you may submit a copy of your balance sheet and income statement** (12 months of data) instead of answering questions 13 and 15 on this questionnaire.
- (3) Feel free to estimate if necessary. It is better to make an educated guess than to leave a field blank.
- (4) If you would prefer the survey in Excel, email John Mackay at john@mackayresearchgroup.com
- (5) Questions? Contact John Mackay at the Mackay Research Group, 720-890-4255 or email john@mackayresearchgroup.com
- (6) **To receive a copy of the TRSA Industry Performance Report and a FREE individual Financial Performance Dashboard**, please provide your name and address below (Please type or print clearly).

Name/Title _____

Company Name _____

Mailing Address _____

City, State, Zip Code _____

Telephone (____) _____ Fax (____) _____

Email Address _____

Questions

1. Is your company a TRSA member? ___Yes ___No

2. How would you best classify your business? (check only one)

- ☐ Healthcare Rental – Retail Medical
- ☐ Healthcare Rental – Hospital/Nursing Home
- ☐ Food & Beverage Linen Rental
- ☐ Hotel/Lodging Linen Rental
- ☐ Industrial Rental
- ☐ Dust Control Rental
- ☐ Uniform
- ☐ Hotel/Lodging COG/NOG
- ☐ Hospital/Nursing Home COG/NOG
- ☐ Mixed – significant revenue in 2 or more of the above categories

3. Number of plant locations _____

4. Number of routes _____

5. Number of customers (at year end) _____

6. **Employees by Function** – Full-Time Equivalent, count full-time equivalent employees including owners as appropriate.
For example, include an employee who works 20 hours a week for the entire year as .5 employees; one who only worked three months as .25.

Plant Productive Employees
 Plant Supervisors.....
 Maintenance & Power Plant Employees
 Route Sales Rep/Route Person
 Service Department Employees.....
 Sales Employees
 Executives & Management Employees.....
 All Other Employees (office, clerical & other admin.).....
 Total Number of Employees (FTE).....

7. Total plant hours paid for the year, including overtime (hourly workers only, excluding supervisors).....

8. **Employee Turnover** – Full-Time Equivalent, count full-time equivalent employees including owners as appropriate.

Total employees at beginning of year (FTE)
 + number of employees hired during the year.....+
 – number of employees who have left during the year.....–
 Total employees at the end of year (FTE)=

9. When does your fiscal year end?

10. **Capital Expenditures** last year

Machinery & Equipment..... \$
 Information Technology – computers and software
 Vehicles.....
 Land, Buildings, and Leasehold Improvements.....
 Other Capital Expenditures
 Total Capital Expenditures \$

11. **Sales by Customer Market**

Please complete at least the "Subtotal" and "Total" rows. If possible also complete rows by customer market.
 Remove impact of any acquisitions or divestitures on sales. Enter zero if you have no sales in a particular category.

	Prior Fiscal Year Sales	Latest Fiscal Year Sales	Pounds Processed Per Year Clean, dry weight preferred
Rental Sales			
A. Healthcare—Retail Medical	\$	\$	lbs./yr
B. Healthcare—Hospitals/Nursing Homes			lbs./yr
C. Food & Beverage			lbs./yr
D. Hotel/Lodging			lbs./yr
E. Industrial			lbs./yr
F. Dust			lbs./yr
Subtotal Rental Sales	\$	\$	lbs./yr
COG/NOG—Hospitals/Nursing Homes			lbs./yr
COG/NOG—Hotel/Lodging			lbs./yr
Direct Sales			N/A
Sales & Service of Non-Textile Products			N/A
Other Sales			N/A
Total Sales	\$	\$	lbs./yr

12. What percentage of your sales growth last year was due to acquisitions?%



You have two options:

1. Complete questions 13 and 15

OR

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

13. Balance Sheet

Assets

Cash & Marketable Securities \$ _____

Accounts Receivable (Net) _____

Inventory Investment – New Goods + In-Service Exclude in-service merchandise that was expensed .. _____

