Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [ ] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
AAKRON RULE CORP. PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/01/1973

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
AAKRON RULE CORP.

8 INDIANOLA AVENUE
AKRON, NY 14001-0418

2b Employer Identification Number (EIN) 16-0919851

2c Sponsor's telephone number 716-542-5483

2d Business code (see instructions) 339900

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	06/23/2010	DANIELLE ROBILLARD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/23/2010	DANIELLE ROBILLARD
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

AAKRON RULE CORP.

8 INDIANOLA AVENUE
AKRON, NY 14001-0418

3b Administrator's EIN
16-0919851

3c Administrator's telephone number
716-542-5483

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	251
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	208
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	20
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	228
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	228
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	226
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	12
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

3D 3H 2E

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		___ **A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
AAKRON RULE CORP. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AAKRON RULE CORP.

D Employer Identification Number (EIN)
16-0919851

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ARBOR CAPITAL

16-1468977

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT ADVISOR	47378	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

FIRST AURORA FINANCIAL GROUP

634 MAIN STREET SUITE 200
EAST AURORA, NY 14052

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	BROKER	0	Yes [X] No [ ]	Yes [X] No [ ]	22337	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
AAKRON RULE CORP. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AAKRON RULE CORP.

D Employer Identification Number (EIN)
16-0919851

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	192155	251798
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	15402	21701
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3181034	1531393
(2) U.S. Government securities	1c(2)	1786617	1486557
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	182000	1244253
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1832593	3885505
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	7189801	8421207
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	7189801	8421207

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	251798	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		251798
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3736	
	(B) U.S. Government securities	2b(1)(B)	65821	
	(C) Corporate debt instruments	2b(1)(C)	38432	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		107989
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	66739	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		66739
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	2957128	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2702114	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		255014

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	655128	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		655128
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c	Other income	2c		1606
d	Total income. Add all **income** amounts in column (b) and enter total	2d		1338274
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	59491	
	(2) To insurance carriers for the provision of benefits	2e(2)		
	(3) Other	2e(3)		
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		59491
f	Corrective distributions (see instructions)	2f		
g	Certain deemed distributions of participant loans (see instructions)	2g		
h	Interest expense	2h		
i	Administrative expenses: (1) Professional fees	2i(1)		
	(2) Contract administrator fees	2i(2)		
	(3) Investment advisory and management fees	2i(3)	47377	
	(4) Other	2i(4)		
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		47377
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		106868
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		1231406
l	Transfers of assets:			
	(1) To this plan	2l(1)		
	(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: DOMACHOWSKI, KEMPISTY & SALVATORE **(2)** EIN: 16-1450219

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
AAKRON RULE CORP. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AAKRON RULE CORP.

D Employer Identification Number (EIN)
16-0919851

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 22-3450856

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

AAKRON RULE CORP.
PROFIT SHARING PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION

YEARS ENDED DECEMBER 31, 2009 AND 2008

AAKRON RULE CORP.
PROFIT SHARING PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION

YEARS ENDED DECEMBER 31, 2009 AND 2008

TABLE OF CONTENTS

	PAGE NO.
Independent Auditor's Report	1
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	2
Statement of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4 – 7
SUPPLEMENTAL INFORMATION	
Schedule of Assets Held for Investment Purposes	9 – 11

Domachowski
Kempisty &
Salvatore, P.C.

Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

To the Trustee
Aakron Rule Corp.
Profit Sharing Plan
Akron, New York

We have audited the accompanying statements of net assets available for benefits of Aakron Rule Corp. Profit Sharing Plan as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Aakron Rule Corp. Profit Sharing Plan as of December 31, 2009 and 2008, and the changes in its net assets available for benefits for the year ended December 31, 2009 in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule of assets held for investment purposes, referred to as "supplemental information", is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental information is the responsibility of the Plan's management. The supplemental information has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Domachowski, Kempisty & Salvatore, LLP, PC

Clarence, New York
June 3, 2010

AAKRON RULE CORP.
PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

As of December 31,

	2009	2008
Investments, at Fair Value:		
Money Funds	$1,174,956	$3,077,925
U. S. Government Securities	1,469,235	1,768,578
Common Stock	3,885,505	1,832,593
Corporate Bonds	1,244,253	182,000
Certificates of Deposit	356,437	103,109
Asset Based Securities	17,322	18,039
	8,147,708	6,982,244
Receivables:		
Employer's Contribution Receivable	251,798	192,155
Accrued Interest	21,701	15,402
	273,499	207,557
Net Assets Available for Benefits	$8,421,207	$7,189,801

See accompanying notes and auditor's report.

