



## 2018 Benchmark Dashboard Survey (of 2017 Operations)

Once again, The Vision Council 2018 Benchmark Dashboard Survey promises to provide industry firms with a comprehensive profile of industry performance benchmarks against which to assess performance. By filling out as much information as possible, you will be assured of receiving a detailed, CONFIDENTIAL association-wide report showing how your industry peers performed in the aggregate, so that you can gauge your own firm's strengths and weaknesses, and improvement opportunities. This invaluable management tool is being provided to survey participants only, and is nowhere else available.

### General Information

- This confidential questionnaire is designed to require a minimum of effort on your part. Please fill out as much of the information as possible.
- If you need help or have questions, contact Greg Manns of Industry Insights at (614) 389-2100 extension 108 or [gmanns@industryinsights.com](mailto:gmanns@industryinsights.com)
- Please provide information regarding your firm's U.S. operation only, **EXCLUSIVE OF RETAIL AND EXCLUSIVE OF MANUFACTURING OPERATIONS**. In other words, if your firm is vertically integrated, please only report information based on your sales/distribution activity, not manufacturing nor retail.
- All responses will be kept in strictest confidence by Industry Insights, Inc. All data forms are destroyed once the information is compiled.
- Feel free to estimate if necessary. It is better to make an educated guess than to leave blanks. However, if items are simply not available or not applicable, please leave blank.
- Send your form to the attention of Greg Manns of Industry Insights at:  
**Industry Insights, Inc.**  
PO Box 4330  
Dublin, OH 43016  
e-mail: [gmanns@industryinsights.com](mailto:gmanns@industryinsights.com)  
FAX: (614) 389-3816
- Enter figures from your completed year that ended nearest to December 31, 2017. While full year data is required, you do not need to wait for audited/adjusted results from your accountant.

**PARTICIPATION DEADLINE: May 18, 2018**

### Confidentiality Assurance

The Vision Council 2018 Benchmark Dashboard Survey is based on a strictly confidential survey conducted of The Vision Council members by Industry Insights, Inc., an objective outside firm that specializes in such studies for many industries. Upon receipt, all survey responses are assigned a confidential code number by Industry Insights, Inc., and any name or company identification is removed. Survey processing is then conducted on an absolutely anonymous basis. No Vision Council staff member nor any company or individual inside or outside the industry, nor anyone else other than a select few Industry Insights, Inc. associates will ever see any individual firm's confidential information.

**THANK YOU FOR YOUR PARTICIPATION.**

# 2018 Benchmark Dashboard Survey

(of 2017 Operations)

Deadline: May 18, 2018

This form can be completed online at: <https://www.iisecure.com/TVC/login.asp>

GENERAL INFORMATION		
1. Approximately what percentage of your firm's dollar sales (i.e., net sales, after returns and allowances) are from: (estimate if necessary)	Brand Frames (“Brand” frames refer to those where the brand name is identified by the consumer with a widely recognized name of the frame collection, licensor, or designer, on the packaging and the frame, usually the temple. Examples of brands are: DKNY, Fendi, Gloria Vanderbilt, Anne Klein, Seiko, etc.)	% 1
	Non-Brand Frames (A non-brand frame carries a name that is not widely recognized by the consumer, or that carries no manufacturer's or importer's name/logo.)	% 2
	Private Label Frames (Private Label frames should only be listed here if they do not fall into the Brand category; these are frames produced exclusively for a single retailer with their choice of name on the frame.)	% 3
	Accessories (Only net sales of accessories sold at retail should be included; “complimentary” accessories that are distributed to customers along with a frame purchase should not be included. For purposes of this survey accessories are defined as: Cleaning products (kits/cloths), Eyeglass or sunglass chains/straps/brooches/cords/necklaces/pins/cords, Eyeglass cases, Repair kits, Clip-on sunglasses—Slip-in sunglasses—Flip-up sunglasses—Magnetic clip sunglasses, and Half eyes)	% 4
	Plano/Non-Rx Sunglasses (Include both brand and non-brand sunglasses)	% 5
	Non-Rx/OTC Readers (Include both brand and non-brand OTC readers)	% 6
	<b>Total</b>	<b>100%</b>
2. Please indicate with an "X" your type of organization.		
	C Corp	7-1
	S Corp	7-2
	Limited Liability Company (LLC)	7-3
	Sole Proprietorship	7-4
	Partnership	7-5
	Other	7-6
3. Accounts Receivable “Aging” Schedule. Please indicate the year-end accounts receivable dollars that are:		
	Current	\$ 8
	1-30 days past due date	\$ 9
	31-60 days past due date	\$ 10
	61-90 days past due date	\$ 11
	Over 90 days past due date	\$ 12
	<b>Total</b>	\$ 13
4. Approximately what is your firm's average inventory level as a percentage of net annual sales?		
		% 14
5. Approximately what is your firm's average annual fill rate? (The average number of orders being filled divided by the average number of orders being received. Private label shipments should be included.)		
		% 15
PLEASE NOTE: For questions #6-8, please calculate the percentages based on inventory dollars (not units).		
6. Average inventory variance of physical inventories (Shrinkage):		
		% 16
7. Please indicate the percent of average inventory that is sold below cost:		
		% 17
8. What is the amount of your discontinued/obsolete inventory as a % of total inventory? (“discontinued/ obsolete” is defined as inventory which has so little resale value that it can't be sold to anything but closeout markets)		
		% 18
9. Please indicate with an "X" how your orders are processed:		
	Released first to a pick slip for processing	19-1
	Sent to an invoice directly	19-2
	Other _____	19-3
PERSONNEL RELATED DATA		
10. Please indicate with an "X" whether or not your sales force primarily:		
	Sells direct to retail only	20-1
	Sells indirect (i.e., as through wholesalers only)	20-2
	Both	20-3
	Other _____	20-4
11. Please indicate the percentage of your direct sales force dollar sales that were:		
	Field Order Sales	% 21
	Phone Order Sales	% 22
	<b>Total</b>	<b>100%</b>
12. Total Number of Employees: Please report your staffing figures as full-time equivalents (FTEs). FTEs are calculated as total hours worked divided by 2080 hours. For example, if 3 part-time employees work a combined 4160 hours, they would equal 2 FTEs.		
	<b>Sales Force</b>	
	Sales Employees	# 23
	Independent Sales Reps (outside contractors)	# 24
	<b>All Other Non-Sales Employees</b> (incl. independent contractors)	# 25
	<b>Total FTEs</b> (including independent contractors)	# 26
13. Personnel Payroll Related Expenses		
	a. Total Payroll Expense (including Sales Force Payroll)	\$ 50
	b. Sales Force Payroll Expense (incl. indep. sales reps)	\$ 51
	c. Total Fringe Benefits Expense	\$ 52