Other Current Assets (Pre-pays) _____

Total Current Assets (Cash + A/R + Inventory + Other Current)..... \$ _____

Gross book value in property, plant & equipment.....\$ _____

Less Accumulated Depreciation..... _____

Total Fixed Assets (Net of Depreciation) \$ _____

Other Noncurrent Assets (Cash value of life insurance, goodwill, etc.)..... _____

Total Assets \$ _____

Liabilities And Net Worth

Accounts Payable \$ _____

Notes Payable (Due within one year) _____

Other Current Liabilities (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..... \$ _____

14. Net sales for previous fiscal year (2018).....	\$ _____
15. Income Statement (12 months of data)	
Total Sales	\$ _____
<u>Merchandise Costs</u>	
Rental Textile Costs (cost of goods put into service for rental, emblems, freight, less rag sales)	\$ _____
Other Merchandise Costs (COGS for direct sales, dispensers, tools, depr., soap, tissue, paper & deodorants)	_____
Total Merchandise Costs	\$ _____
<u>Plant Costs</u>	
Productive Labor (Including vacation, sick leave and holiday pay. Exclude supervisors)	\$ _____
Plant Supervisory Salaries (Include plant manager, Including vacation, sick leave and holiday pay)	_____
Maintenance & Power Plant Wages (Including vacation, sick leave and holiday pay)	_____
Outside Processing Cost (Amount paid for processing work done outside and not by your own employees)	_____
Production Supplies (Chemicals, pads, covers, mending supplies, etc.)	_____
Water & Sewer.....	_____
Wastewater Treatment(Disposal surcharges, sludge disposal, chemicals, fees, permits, lab tests & equip. depr.)	_____
Fuel Oil & Natural Gas	_____
Electricity	_____
Property & Casualty Insurance	_____
Depreciation (Building and machinery/equipment)	_____
Building & Machinery Costs (Maintenance, rent, taxes, etc.)	_____
Other Plant Costs (Costs not included in above categories)	_____
Total Plant Costs	\$ _____
<u>Delivery Costs</u>	
Route Sales Rep/Route Person Wages (Vacation, sick leave and holiday pay)	\$ _____
Route Commissions.....	_____
Other Service Dept. Salaries(service mgr., cabinet repairmen, relay drivers, textile control, mechanics, etc.)	_____
Delivery Vehicle Fuel Costs	_____
Vehicle Insurance	_____
Depreciation of Delivery Equipment	_____
Branch/Depot Costs (Maintenance, rent, taxes, etc.)	_____
Other Delivery Expenses (Leased vehicles & equipment, gas and oil, repairs, licenses, taxes, misc. supplies, etc.)	_____
Total Delivery Expenses	\$ _____
<u>Sales Expenses</u>	
Sales Salaries & Commissions (Salespersons & sales management, vacation, sick leave & holiday pay) \$	_____
Sales Commissions	_____
Other Sales Expenses (Including salesperson's vehicles, advertising and promotion, etc.).....	_____
Total Sales Expenses	\$ _____
<u>Office & Administrative Expenses</u>	
Clerical & Office Management Salaries (Including vacation, sick leave and holiday pay)	\$ _____
Management & Executive Compensation (Including vacation, sick leave and holiday pay).....	_____
Payroll Taxes, FICA and Workers' Compensation (All employees)	_____
Employee Fringe Benefits (Hospitalization & group insurance, pension plans, etc., for all employees) ...	_____
Bad Debt Losses	_____
Office Equipment Depreciation	_____
All Other Office & Administrative Expenses (Expenses not included in above categories)	_____
Total Office & Administrative Expenses	\$ _____
Total Operating Expenses (Merchandise Costs+Plant Costs+Delivery+Sales Expense+Office & Admin.) .	\$ _____
Operating Profit (Total Sales – Total Operating Expenses)	\$ _____
Other Income (Interest income, gain on sale of assets, sub-lease, etc.)	_____
Interest Expense (Exclude mortgage interest).....	_____
Other Non-Operating Expenses (Include additional owner compensation).....	_____
Profit Before Taxes	\$ _____
Income Taxes (Local, State, Federal)	_____
Net Profit After Taxes	\$ _____