AAKRON RULE CORP.
PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Year Ended December 31, 2009

Additions to Net Assets Attributed to:	
Investment Income:	
Net Appreciation in Fair Value of Investments	$ 910,142
Interest	107,989
Dividends	66,739
Return of Principal	1,494
Long-Term Capital Gain	112
	1,086,476
Employer Contributions	251,798
Total Additions	1,338,274
Deductions from Net Assets Attributed to:	
Benefits Paid to Participants	59,491
Administrative Expenses	47,377
Total Deductions	106,868
Net Increase in Net Assets Available for Benefits	1,231,406
Net Assets Available for Benefits:	
Beginning of Year	7,189,801
End of Year	$8,421,207

See accompanying notes and auditor's report.

AAKRON RULE CORP.
PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

For the Years Ended December 31, 2009 and 2008

1. DESCRIPTION OF PLAN

The following description of the Aakron Rule Corp. Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all full-time employees of the Company who have one year of service (1,000 hours), and are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, the Company contributes to the Plan an amount the Employer's Board of Directors deems advisable, subject to certain limitations. The contribution was $251,798 for the year ended December 31, 2009.

Participant Accounts

Each participant's account is credited with the allocation of the Company's contribution plus the forfeitures of terminated participants' nonvested accounts ($4,403 for the year ended December 31, 2009) based on the participant's proportionate share of the total compensation paid during the year to all participants in the Plan. Plan earnings and administrative expenses are allocated based on each participant's proportionate share of the total Plan assets as of the beginning of the Plan year.

Vesting

Vesting in the Plan benefits is based on years of continuous service. A participant is 100% vested after three years of credited service, or upon reaching normal retirement age. Should a participant die or become disabled while still employed by the employer, that participant's entire Plan interest becomes 100% vested. Should the Plan become top heavy, 100% vesting begins after three years of continuous service.

1. DESCRIPTION OF PLAN – CONTINUED

Payment of Benefits

The Plan allows a participant on termination of service due to death, disability or retirement to withdraw all of their account balance in a lump sum distribution. The Plan also allows a participant after attaining the normal retirement age, to withdraw all or any part of their participant account balance.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value based on quoted market prices (Level 1).

Certain other investments are not traded actively on exchanges. These assets are defined as Level 2 investments. Such assets are priced using outside pricing services that calculate the price based on similar assets.

The value of Level 2 assets included in the Statement of Net Assets at December 31 is as follows:

	2009	**2008**
U.S. Government Securities	$1,469,235	$1,768,578
Corporate Bonds	1,244,253	182,000
Certificates of Deposit	356,437	103,109
Asset Backed Securities	17,322	18,039
	$3,087,247	$2,071,726

Purchases and sales of securities are recorded net of related investment fees on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits

Benefit payments are recorded when paid.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Concentrations of Credit Risk

The certificates of deposit held by the Plan is insured by the FDIC up to $250,000. The Plan's other investments are not FDIC insured.

3. INVESTMENTS

The Plan's investments are held in a trustee-administered brokerage account. (All investments are non-participant directed.) The following table presents investments at December 31, 2009 and 2008. Investments that represent 5% or more of the Plan's net assets are separately identified.

	2009	2008
Investments at Fair Value as Determined by Quoted Market Price:		
Money Funds –		
Prime Fund Capital Reserves	$1,174,956	$3,077,925
U. S. Government Securities –		
Federal Natl. Mtg. Assn. – 4/12/11, 3.12%	514,375	520,625
Federal Home Loan Banks – 5/26/11, 3.95%	521,250	531,405
Other	433,610	716,548
Common Stock	3,885,505	1,832,593
Corporate Bonds	1,244,253	182,000
Certificate of Deposit	356,437	103,109
Asset Based Securities	17,322	18,039
Total Investments at Fair Value	$8,147,708	$6,982,244

For the year ended December 31, 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $911,357 as follows.

Common Stock	$ 938,251
U. S. Government Securities	<22,566>
Corporate Bonds	<4,827>
Asset Based Securities	<716>
Net Appreciation in Fair Value of Investments	$ 910,142

4. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

5. PLAN AMENDMENT / TAX STATUS

Effective September 1, 2009, the non-standardized prototype Profit Sharing Plan was restated and amended to reflect certain provisions of the Economic Growth and Tax Relief Reconciliation Act of 2001 ("EGTTRA"). This amendment is intended as a good-faith compliance with the requirements of EGTTRA and is construed in accordance with EGTTRA. The Internal Revenue Service determined by letter dated March 31, 2009 that the prototype Plan and related trust are in compliance with applicable requirements of the Internal Revenue Code (IRC).

