



## 2014 Wholesale Distributor Operating Ratio Survey

**Deadline  
September 15, 2014**

**Your data will be treated confidentially by Profit Planning Group**  
 No one from WF&FSA 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.

**FAX completed surveys to 303.444.9245 or email to surveys@profitplanninggroup.com  
 or mail to Profit Planning Group, 1790 38th Street, Suite 204, Boulder, Colorado 80301**

- Report the **most recently completed fiscal year**. 12 months of data are required but may be unaudited.
- Optionally, **submit your balance sheet and income statement** instead of answering those questions.
- **It is better to estimate than leave a blank**. Send questions to surveys@profitplanninggroup.com.
- Provide the following to receive your **FREE Performance Analysis Report (PAR)** with an action plan for improving your firm's performance and access to **Profit Toolkit Online**.

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

Title \_\_\_\_\_

Company \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

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

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

**Get your PAR two weeks earlier by email**

**Yes, send my report in an Adobe® Acrobat® PDF file by email to the address above.**  
 Provide the email address above and add mail@profitplanninggroup.com to your address book and/or spam filter's white list.

1. Fiscal year end (mm/yy) ..... \_\_\_\_\_
2. Number of locations (including headquarters location) ..... \_\_\_\_\_ #
3. Total number of employees (convert part-time to FTE based on a forty hour work week) ..... \_\_\_\_\_ #
4. What percentage of sales were made using cash, check or COD? (enter zero for none) ..... \_\_\_\_\_ %

**5. Product Sales, Gross Margin & Inventory**

	<u>Sales</u>	<u>Cost of Goods Sold</u>	<u>Gross Margin</u>	<u>Average Inventory</u>
Hardgoods .....	\$ _____	\$ _____	\$ _____	\$ _____
Perishable Goods ...	_____	_____	_____	_____
All Other Products ...	_____	_____	_____	_____
<b>Total</b> .....	\$ _____	\$ _____	\$ _____	\$ _____

6. Net Sales for the fiscal year **prior** to the one being reported (to calculate growth) ..... \$ \_\_\_\_\_



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 financials are required so Profit Planning Group can complete the survey.

**Balance Sheet** (end of fiscal year)

**Assets**

**Current Assets**

Cash & Marketable Securities ..... \$ \_\_\_\_\_

Accounts Receivable (trade) ..... \_\_\_\_\_

Hardgoods Inventory ..... \$ \_\_\_\_\_

Perishable Goods Inventory ..... \_\_\_\_\_

**Total Inventory Investment** ..... \$ \_\_\_\_\_

Other Current Assets ..... \_\_\_\_\_

**Total Current Assets** (Cash + Accounts Receivable + Inventory + Other Current) ..... \$ \_\_\_\_\_

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 ..... \_\_\_\_\_

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

Long Term Liabilities (not due within one year) ..... \_\_\_\_\_

Loans from Stockholders ..... \_\_\_\_\_

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

**Total Liabilities and Net Worth** ..... \$ \_\_\_\_\_

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

<b>Total Net Sales</b> (less returns, discounts & allowances) .....	\$ _____
Total Cost of Goods Sold .....	_____
<b>Gross Profit</b> (Net Sales - Cost of Goods Sold) .....	\$ _____
<b>Payroll Expenses</b>	
Total Salaries, Wages, Commissions & Bonuses (including active owners/officers) .....	\$ _____
Payroll Taxes (FICA, workers' compensation & unemployment) .....	_____
Group Insurance (medical, hospitalization, etc.) .....	_____
Benefit Plans (fringes, pension, profit sharing, etc.) .....	_____
<b>Total Payroll Expenses</b> (Salaries + Payroll Taxes + Group Insurance + Benefits) .....	\$ _____
<b>Occupancy Expenses</b>	
Utilities (heat, light, power, water) .....	\$ _____
Repairs and Maintenance (building & grounds) .....	_____
Rent or Ownership in Real Estate (incl. rent, mort. int., bldg. depr., insurance, real estate taxes, etc.) .....	_____
<b>Total Occupancy Expenses</b> .....	\$ _____
<b>Other Operating Expenses</b>	
Advertising & Promotion .....	\$ _____
Telephone .....	_____
Vehicle Expenses (include gas, oil, repairs & maintenance, insurance, depreciation, leasing, etc.) .....	_____
Insurance (business liability & casualty) .....	_____
Depreciation (fixtures & equipment, exclude building & vehicle) .....	_____
All Other Operating Expenses .....	_____
<b>Total Other Operating Expenses</b> .....	\$ _____
<b>Total Operating Expenses</b> (Payroll + Occupancy + Other) .....	\$ _____
<b>Operating Profit</b> (Gross Profit - Operating Expenses) .....	\$ _____
Other Income (interest income, gain on sales of assets, etc.) .....	_____
Interest Expense (excluding mortgage interest) .....	_____
Other Non-operating Expenses .....	_____
<b>Profit Before Taxes</b> .....	\$ _____

**Thank You For Your Participation**