



2018 Employee Compensation Survey

based on 2017 wage & benefit data

Deadline
June 15, 2018

Purpose: The analysis of this data will provide an overview of employee compensation, benefits and sales practices within the industry. The results are valuable to executives who must show their compensation is "reasonable" within the constraints of the Internal Revenue Service Code.

Note: Please report data for the most recent fiscal year. Reasonable estimates are better than blank answers. Please send questions to surveys@profitplanninggroup.com.

Submit using one of these methods:

- FAX to **303.444.9245**
- Email to surveys@profitplanninggroup.com
- Drop into the secure dropbox at www.profitplanninggroup.com/dropbox
- Mail to Profit Planning Group, 4800 Baseline Rd. Suite E104-251, Boulder, CO 80303

Confidentiality: Your data will be treated confidentially by Profit Planning Group. No one from NTDA will have access to this data.

To receive a free copy of the **NTDA Employee Compensation Report**, please provide the following.

Name (only one) _____

Title _____

Firm _____

Address Line 1 _____

Address Line 2 _____

City, State, ZIP Code _____

Telephone (____) _____ Fax (____) _____

Email Address (only one) _____

Statement of Confidentiality

Owners of closely held firms rightly feel that their personnel and benefits data are highly confidential. Profit Planning Group is extremely sensitive to this issue and has developed secure methods of handling data submitted by firms for industry benchmarking surveys.

Companies of all sizes, from less than a million to well over a billion dollars in sales, send thousands of surveys to Profit Planning Group each year. Every precaution has been taken to protect the complete confidentiality of all information received.

General Information

1. Most recent fiscal year sales volume (please be exact)..... \$ _____

2. Total number of locations (headquarters plus branch locations) _____

3. **Employee Turnover** (report Full-Time Equivalents (FTE), convert part-time employees to FTE based on a 40-hour week)

Total number of employees at beginning of year (FTE)..... _____

plus the number of employees hired during the year + _____

minus the number of employees who left during the year..... - _____

equals the total number of employees at the end of the year (FTE)..... = _____

Executive Compensation and Benefits

4. Executive Compensation Data

If an executive has multiple responsibilities, use the single most applicable heading.

	<u>Chief Executive Officer/President</u>	<u>Vice President Sales</u>	<u>Chief Financial Officer</u>	<u>General Manager</u>
a. Age.....	_____	_____	_____	_____
b. Years with Company.....	_____	_____	_____	_____
c. Company Ownership (% of equity owned)	_____ %	_____ %	_____ %	_____ %
d. Company Founder	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Base Salary	\$ _____	\$ _____	\$ _____	\$ _____
f. Bonus	\$ _____	\$ _____	\$ _____	\$ _____
g. Total Compensation.....	\$ _____	\$ _____	\$ _____	\$ _____
h. Change in Total Compensation versus previous year.....	_____ %	_____ %	_____ %	_____ %

5. Executive Benefits and Perquisite Data (check **all** that are provided for each position)

	<u>Chief Executive Officer/President</u>	<u>Vice President Sales</u>	<u>Chief Financial Officer</u>	<u>General Manager</u>
Company car & expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental life insurance*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental medical insurance*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax return preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Club dues & expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal tax & financial planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annual physical examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low or no-interest loan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental retirement benefits*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deferred compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Beyond customary company-wide benefits

6. What is the basis for allocation of executive bonuses? (check **all** that apply)

- Discretionary
- Achievement of sales or operating goals
- Achievement of profit goals
- Percentage of sales
- Percentage of profits
- Return on equity/assets/sales
- No executive bonus program

Employee Compensation

7. What is the policy for employee raises? (check **all** that apply)

- | | |
|---|---|
| <input type="checkbox"/> Cost of living adjustment (COLA) | <input type="checkbox"/> Variable-pay plan (e.g. bonus awards, incentives, special recognition bonus) |
| <input type="checkbox"/> Annual merit raise | <input type="checkbox"/> No raises (salaries/wages are frozen at current levels) |
| <input type="checkbox"/> Lump sum (in lieu of merit increase) | <input type="checkbox"/> No set policy for raises, discretionary each year |

8. a. Do you pay bonuses to employees?..... Yes No

b. What types of plans are used to allocate employee bonuses? (check **all** that apply)

- | | |
|---|---|
| <input type="checkbox"/> Special recognition bonus | <input type="checkbox"/> Cash profit sharing |
| <input type="checkbox"/> Achievement of individual performance goals | <input type="checkbox"/> CEO/Owner discretion |
| <input type="checkbox"/> Achievement of company/department/team goals | |

