



2012 Wholesale Distributor Operating Ratio Survey

**Deadline
August 15, 2012**

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.

**Please fax completed survey to 303.444.9245 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 to leave a blank**. Send questions to surveys@profitplanninggroup.com.
- Provide the following to receive your FREE **Profit Improvement Profile (PIP)** report 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 PIP 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...	_____	_____	_____	_____
Total	\$ _____	\$ _____	\$ _____	\$ _____

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)

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	\$ _____

Thank You For Your Participation