



<p>Survey Deadline March 31, 2010</p>

Power Transmission Distributors Association/Bearing Specialists Association
2010 Joint Performance Analysis Survey
 (Based on data for the year ended 2009)

<p>Your data will be treated confidentially by the Profit Planning Group. No one from PTDA, BSA or their staff will have access to individual company data. Participant data will be aggregated in a way that prevents identification of any individual company.</p>

**Please complete and fax to 303.444.9245 or mail to:
 Profit Planning Group, 1790 38th Street, Suite 204, Boulder, CO 80301
 or scan and email to surveys@profitplanninggroup.com**

- Provide financial and operational data for the **most recently completed fiscal year**. A full 12 months of data are required but it does not need to be audited.
- As an option, **you may submit a copy of your balance sheet and income statement** instead of answering the questions after the STOP sign on this form.
- It is better to estimate rather than leave a blank. Send questions to **surveys@profitplanninggroup.com**.
- To receive your free reports and access to Profit Toolkit Online please complete the following.

Name _____

Title _____

Firm _____

Address Line 1 _____

Address Line 2 _____

City, State, ZIP Code _____

Telephone (_____) _____ Fax (_____) _____

Email Address _____

<p>GET YOUR REPORTS TWO WEEKS EARLIER BY EMAIL!</p> <p><input type="checkbox"/> Yes, send my report in an Adobe® Acrobat® PDF file to the email address above</p> <p>Be sure to provide your email address above and add mail@profitplanninggroup.com to your address book and/or to your spam filter's white list.</p>

1. Indicate which association you are a member of:
 Member of BSA Member of PTDA Joint Member of BSA & PTDA
Note: Joint BSA/PTDA members only need to complete ONE survey form and indicate that they are Joint Member of BSA/PTDA by checking the appropriate box above.
2. **REGION** Please check the **ONE** Region below that represents all or most of the Total Sales reported on this survey form.

<input type="checkbox"/> Eastern: CT, MA, ME, NH, NJ, NY, PA, RI, VT	<input type="checkbox"/> Western: AK, AZ, CA, CO, HI, ID, MT, NV, OR, UT, WA, WY
<input type="checkbox"/> Southern: AL, D.C., DE, FL, GA, KY, MD, MS, NC, SC, TN, VA, WV	<input type="checkbox"/> Canada
<input type="checkbox"/> Midwestern: IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI	<input type="checkbox"/> Mexico
<input type="checkbox"/> South Central: AR, LA, NM, OK, TX	<input type="checkbox"/> All Countries outside of North America
3. **Total Number of Full-Time Equivalent Employees** (all employees, including owner/managers)..... _____ #
 (Full-Time "Equivalent" Employees: If someone worked half-time for the entire year include him or her as 0.5 people. If you had a full-time seasonal employee for three months, include him or her as 0.25 people.)

- 4. Number of purchase orders for the year #
- 5. Number of invoices (orders) for the year #
- 6. Number of credit memos issued for the year #
- 7. Total dollar amount of credit memos issued \$ _____
- 8. Number of Stock-Keeping Units (SKUs) inventoried #
- 9. Fill rate as a percent of invoice lines shipped complete (i.e. without backorder errors) %
- 10. Average sales volume booked per outside salesperson \$ _____

11. Sales by Product Emphasis

- Original Equipment Manufacturer (OEM) %
- Maintenance, Repair & Operations (MRO) _____
- Other (please specify _____) _____
- Total Sales** **100%**

12. Sales by Product Category

- Mechanical Power Transmission Products %
- Bearings _____
- Hydraulic and Pneumatic Products _____
- Electrical/Electronic Products _____
- Motion Control Products (controls & sensors, linear motion products, stepping motors, servos, etc.) _____
- Other Products (e.g. tools & lubricants) _____
- Total Sales** **100%**

13. What percent of your total revenue comes from the sale of services (training, kitting, etc.) %

14. Do you usually charge for the following services?

- 24/7 Emergency service Yes No
- Engineering/design Yes No
- Expedited delivery Yes No
- Field services Yes No
- Repair Yes No