The Plan was restated and amended effective January 1, 2010 to comply with EGTTRA provisions. Specifically, the Plan was amended to allow distributions in the form of cash or other marketable securities.

6. SUBSEQUENT EVENTS

Management has evaluated events through June 3, 2010, the date on which the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

AAKRON RULE CORP. PROFIT SHARING PLAN
December 31, 2009

ID No.: **16-0919851**
Plan No.: **001**

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

(a)	Identity of Issue, Borrower, Lessor, or Similar Party (b)		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value (c)	Cost (d)	Current Value (e)
	PRIME FUND CAPITAL RESERVES			1,020,216	1,020,216
	PRIME FUND CAPITAL RESERVES			154,740	164,550
			TOTAL CASH EQUIVALENTS	**1,174,956**	**1,184,766**
	ABBOTT LABORATORIES	**STOCK**		57,560	64,788
	ACE LIMITED	**STOCK**		61,284	65,520
	ALCOA	**STOCK**		43,628	78,988
	ALLSTATE	**STOCK**		44,397	51,068
	APACHE	**STOCK**		41,858	41,268
	ARCHER DANIELS	**STOCK**		65,800	65,751
	AT&T INC.	**STOCK**		44,592	47,651
	BAKER HUGHES	**STOCK**		44,149	44,528
	BANK OF AMERICA	**STOCK**		14,616	36,144
	BARRICK GOLD CORP	**STOCK**		42,053	43,318
	BERKLEY	**STOCK**		68,476	71,456
	BRISTOL MYERS SQUIBB	**STOCK**		37,688	42,925
	CEPHALON INC.	**STOCK**		45,375	46,815
	CHESAPEAKE ENERGY	**STOCK**		55,148	54,348
	CHEVRON	**STOCK**		46,454	46,194
	CISCO SYS INC	**STOCK**		31,964	43,092
	CONAGRA FOODS	**STOCK**		66,723	76,065
	DIRECTV GROUP INC	**STOCK**		46,966	65,033
	DOW CHEMICAL	**STOCK**		19,914	55,260
	EMC CORP MASS	**STOCK**		38,059	48,916
	EVEREST REINSURANCE GROUP	**STOCK**		58,199	68,544
	EXCO RES INC	**STOCK**		50,987	50,952
	EXXON MOBIL CORP	**STOCK**		54,505	81,828
	FLIR SYS	**STOCK**		29,912	45,822
	GENERAL ELECTRIC	**STOCK**		61,986	63,546
	HARRIS CORP	**STOCK**		28,503	42,795
	HEWLETT PACKARD CO	**STOCK**		24,780	61,812
	INTEL CORP	**STOCK**		140,243	110,160
	INTL BUSINESS MACH	**STOCK**		58,149	91,630
	INTL PAPER CO	**STOCK**		14,291	53,560
	JOHNSON & JOHNSON	**STOCK**		45,466	45,087
	JP MORGAN CHASE	**STOCK**		29,132	54,171
	LOCKHEED MARTIN CORP	**STOCK**		32,180	37,675
	LOWES COMPANIES	**STOCK**		60,179	63,153
	LUBRIZOL CORP	**STOCK**		50,517	51,065
	M&T BANK	**STOCK**		54,997	66,890
	MARSH & MCLENNAN COS	**STOCK**		41,448	46,368
	MCDONALDS	**STOCK**		63,472	62,440
	MEDCO HEALTH SOLUTIONS	**STOCK**		38,149	51,128
	MERCK & CO	**STOCK**		32,798	43,848
	MICROSOFT CORP	**STOCK**		98,113	100,584
	MYLAN GENETICS	**STOCK**		39,003	62,662
	MYRIAD GENETICS	**STOCK**		66,899	67,834
	NEWMONT MNG CORP	**STOCK**		38,980	37,848
	NYSE EURONEXT	**STOCK**		34,095	45,540
	ORACLE CORP	**STOCK**		40,481	66,231
	PEPSICO	**STOCK**		47,565	48,640
	PLAINS EXPL & PRODTN	**STOCK**		48,450	49,788
	PROCTOR & GAMBLE	**STOCK**		88,466	84,882

