



NGA/FMS
INDEPENDENT RETAIL OPERATIONS
2010 SURVEY



Please include results from your most recent Year End Financial Statements. If you have any questions regarding this survey please contact Robert Graybill, CPA, FMS at (877) 435-9400, ext. 1203

- 1. Name of Organization
2. Number of Years in Business
3. Name and Title of Individual Completing Survey
4. In what states do you operate?
5. How many stores do you operate?
6. Do you operate stores in an Urban Market, Major City or Non Urban?
7. Selling Square Footage
8. Total Square Footage
9. Annual Customer Count
10. Capital Expenditures in 2009
11. Increase or Decrease in capital expenditures over 2008
12. Do you plan to increase capital expenditures in 2010?
13. Do you feel tax incentives will cause you to increase capital expenditures?
14. Did you open stores in 2009?
15. Did you close any stores in 2009?
16. What is your biggest political concern for 2010?
17. Please Rank the following as they are important to you (1 being most important to 7 being least important)
18. If you could choose one tax change or reform to pass this year, what would it be?
19. By what percentage did your health care costs increase in 2009?
20. What do you expect your health care costs to increase by in 2010?
21. Do you feel the current administrations plans to change health care will occur as planned, be influenced by the MA Senate Seat, or not pass in any form?
22. What do you want this administration to accomplish in 2010?
23. Legal Entity
24. Primary Competitor
25. Secondary Competitor
26. By what percent did your same store sales increase from 2008 to 2009?
27. Did you remodel any stores in 2009 (expenditures over \$100,000)?



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- 28. If a super center opened near a store you owned how did you respond? _____
- 29. What percentage of your staff is full time vs part time? _____ %
- 30. How many employees are full time _____
- 31. How many employees are part time _____
- 32. Do you offer health care for full time _____ Yes No
- 33. Do you offer health care for part time _____ Yes No
- 34. How many employees are covered under your health care? _____
- 35. What is the total cost of health care? _____
- 36. Who is your primary wholesaler? _____
- 37. What is your cashiers scans per productive minute?
(when they are ringing a customer up actively) _____
- 38. How many cases per hour do you expect your night crew to stock? _____
- 39. What is your organization doing to protect/improve sales? _____
- 40. What is your auto substantiation rate for electronic payments as a percentage? _____ %
- 41. Has your company been a victim of electronic payment fraud? _____
- 42. How many months do you think it will take for the economy to turn around? _____
- 43. Do you feel another economic stimulus package is needed? _____ Yes No
- 44. Is your company planning to layoff in the upcoming year? _____ Yes No
- 45. Has your organization been influenced by the lack of capital?
If yes, how (circle those that apply):
 1. Could not fund remodel
 2. Could not acquire new store(s)
 3. Could not obtain credit for operations
 4. Other (explain) _____
- 47. What topics would you like to see at the 2011
NGA/FMS Financial and Technology Symposium? _____

- 0-\$100,000
- \$100,001-\$200,000
- \$200,001-\$300,000
- \$300,001 and above

Number of Stores: _____

	Sales \$	% to total Sales	Pre LIFO Inv Adjustment Inventory \$
Grocery	_____	_____	_____
Dairy	_____	_____	_____
Frozen	_____	_____	_____
Meat	_____	_____	_____
Deli	_____	_____	_____
Bakery	_____	_____	_____
Seafood	_____	_____	_____
Produce	_____	_____	_____
Floral	_____	_____	_____
HBC	_____	_____	_____
GM	_____	_____	_____
Tobacco	_____	_____	_____
Pharmacy	_____	_____	_____
Other	_____	_____	_____
Total Sales	=====	=====	=====

*should add up to equal 100%

Margins	\$	% to department sales
Grocery	_____	_____
Dairy	_____	_____



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Frozen	_____	_____
Meat	_____	_____
Deli	_____	_____
Bakery	_____	_____
Seafood	_____	_____
Produce	_____	_____
Floral	_____	_____
HBC	_____	_____
GM	_____	_____
Tobacco	_____	_____
Pharmacy	_____	_____
Other	_____	_____
Total Store Margin	_____	_____

Labor Percentage(labor only no benefits)

	<u>Percentage</u>	<u>Total Hours for the year</u>
Grocery	_____	_____
Dairy	_____	_____
Frozen	_____	_____
Meat	_____	_____
Deli	_____	_____
Bakery	_____	_____
Seafood	_____	_____
Produce	_____	_____
Floral	_____	_____
HBC	_____	_____
GM	_____	_____
Pharmacy	_____	_____
Tobacco	_____	_____
Other	_____	_____
Total Store Labor Rate (percentage of total sales)	_____	_____
Benefits	_____	_____
Total Store Labor Rate and Benefits (percentage of total sales)	_____	_____

Expenses

	<u>Percentage of Total Sales</u>
Interest expense	_____
Rent and common area maintenance	_____
Advertising	_____
Depreciation	_____
Supplies*include all supplies	_____
Repairs and Maintenance	_____

Utility expenses

	<u>Percentage of Total Sales</u>
Electric	_____
Heating and cooking :gas and oil(do not include vehicle expenses)	_____



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Total Utilities _____
Total All expenses excluding cost of goods and labor _____
Net Profit before Taxes _____

To receive your complimentary copy of the NGA/FMS Independent Retail Operations Survey please complete the following:

Name _____
Company _____
Address _____
City, State, Zip _____
Phone _____
E-mail _____

Please mail completed survey to:

FMS
2010 Independent Retail Survey
8028 Ritchie Highway
Suite 212
Pasadena, MD 21122

or fax completed survey to:

(410) 761-7643

Please return by April 15, 2010