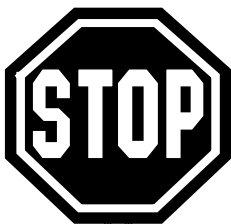
15. Warehouse Sales and Gross Profit

	<u>Sales</u>	<u>Gross Profit</u>
Warehouse & Non-Stock/Pass-Through Sales (any items that are received at your dock before delivery to customers)	\$ _____	\$ _____
Direct shipments to customer (supplier direct to customer)	_____	_____
Total	\$ _____	\$ _____

16. Freight Costs

- Total freight charges paid during the year \$ _____
- Freight costs billed to customers _____
- Net Freight Costs** \$ _____

17. Is your company **self-insured** for health insurance? Yes No
18. Which of the following are included in the **health insurance plan**?
- Employee (& family if applicable) Medical Costs Yes No
- Separate Dental Plan Coverage..... Yes No
- Term Life Insurance Yes No
- Accidental Death & Dismemberment Coverage Yes No
- Short-Term Disability..... Yes No
- Long-Term Disability Yes No
19. Compensation of Highest Paid Employee..... \$ _____
20. Compensation of the Second Highest Paid Employee \$ _____
21. What percentage of your sales are cash, credit card or C.O.D.? (enter zero if you have no cash sales) _____ %
22. When does your fiscal year end?..... _____
23. Net Sales for fiscal year **prior** to the one being reported (needed to calculate sales growth)? \$ _____
24. Were you on a LIFO Inventory Valuation System for the year being reported? Yes No
- a. If yes, how much was your annual **change** (+/-) in LIFO reserves for the year? \$ _____
- b. If yes, how much was your total **ending** LIFO reserve?..... \$ _____
25. Average Monthly A/R, Net (sum of 12 monthly balances ÷ 12, or quarterly balances ÷ 4) \$ _____
26. Average Monthly Inventory (sum of 12 monthly balances ÷ 12, or quarterly balances ÷ 4, LIFO) \$ _____
27. Average Monthly Accounts Payable (sum of 12 monthly balances ÷ 12, or quarterly balances ÷ 4) \$ _____
28. Total Purchases (amount paid to suppliers for materials last year)..... \$ _____
29. **Sales by Country**
- Total U.S. Sales \$ _____
- Total Canadian Sales (stated in U.S. dollars)..... _____
- Total Other International Sales (stated in U.S. dollars)..... _____
- Total Net Sales**..... \$ _____



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 your survey.

30. **Balance Sheet** (end of fiscal year)

Assets

Current Assets

Cash & Marketable Securities.....	\$ _____
Accounts Receivable (trade)	_____
Inventory.....	_____
Other Current Assets	_____
Total Current Assets	\$ _____
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 (including accruals)	_____
Total Current Liabilities	\$ _____
Long Term Liabilities	_____
Loans from Stockholders	_____
Net Worth or Owner Equity (include paid-in capital & retained earnings)	_____
Total Liabilities and Net Worth	\$ _____

31. **Income Statement** (12 months of data for most recent fiscal year)

Net Sales (less returns, discounts & allowances)	\$ _____
Cost of Goods Sold	_____
Gross Profit (Net Sales - Cost of Goods Sold).....	\$ _____
Payroll Expenses	
Salaries & Wages for all employees (all non-incentive pay).....	\$ _____
Commissions & Bonuses for all employees (all incentive pay)	_____
Total Salaries, Wages, Commissions & Bonuses	\$ _____
Payroll Taxes (FICA, unemployment, workers' compensation).....	_____
Health Insurance (medical, hospitalization).....	_____
Employee Benefits (include profit sharing, pension fund, etc.).....	_____
Total Payroll Expenses (Salaries + Payroll Taxes + Health Insurance + Benefits).....	\$ _____
Other Operating Expenses.....	_____
Total Operating Expenses (Payroll + Other Operating Expenses).....	\$ _____
Operating Profit (Gross Profit - Total Operating Expenses)	\$ _____
Other Income (interest income, sale of assets, etc.).....	_____
Interest Expense (exclude mortgage interest).....	_____
Other Non-operating Expenses.....	_____
Profit Before Taxes	\$ _____
Income Taxes (local, state, federal)	_____
Net Profit After Taxes	\$ _____

Keep a Copy of the Completed Survey for Your Records