## RETURNS - DEFECTIVE & NON-DEFECTIVE MERCHANDISE

<b>14. Sales Returns: (estimate if necessary)</b>	Total Gross Sales (i.e., Sales before any returns or allowances)	\$	80
	Total Amount of Returns of Defective Merchandise	\$	81
	Total Amount of Returns of Non-Defective Merchandise	\$	82

## PROFIT & LOSS STATEMENT (12 months of data)

	FY2016	FY2017
<b>15. Net Sales</b> (after all returns and allowances)	\$ 100	\$ 101
<b>16. Cost of Goods Sold</b>		102
<b>17. Gross Margin</b> (Line 15 minus Line 16)		103
<b>Expenses</b>		
<b>18. Sales and Marketing Expenses</b>		104
<b>19. Warehouse, Delivery and Returns Expenses</b>		105
<b>20. Occupancy Expenses</b>		106
<b>21. General and Administrative Expenses</b>		107
<b>22. Depreciation and Amortization Expense</b>		108
<b>23. Royalty Expense</b>		109
<b>24. All Other Expenses</b>		110
<b>25. TOTAL OPERATING EXPENSES</b> (Sum of Lines 18 through 24)		111
<b>26. Operating Profit</b> (Line 17 minus Line 25)		112
<b>27. Other Non-Operating Expense/(Income)</b> <small>(includes loss/gain on sale of assets, late charges, overpayments, interest received, rent income, and other miscellaneous expenses/income, etc.)</small>		113
<b>28. Interest Expense</b>		114
<b>29. Profit Before Taxes</b> (Line 26 minus Line 27 minus Line 28)		115

## BALANCE SHEET INFORMATION (2017 FISCAL YEAR-END)

ASSETS—CURRENT	Amount		LIABILITIES—CURRENT	Amount
<b>30. Cash &amp; Short-Term Investments</b>	\$ 257		<b>39. Accounts Payable</b>	\$ 267
<b>31. Accounts Receivable</b>	258		<b>40. Notes Payable</b>	268
<b>32. Inventory</b>	259		<b>41. Other</b>	269
<b>33. Other Current Assets</b>	260		<b>42. Total Current Liabilities</b> <small>(Sum of Lines 39 through 41)</small>	270
<b>34. Total Current Assets</b> <small>(Sum of Lines 30 through 33)</small>	261		<b>LIABILITIES—LONG-TERM</b>	
<b>ASSETS—FIXED</b>			<b>43. Long-Term Debt</b>	271
<b>35. Fixed Assets</b> (net of Depreciation)	262		<b>44. Other Long-Term Liabilities</b>	272
<b>36. Other non-current Assets</b> (i.e., investments, cash value of the insurance, etc.)	263		<b>45. Total Liabilities</b> <small>(Sum of Lines 42 through 44)</small>	273
<b>37. Total Fixed &amp; Other Assets</b> <small>(Sum of Lines 35+36)</small>	264		<b>46. NET WORTH</b> <small>(including paid-in capital and retained earnings)</small>	274
<b>38. TOTAL ASSETS</b> <small>(Sum of Lines 34+37)</small>	265		<b>47. TOTAL LIABILITIES AND NET WORTH</b> <small>(Sum of Lines 45 and 46)</small>	275

Please make a copy of the survey for your file and FAX or send it to Industry Insights no later than the deadline of May 18, 2018. DO NOT FORGET TO COMPLETE THE IDENTIFICATION STUB BELOW TO ENSURE THAT YOU RECEIVE YOUR INDUSTRY REPORT AS WELL AS YOUR INDIVIDUAL COMPANY PERFORMANCE REPORT.

Thank you for your participation!  
 Industry Insights, Inc.  
 PO Box 4330  
 Dublin, Ohio 43016  
 (614) 389-2100 - (614) 389-3816/FAX

Your data will be treated in strictest confidence by Industry Insights, Inc., an outside, third party company that specializes in such studies. Upon receipt by Industry Insights, Inc., any name identification will be removed and a confidential identification code number will be assigned to your form. However, please fill out the information below so that industry insights will be able to mail you the full industry-wide report as well as your individual Company Performance Report. (Only survey participants will receive this invaluable information.)

Name/Title	
Company	
Street Address	
City, State, Zip	
Telephone	
E-mail	