



**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? _____
 If yes, what percentage of your business is in these markets? _____
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

	Increase	Decrease
--	----------	----------
12. Do you plan to increase capital expenditures in 2010?

	Yes	No
--	-----	----
13. Do you feel tax incentives will cause you to increase capital expenditures?

	Yes	No
--	-----	----
14. Did you open stores in 2009?

	Yes	No
--	-----	----

 If yes, how many stores were opened? _____
15. Did you close any stores in 2009?

	Yes	No
--	-----	----

 If yes, how many stores were closed? _____
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)

Health Care Reform	_____
Economic Stimulus Plans	_____
Super Center Legislation	_____
Jobs Legislation	_____
"Death Tax" Permanent Repeal	_____
Energy Costs	_____
Immigration Reform	_____
18. If you could choose one tax change or reform to pass this year, what would it be? (Circle 1)

Accelerated Depreciation Reform	_____
Corporate tax rate reduction	_____
Permanent or increased worker opportunity tax credits	_____
Greater tax rate incentives for improved environmental practices	_____
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?

	As Planned	Influenced by MA Senate Seat	Not Pass
--	------------	------------------------------	----------
22. What do you want this administration to accomplish in 2010? _____
23. Legal Entity (Corp, S Corp, LLC, Proprietorship, Partnership) _____
24. Primary Competitor (Please number to following 1 most important 5 least important)

_____ Supercenter	_____ Conventional	_____ Gourmet	_____ Limited Assortment	_____ Other
-------------------	--------------------	---------------	--------------------------	-------------
25. Secondary Competitor (Please number to following 1 most important 5 least important)

_____ Supercenter	_____ Conventional	_____ Gourmet	_____ Limited Assortment	_____ Other
-------------------	--------------------	---------------	--------------------------	-------------
26. By what percent did your same store sales increase from 2008 to 2009?
 *Same store sales should not include remodels of over \$100,000



**NGA/FMS
INDEPENDENT RETAIL OPERATIONS
2010 SURVEY**



27. Did you remodel any stores in 2009 (expenditures over \$100,000) _____ Yes No _____
 If yes how many stores did you remodel? _____
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? _____ Yes No _____
 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%	_____	_____	_____



**NGA/FMS
INDEPENDENT RETAIL OPERATIONS
2010 SURVEY**



Margins	\$	% to department sales
Grocery	_____	_____
Dairy	_____	_____
Frozen	_____	_____
Meat	_____	_____
Deli	_____	_____
Bakery	_____	_____
Seafood	_____	_____
Produce	_____	_____
Floral	_____	_____
HBC	_____	_____
GM	_____	_____
Tobacco	_____	_____
Pharmacy	_____	_____
Other	_____	_____
Total Store Margin	=====	=====

Labor Percentage(labor only no benefits)	Percentage	Total Hours for the year
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	Percentage of Total Sales
Interest expense	_____
Rent and common area maintenance	_____
Advertising	_____
Depreciation	_____
Supplies*include all supplies	_____
Repairs and Maintenance	_____



NGA/FMS
INDEPENDENT RETAIL OPERATIONS
2010 SURVEY



Utility expenses

Percentage of Total Sales

Electric	_____
Heating and cooking :gas and oil(do not include vehicle expenses)	_____
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 March 31, 2010