



NGA/FMS
INDEPENDENT GROCERS FINANCIAL SURVEY
2015



Please use the results from your 2014 Year-End Financial Statements. If you have any questions regarding this survey please contact Eric Wronsky at FMS at ericw@fmssolutions.com

1 Company name _____

2 Your name and title _____

3 Company Address _____
City, State Zip _____

4 Phone number _____

5 E-mail address _____

6 Number of years in business #: _____

7 Who is your primary wholesaler? _____

8 Have you changed primary wholesalers in the past 15 months? ☐ Yes ☐ No
If yes, who was your previous primary wholesaler? _____

9 How many stores did you operate as of your fiscal year end of 2014? #: _____

10 Did you open any stores in 2014? If yes, how many? ☐ Yes ☐ No # _____

11 Did you close any stores in 2014? If yes, how many? ☐ Yes ☐ No # _____

12 Did you undertake any major* store remodels in 2014? If so, how many? ☐ Yes ☐ No # _____
* Major: expenses exceed \$500,000

13 How much were your total Capital Expenditures in 2014? \$ _____

14 How did Capital Expenditures change in 2014 over 2013? ☐ Increased ☐ Decreased ☐ About the same

15 How did the budget for Capital Expenditures for 2015 change over actual 2014? ☐ Increased ☐ Decreased ☐ About the same

16 What is the biggest factor in deciding how you make your capital investment decisions? ☐ Return on investment
☐ Right for the business
☐ Tax benefits
☐ Generating or protecting sales
☐ Cost savings

17 How many of your stores generate sales in the following sales categories:
Weekly, per store sales of less than \$100,000 _____
Weekly, per store sales of \$100,001-\$200,000 _____
Weekly, per store sales of \$200,001-\$300,000 _____
Weekly, per store sales of \$300,001 or more _____
Number of stores across categories should add to total stores in operation:

18 In which states do you operate? _____

19 For your typical store, what is the selling space and total square footage? Selling: _____ Total: _____

20 What is your approximate **annual** customer count for all stores? #: _____

21 What is your company's legal entity? ☐ Corp ☐ S Corp ☐ LLC ☐ Proprietorship ☐ Partnership ☐ Other

22 Of the following formats, rank your competitors with 1 being the most and 5 being the least competitive,
as well as the total number of each of these competitors in your market area.
____ Supercenter # _____
____ Conventional # _____
____ Gourmet # _____
____ Limited assortment and dollar stores # _____
____ Other (please indicate): _____ # _____

23 How many of your stores currently have a Wal-Mart Supercenter in its market area? # _____

24 By what percentage did your same-store sales increase or decrease from 2013 to 2014? _____% (Exclude remodels of \$500,000+, gasoline, new stores, closed stores)

25 Did your company take any new initiatives to drive or improve sales in 2014? _____

26 How did the total cost of healthcare change in 2014 compared to 2013? ☐ Increased _____%
☐ Decreased _____%
☐ About the same



