



2018

Survey Deadline  
July 15, 2018

# 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 July 15, 2018** to:  
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](mailto:john@mackayresearchgroup.com)
- (5) Questions? Contact John Mackay at the Mackay Research Group, 720-890-4255 or email [john@mackayresearchgroup.com](mailto: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.

	<b>Prior Fiscal Year Sales</b>	<b>Latest Fiscal Year Sales</b>	<b>Pounds Processed Per Year Clean, dry weight preferred</b>
<b>Rental Sales</b>			
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
<b>Subtotal Rental Sales</b>	\$ _____	\$ _____	_____ 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
<b>Total Sales</b>	\$ _____	\$ _____	_____ 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).....	_____
<b>Total Current Assets</b> (Cash + A/R + Inventory + Other Current).....	\$ _____
Gross book value in property, plant & equipment.....	\$ _____
Less Accumulated Depreciation .....	_____
<b>Total Fixed Assets</b> (Net of Depreciation) .....	\$ _____
Other Noncurrent Assets (Cash value of life insurance, goodwill, etc.).....	_____
<b>Total Assets</b> .....	\$ _____

**Liabilities And Net Worth**

Accounts Payable .....	\$ _____
Notes Payable (Due within one year) .....	_____
Other Current Liabilities (Accruals) .....	_____
<b>Total Current Liabilities</b> .....	\$ _____
Long-Term Liabilities .....	_____
Loans from Stockholders .....	_____
Net Worth or Owner Equity (Include paid-in capital & retained earnings) .....	_____
<b>Total Liabilities and Net Worth</b> .....	\$ _____

14. Net sales for previous fiscal year (2016).....	\$ _____
15. Income Statement (12 months of data)	
<b>Total Sales</b> .....	\$ _____
<b><u>Merchandise Costs</u></b>	
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) .....	_____
<b>Total Merchandise Costs</b> .....	\$ _____
<b><u>Plant Costs</u></b>	
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) .....	_____
<b>Total Plant Costs</b> .....	\$ _____
<b><u>Delivery Costs</u></b>	
Route Sales Rep/Route Person Wages (New sales commission, vacation, sick leave and holiday pay) .....	\$ _____
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.) .....	_____
<b>Total Delivery Expenses</b> .....	\$ _____
<b><u>Sales Expenses</u></b>	
Sales Salaries & Commissions (Salespersons & sales management, vacation, sick leave & holiday pay) .....	\$ _____
Other Sales Expenses (Including salesperson's vehicles, advertising and promotion, etc.) .....	_____
<b>Total Sales Expenses</b> .....	\$ _____
<b><u>Office &amp; Administrative Expenses</u></b>	
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) .....	_____
<b>Total Office &amp; Administrative Expenses</b> .....	\$ _____
<b>Total Operating Expenses</b> (Merchandise Costs+Plant Costs+Delivery+Sales Expense+Office & Admin.) .....	\$ _____
<b>Operating Profit</b> (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).....	_____
<b>Profit Before Taxes</b> .....	\$ _____
Income Taxes (Local, State, Federal) .....	_____
<b>Net Profit After Taxes</b> .....	\$ _____