



**NGA/FMS
INDEPENDENT RETAIL OPERATIONS
2008 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 2007 _____
11. Increase or Decrease in capital expenditures over 2006 _____
12. Did you open stores in 2007? _____
 If yes, how many stores were opened? _____
13. Did you close any stores in 2007? _____
 If yes, how many stores were closed? _____
14. What is your biggest political concern for 2008? _____
15. Please Rank the following as they are important to you(1 being most important to 7 being least important)
 Health Care Reform _____
 Minimum Wage _____
 Super Center Legislation _____
 War in Iraq _____
 "Death Tax" Permanent Repeal _____
 Energy Costs _____
 Immigration Reform _____
16. 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 _____
 Permennant or increased worker opportunity tax credits _____
 Greater tax rate incentives for improved environmental practices _____
17. By what percentage did your health care costs increase in 2007? _____
18. What do you expect your health care costs to increase by in 2008? _____
19. Legal Entity(Corp, S Corp, LLC, Proprietorship, Partnership) _____
20. Primary Competitor (Please number to following 1 most important 5 least important) _____
 ___ Supercenter ___ Conventional ___ Gourmet ___ Limited Assortment ___ Other
21. Secondary Competitor (Please number to following 1 most important 5 least important) _____
 ___ Supercenter ___ Conventional ___ Gourmet ___ Limited Assortment ___ Other
22. By what percent did your same store sales increase from 2006 to 2007? _____
 *Same store sales should not include remodels of over \$100,000
23. Did you remodel any stores in 2007(expenditures over \$100,000) _____
 If yes how many stores did you remodel? _____
24. If a super center opened near a store you owned how did you respond? _____
25. What percentage of your staff is full time vs part time? _____
26. How many employees are full time _____
27. How many employees are part time _____
28. Do you offer health care for full time _____
29. Do you offer heath care for part time _____
30. How many employees are covered under your health care? _____
31. What is the total cost of health care? _____
32. Who is your primary wholesaler? _____
33. What is your cashiers scans per productive minute?
 (when they are ringing a customer up actively) _____
34. How many cases per hour do you expect your night crew to stock? _____
35. Is your company PCI compliant? _____
36. What is your auto substiation rate for electronic payments as a percentage? _____
37. Has your company been a victim of electronic payment fraud? _____

*Urban is defined as a city or town with 500,000 to 1 million in population levels
 **City is defined as a popultaion of 1 million or more
 ***Non Urban is defined as all others less than 500,000



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

Number of Stores: _____

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

***should add up to equal 100%**

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

	Percentage	Total Hours for the year
Grocery	_____	_____
Dairy	_____	_____
Frozen	_____	_____
Meat	_____	_____
Deli	_____	_____
Bakery	_____	_____
Seafood	_____	_____
Produce	_____	_____
Floral	_____	_____
HBC	_____	_____

Labor Percentage(labor only no benefits)



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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	_____

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
2008 Independent Retail Survey
8028 Ritchie Highway
Suite 212
Pasadena, MD 21122

or fax completed survey to:

(410) 761-7643

Please return by March 15, 2008