



Wholesale Distributor Operating Ratio Survey

**Deadline
June 1, 2017**

- **Your data will be treated confidentially by Profit Planning Group.** No one from WF&FSA or any other firm will have access to individual company data. In reports, participant data are aggregated in a way that prevents identification of any individual company.
- Send completed **surveys to surveys@profitplanninggroup.com** or FAX to **303.444.9245** or mail to Profit Planning Group, 4800 Baseline Road, Suite E104-251, Boulder, Colorado 80303
- Report the **most recently completed full 12 month fiscal year**. Data can be unaudited.
- Optionally, **submit your balance sheet and income statement** instead of answering those questions.
- **Estimates are better than blank answers.** Send questions to surveys@profitplanninggroup.com.
- Reports are emailed in a PDF file to the address specified below. The **FREE Performance Analysis Report™ (PAR™)** includes a custom action plan for improving your firm's performance and access to the **Profit Dashboard™**.

Name (only one) _____

Title _____

Company _____

Mailing Address _____

City, State, ZIP Code _____

Telephone (____) _____ Fax (____) _____

Email Address (only one) _____

Fiscal year end (mm/yy) _____

Number of locations (including headquarters location) _____ #

Number of employees (convert part-time to FTE based on 2080 annual work hours) _____ #

Percentage of sales were made using cash, check or COD (enter zero for none) _____ %

Product Sales, Gross Margin & Inventory

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

Net Sales for the fiscal year **prior** to the reported year (to calculate growth) \$ _____

Number of active customers (with 3+ orders annually) #

Number of orders shipped annually #

Average number of lines per order #



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)

Total Net Sales (less returns, discounts & allowances).....	\$	_____
Total Cost of Goods Sold.....		_____
Gross Profit (Net Sales - Cost of Goods Sold).....	\$	_____
Payroll Expenses		
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.).....		_____
Total Payroll Expenses (Salaries + Payroll Taxes + Group Insurance + Benefits)	\$	_____
Occupancy Expenses		
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.)		_____
Total Occupancy Expenses	\$	_____
Other Operating Expenses		
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.....		_____
Total Other Operating Expenses	\$	_____
Total Operating Expenses (Payroll + Occupancy + Other).....	\$	_____
Operating Profit (Gross Profit - Operating Expenses).....	\$	_____
Other Income (interest income, gain on sales of assets, etc.)		_____
Interest Expense (excluding mortgage interest)		_____
Other Non-operating Expenses.....		_____
Profit Before Taxes	\$	_____

Thanks for participating