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- 27 List the number of full time employees and part time employees: Full time #: _____ Part time #: _____
- 28 What was the turnover rate in 2014 for store level employees? Full-time %: _____ Part time %: _____
- 29 Do you have union employees? ☐ Yes ☐ No
- 30 Do you currently offer healthcare benefits to part-time employees? ☐ Yes ☐ No
If "Yes," is this required under a collective bargaining agreement? ☐ Yes ☐ No
- 31 How are you tracking non-full time employee hours for the purposes of the healthcare look back/stability periods? ☐ Payroll company
☐ Health insurance broker or provider
☐ Internally / manual process
☐ Internal software product
☐ Other (please explain): _____
- 32 Do you offer a loyalty card program? ☐ Yes ☐ No
- 33 What was the average number of transactions per store, per week in 2014? #: _____
- 34 What was the average transaction size in 2014? \$ _____
- 35 What is your average cashier's scans per productive minute? #: _____ (scans when actively ringing up customers)
- 36 How many cases per hour do you expect your day and night crews to stock? Day #: _____ Night #: _____
- 37 Please assign a score 1 through 10, where 10 is the highest impact on your company for each of the following:
- | | Impact issue had in 2014 | Expected impact in 2015-2016 |
|---|--------------------------|------------------------------|
| Competition from other retailers | _____ | _____ |
| Consumer diversity (ethnic, age, income, marital status, etc) | _____ | _____ |
| Consumer privacy concerns | _____ | _____ |
| Credit/debit card interchange fees/costs | _____ | _____ |
| Energy costs | _____ | _____ |
| Environmental concerns | _____ | _____ |
| Food safety | _____ | _____ |
| Healthcare costs | _____ | _____ |
| Consumer obesity epidemic; health & wellness trends | _____ | _____ |
| Local and national economy | _____ | _____ |
| Local, state and national governmental regulations | _____ | _____ |
| Restaurants and other food service establishments | _____ | _____ |
| Staffing, hiring, retention | _____ | _____ |
| Technology investments | _____ | _____ |
| Data security | _____ | _____ |
- 38 Percent of transactions through self-checkout _____%
Through express lanes _____%
Through cashier-assisted lanes _____%
- 39 Average annual store-level inventory turns
- | | |
|-------------|-------|
| Total store | _____ |
| Dry grocery | _____ |
| Dairy | _____ |
| Produce | _____ |
| Meat | _____ |
- 40 Average annual shrink as a percentage of sales
- | | |
|----------------|--------|
| Overall shrink | _____% |
| Dry grocery | _____% |
| Dairy | _____% |
| Produce | _____% |
| Meat | _____% |
| Prepared foods | _____% |
- 41 How have the following categories changed in 2014 compared to 2013?
- | | | | | |
|---|--------------------------------|--------------------------------|----------------------------|--------------------------|
| Organic Sales | <input type="radio"/> Increase | <input type="radio"/> Decrease | <input type="radio"/> Same | <input type="radio"/> NA |
| Number of organic SKUs stocked | <input type="radio"/> Increase | <input type="radio"/> Decrease | <input type="radio"/> Same | <input type="radio"/> NA |
| Number of locally-grown/produced SKUs stocked | <input type="radio"/> Increase | <input type="radio"/> Decrease | <input type="radio"/> Same | <input type="radio"/> NA |
| Private brand sales | <input type="radio"/> Increase | <input type="radio"/> Decrease | <input type="radio"/> Same | <input type="radio"/> NA |
| Number of private brand SKUs stocked | <input type="radio"/> Increase | <input type="radio"/> Decrease | <input type="radio"/> Same | <input type="radio"/> NA |
| Number of gourmet/luxury SKUs stocked | <input type="radio"/> Increase | <input type="radio"/> Decrease | <input type="radio"/> Same | <input type="radio"/> NA |
| Prepared food sales | <input type="radio"/> Increase | <input type="radio"/> Decrease | <input type="radio"/> Same | <input type="radio"/> NA |
| Prepared food selection | <input type="radio"/> Increase | <input type="radio"/> Decrease | <input type="radio"/> Same | <input type="radio"/> NA |
| Number of sustainable SKUs stocked | <input type="radio"/> Increase | <input type="radio"/> Decrease | <input type="radio"/> Same | <input type="radio"/> NA |



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- 42 How did your total shrink change in 2014 compared to 2013? ☐ Increased ☐ Decreased ☐ About the same
- 43 Does your company measure shrink at cost or retail? ☐ Cost ☐ Retail
- 44 Is your company able to track inventory shrink by SKU? ☐ Yes ☐ No
- 45 Does your company have a shrink management program? ☐ Yes ☐ No
- If yes, please explain: _____
- 46 Does your company perform third party shrink audits? ☐ Yes ☐ No
- 47 What is your biggest political concern for 2015? _____
- 48 Do you currently use the accounting method "Last In, First Out" (LIFO)? ☐ Yes ☐ No
- If "Yes," what were your reserves at the end of FY 2014? \$ _____
- 49 If LIFO was repealed, how many years would you realistically need to be able to adequately "write up" your reserves (i.e. pay income taxes on your reserve)? ☐ 0-2 years
☐ 3-4 years
☐ 5-7 years
☐ 8-10 years
☐ 11-15 years
☐ More than 15 years
☐ We'd go out of business
- 50 In terms of consumer payments, what percentage of sales are paid via the following:
- | | |
|------------------|---------|
| Cash | _____ % |
| Credit | _____ % |
| Debit | _____ % |
| SNAP/Food Stamps | _____ % |
| WIC | _____ % |
| EBT Cash | _____ % |
| Checks | _____ % |
| Mobile payments | _____ % |
| Other | _____ % |
- 51 What percentage of your 2014 advertising budget was spent on the following:
- | | |
|---------|--|
| _____ % | Newspaper (include free-standing inserts, circulars, and run of paper) |
| _____ % | Direct mail / shared mail |
| _____ % | Radio |
| _____ % | TV |
| _____ % | Billboards/outdoor signage |
| _____ % | Community donations |
| _____ % | Social media/mobile marketing |
| _____ % | Email/online marketing |
| _____ % | Other: _____ |
- 52 What is your experience with social media marketing? ☐ Just getting started
☐ Been using social media for 6-12 months
☐ Been using social media for over one year
☐ No experience, but plan to start soon
☐ No experience, no plans to start
- 53 What topics would you like to see at the 2016 NGA/FMS Financial Conference _____
- 54 What educational/informational seminars would you like to have offered in 2015 via web training? (cost segregation, estate planning, etc.) _____