9. Employee Compensation Data

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

<u>Number of Employees</u>		<u>Base/ Straight-time Salary</u>	<u>Overtime/ Bonus/ Incentives</u>	<u>Total Compensation</u>
Sales				
a) _____	Sales Manager	\$ _____	\$ _____	\$ _____
b) _____	Customer Service Supervisor	\$ _____	\$ _____	\$ _____
c) _____	Counter Salesperson	\$ _____	\$ _____	\$ _____
d) _____	Branch Manager	\$ _____	\$ _____	\$ _____
e) _____	Outside Salesperson	\$ _____	\$ _____	\$ _____
f) _____	Inside Salesperson	\$ _____	\$ _____	\$ _____
g) _____	Trailer Salesperson	\$ _____	\$ _____	\$ _____
Parts/Service & Repair				
h) _____	Parts Manager	\$ _____	\$ _____	\$ _____
i) _____	Parts Salesperson	\$ _____	\$ _____	\$ _____
j) _____	Parts Clerk	\$ _____	\$ _____	\$ _____
k) _____	Service/Repair Manager	\$ _____	\$ _____	\$ _____
l) _____	Service/Repair Supervisor	\$ _____	\$ _____	\$ _____
m) _____	Service/Repair Senior Technician	\$ _____	\$ _____	\$ _____
n) _____	Service/Repair Technician	\$ _____	\$ _____	\$ _____
o) _____	Service/Repair Apprentice	\$ _____	\$ _____	\$ _____
Warehouse & Delivery				
p) _____	Operations Manager	\$ _____	\$ _____	\$ _____
q) _____	Warehouse Supervisor	\$ _____	\$ _____	\$ _____
r) _____	Warehouse Employee	\$ _____	\$ _____	\$ _____
s) _____	Driver/Delivery Personnel	\$ _____	\$ _____	\$ _____
t) _____	Shipping Consolidator	\$ _____	\$ _____	\$ _____
General & Administrative				
u) _____	MIS/Data Processing Manager	\$ _____	\$ _____	\$ _____
v) _____	Purchasing Manager	\$ _____	\$ _____	\$ _____
w) _____	Purchasing Agent/Buyer	\$ _____	\$ _____	\$ _____
x) _____	Controller (not CFO)	\$ _____	\$ _____	\$ _____
y) _____	Credit/Collections Clerk	\$ _____	\$ _____	\$ _____
z) _____	Human Resources Manager	\$ _____	\$ _____	\$ _____
aa) _____	Office Manager	\$ _____	\$ _____	\$ _____
bb) _____	Office/Clerical Personnel	\$ _____	\$ _____	\$ _____

Sales Staff Policies

- 10.** Salespeople are paid on the basis of: (check the **one** most commonly used)
- | | |
|---|---|
| <input type="checkbox"/> Straight Salary | <input type="checkbox"/> Salary & Bonus |
| <input type="checkbox"/> Straight Commission | <input type="checkbox"/> Salary & Commission & Bonus |
| <input type="checkbox"/> Draw (against commission) & Commission | <input type="checkbox"/> Commission & Bonus (no salary) |
| <input type="checkbox"/> Salary & Commission | <input type="checkbox"/> Other |
- 11.** Commissions are based on: (check the **one** most commonly used)
- A flat percentage of sales
- An escalating percentage of sales
- A flat percentage of gross margin
- An escalating percentage of gross margin
- Other, please specify: _____
- 12.** a. Annual sales of the lowest volume salesperson\$ _____
- b. Gross profit (\$) contribution of the lowest volume salesperson\$ _____
- 13.** a. Annual sales of the highest volume salesperson\$ _____
- b. Gross profit (\$) contribution of the highest volume salesperson\$ _____
- 14.** How are travel and entertainment expenses handled? (check the **one** most commonly used)
- | | |
|---|--|
| <input type="checkbox"/> All expenses reimbursed | <input type="checkbox"/> Travel expenses only reimbursed |
| <input type="checkbox"/> Per diem payment | <input type="checkbox"/> Fixed monthly expense allowance |
| <input type="checkbox"/> Compensation covers expenses | |
- 15.** a. What arrangements do you have for providing salespeople with a car? (check the **one** most commonly used)
- Company leased Company owned Employee owned reimbursement None
- b. If you reimburse salespeople for use of their own vehicle, what reimbursement policy do you use? (most common)
- Monthly allowance Gas/Oil Mileage (rate _____ ¢/mile)
- 16.** What arrangements do you have for providing salespeople with a cellular phone? (check the **one** most commonly used)
- Company-provided phone for business-related calls
- Reimburse employee for business calls on personal phone
- Monthly phone allowance
- Other, please specify: _____
- None