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For questions 55-59, please provide financial data for 2014.

FMS clients can also check the box "I give FMS Solutions permission to pull my financial data for questions 55-59."

☐ I give FMS Solutions permission to pull my financial data for questions 55-59. (FMS Clients only)

55 What were your 2014 sales across the following departments?

If your company divides up departments differently, please indicate.

	Sales \$	% to total Sales	Pre LIFO Inv Adjustment Inventory \$
Grocery	\$	%	\$
Dairy	\$	%	\$
Frozen	\$	%	\$
Meat	\$	%	\$
Deli	\$	%	\$
Bakery	\$	%	\$
Seafood	\$	%	\$
Produce	\$	%	\$
Floral	\$	%	\$
Health and Beauty Care (HBC)	\$	%	\$
General Merchandise (GM)	\$	%	\$
Beer, Wine, Liquor	\$	%	\$
Tobacco	\$	%	\$
Pharmacy	\$	%	\$
Other (please specify) _____	\$	%	\$
Total Sales	\$	%	\$

(should add to 100%)

56 What were your 2014 margins for the following departments?

If your company divides up departments differently, please indicate.

	Margin \$	% to department sales
Grocery	\$	%
Dairy	\$	%
Frozen	\$	%
Meat	\$	%
Deli	\$	%
Bakery	\$	%
Seafood	\$	%
Produce	\$	%
Floral	\$	%
Health and Beauty Care (HBC)	\$	%
General Merchandise (GM)	\$	%
Beer, Wine, Liquor	\$	%
Tobacco	\$	%
Pharmacy	\$	%
Other (please specify) _____	\$	%
Total Store Margin	\$	%



NGA/FMS
INDEPENDENT GROCERS FINANCIAL SURVEY
2015



57 What were your company's 2014 labor costs across the following departments (exclude benefits)

If your company divides up departments differently, please indicate.

	Percentage	Total Hours for the year
Grocery	_____ %	_____
Dairy	_____ %	_____
Frozen	_____ %	_____
Meat	_____ %	_____
Deli	_____ %	_____
Bakery	_____ %	_____
Seafood	_____ %	_____
Produce	_____ %	_____
Floral	_____ %	_____
Health and Beauty Care (HBC)	_____ %	_____
General Merchandise (GM)	_____ %	_____
Beer, Wine, Liquor	_____ %	_____
Tobacco	_____ %	_____
Pharmacy	_____ %	_____
Other (please specify) _____	_____ %	_____
Total Store Labor Rate (percentage of total sales)		
Benefits	_____ %	_____
Total Store Labor Rate and Benefits (percentage of total sales)		
	_____ %	_____

58 What were your company's 2014 expenses as a percentage of sales in the following categories?

	Expenses as a % of sales
Interest expense	_____ %
Rent and common area maintenance	_____ %
Advertising	_____ %
Depreciation	_____ %
Supplies (include all supplies)	_____ %
Repairs and Maintenance	_____ %
Total utility expenses	_____ %
Total/All expenses excluding cost of goods and labor	_____ %
Net Profit before Taxes	_____ %
EBITA	_____ %
EBITA prior to owner bonus	_____ %

59 What were your company's 2014 balance sheet data for the following:

Current assets:	\$ _____
Long-term assets:	\$ _____
Current liabilities:	\$ _____
Long-term liabilities (debts):	\$ _____
Total equity:	\$ _____

Please mail completed survey to:

FMS -- 2015 Independent Grocer Financial Survey
8028 Ritchie Highway, Ste 212
Pasadena, MD 21122

Or please email completed survey to: Survey@fmssolutions.com

Or fax completed survey to: (410) 761-7643

Please return by May 22, 2015