Employee Benefit Programs

Retirement

- 17.** 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)
- c. Do you allow catch-up contributions for eligible employees aged 50 and over? Yes No

Health Care

18. Do you provide a "Cafeteria Plan" or flexible benefit program ("Section 125") that allows employees to select from a variety of qualified benefits? Yes No

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

20. Medical/hospitalization plans offered

<u>a. Check all that apply</u>	Employer Paid	Annual Deductible Amount (per person)	Co-Pay Amount (per visit)
<input type="checkbox"/> Traditional (Indemnity health insurance).....	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Traditional Health Maintenance Organization (HMO)	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Point of Service HMO (POS)	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Preferred Provider Organization (PPO)	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Exclusive Provider Organization (EPO)	_____ %	\$ _____	\$ _____

b. Total medical insurance premium rate per month (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

21. Additional health benefits offered

<u>Check all that apply</u>	Employer Paid	Annual Deductible Amount (per person)	Co-Pay Amount (per visit)
<input type="checkbox"/> Dependent Coverage	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Dental Plan	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Vision/Optical Plan	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Retiree Medical Insurance Coverage (under FASB 106) ...	_____ %	\$ _____	\$ _____
<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	_____ %		
<input type="checkbox"/> Employee Assistance Program	_____ %		

(program to handle personal & work-related problems, i.e. drug dependency, mental health, financial, legal, etc.)

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

If yes, answer the following:

b. What is the annual deductible under your HDHP (full-time employee with family coverage)? \$ _____

c. Does the firm contribute to the employee's HSA? Yes No

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

Miscellaneous Benefits

23. Miscellaneous employee benefits/policies (check all that are offered)

- Flexible spending account for health expenses
- Flexible spending account for dependent care expenses
- Flexible spending account for adoption assistance
- Child care (allowance or facilities)
- Flexible work scheduling
- Educational assistance for employees
- Pre-retirement counseling
- Annual computerized benefits statement
- Smoking restrictions in the workplace
- Employee policy manual
- Paid parental leave (maternity/paternity, adoption leave)
- Paid jury duty
- Paid military leave

24. Which of the following does your company give to its full-time employees at Christmas or year-end?

(check all that apply)

- Cash (nominal amount, not annual bonus)
- Gift (including gift certificates, food items, etc.)
- Party
- Year-end Bonus (not tied to profits)

25. a. Does your company have a **severance plan** in place?..... Yes No

b. **If yes**, how many years of service are required for severance pay eligibility? _____ years

Employee Time Off

26. a. Does the firm have a PTO program? (Paid Time Off combines vacation, sick days & personal leave)..... Yes No

If yes, answer the following

b. How many days off are accrued per year by a full-time employee after 5 years? _____ days

c. Can the accrued PTO be carried over to the following year?..... Yes No

d. Does the program include paid holidays? Yes No

If not included in the PTO, how many paid holidays are allowed each year? _____ days

27. If the firm does not have a PTO program:

a. Do you offer sick days with pay for **salaried** employees? Yes No

If yes, how many sick days are allowed each year? _____ days

b. Do you offer sick days with pay for **hourly** employees? Yes No

If yes, how many sick days are allowed each year? _____ days

c. Vacation eligibility:

1 week paid vacation **after** _____ years of service

2 weeks paid vacation **after** _____ years of service

3 weeks paid vacation **after** _____ years of service

4 weeks paid vacation **after** _____ years of service

d. How many paid holidays are allowed each year? _____ days

28. Which **holidays** do you observe? (that is, holidays your company is closed for business)

- | | | |
|--|---|--|
| <input type="checkbox"/> New Year's Eve | <input type="checkbox"/> Independence Day | <input type="checkbox"/> Christmas Eve |
| <input type="checkbox"/> New Year's Day | <input type="checkbox"/> Labor Day | <input type="checkbox"/> Christmas Day |
| <input type="checkbox"/> Martin Luther King's Birthday | <input type="checkbox"/> Veteran's Day | <input type="checkbox"/> Personal/floating holiday |
| <input type="checkbox"/> President's Day | <input type="checkbox"/> Thanksgiving Day | <input type="checkbox"/> Other religious holidays |
| <input type="checkbox"/> Good Friday | <input type="checkbox"/> Day after Thanksgiving | <input type="checkbox"/> Other |
| <input type="checkbox"/> Memorial Day | | |

Thanks for participating