AAKRON RULE CORP. PROFIT SHARING PLAN
December 31, 2009

ID No.: **16-0919851**
Plan No.: **001**

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

Identity of Issue, Borrower, Lessor, or Similar Party		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
(a)	(b)	(c)	(d)	(e)
QUEST DIAGNOSTICS	**STOCK**		43,219	42,266
TEXAS INSTRUMENTS	**STOCK**		63,076	72,968
TIM HORTONS INC	**STOCK**		74,218	76,275
UNITED TECHNOLOGIES	**STOCK**		27,170	62,469
VARIAN MEDICAL	**STOCK**		39,674	56,220
VERIZON COMMUNICATIONS	**STOCK**		43,558	46,382
WAL-MART STORES	**STOCK**		90,297	101,555
ABB LTD SPONSORED	**STOCK**		17,673	11,460
ADVANCEDSEMICONDUCTOR	**STOCK**		12,568	13,290
AKZO NOBEL	**STOCK**		5,604	9,986
ALLIANZ SOCIETAS EUROPAEA	**STOCK**		6,302	8,801
ANGLO AMERN PLC	**STOCK**		6,060	8,756
BARCLAYS PLC ADR	**STOCK**		21,427	9,680
BIOGEN IDEC	**STOCK**		7,604	8,025
BP PLC SPON ADR	**STOCK**		16,391	14,492
CNOOC LTD SPONSORED	**STOCK**		4,443	7,773
CREDIT SUISSE GROUP	**STOCK**		20,785	14,748
DANONE SPONSORED ADR	**STOCK**		6,595	7,933
DEUTSCHE TELEKOM AG SPON ADR	**STOCK**		20,971	13,230
DIAGEO PLC ISIN	**STOCK**		12,785	13,882
GLAXOSMITHKLINE PLC	**STOCK**		18,089	16,900
GUANGSHEN RLY CO LTD SPONS ADR	**STOCK**		18,057	14,203
HEINEKEN NV ADR	**STOCK**		16,330	15,511
ICON PLC CORP ADR	**STOCK**		12,614	13,038
INFOSYS TECHNOLOGIES	**STOCK**		25,079	24,872
INTERNATIONAL PWR PLC	**STOCK**		19,158	16,222
LENOVO GROUP LTD	**STOCK**		6,601	10,655
LOGITECH INTL SA ADR	**STOCK**		18,779	15,399
LUXOTTICA GROUP SPA SPON ADR	**STOCK**		10,231	14,124
MINDRAY MED INTL	**STOCK**		7,344	8,480
MITSUI & CO LTD	**STOCK**		14,223	14,283
MOLSON COORS BREWING	**STOCK**		13,689	13,548
PANASONIC CORP	**STOCK**		18,373	15,785
PETROLEO BRASILEIRO SA	**STOCK**		5,937	7,152
ROCHE HLDG LTD ADR ISIN	**STOCK**		16,074	17,006
ROLLS ROYCE GROUP	**STOCK**		17,504	15,616
ROYAL DUTCH SHELL PLC SPONS ADR	**STOCK**		14,393	11,626
SANDVIK AB	**STOCK**		5,288	10,286
SAP AG	**STOCK**		12,199	11,702
SASOL LTD	**STOCK**		9,909	11,982
SHAW COMMUNICATIONS	**STOCK**		13,162	14,399
SHIRE PLC	**STOCK**		18,221	20,545
SHISEIDO LTD	**STOCK**		14,996	13,392
SIEMENS AG	**STOCK**		6,953	9,170
SINA CORP	**STOCK**		10,424	15,813
SMITH & NEPHEW PLC	**STOCK**		5,675	7,687
SUNCOR ENERGY INC	**STOCK**		15,118	13,559
TAIWAN SEMICONDUCTOR MDG CO LTD	**STOCK**		17,715	20,798
TEVA PHARMAEUTICAL	**STOCK**		10,256	16,854
UNILEVER PLC NEW SPONS ADR NEW	**STOCK**		13,130	18,821
YINGLI GREEN ENERGY	**STOCK**		7,315	10,277
		STOCKS TOTAL	**3,341,905**	**3,885,506**

AAKRON RULE CORP. PROFIT SHARING PLAN
December 31, 2009

ID No.: **16-0919851**
Plan No.: **001**

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

(a)	Identity of Issue, Borrower, Lessor, or Similar Party (b)	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value (c)	Cost (d)	Current Value (e)
	GMAC	VR, 3/15/11, 0.00%	200,005	170,000
	HEWLET PACKARD	2/24/12, 4.25%	266,281	262,235
	VERIZON COMMUNICATIONS	4/15/13, 5.25%	256,918	269,493
	AMGEN INC SR	11/18/14, 4.85%	259,988	269,145
	CAROLINA PWR & LIGHT	12/15/15, 5.25%	279,603	273,380
		BONDS TOTAL	**1,262,795**	**1,244,253**
	WESTERNBANK	CD 9/20/10 5%	100,005	102,837
	SUNTRUST BANK	CD 5/28/14, 4%	250,006	253,600
		CD TOTAL	**350,011**	**356,437**
	FEDL NATL MTG ASSN	CALL, 04/12/11, 3.12%, $500,000 PAR	496,521	514,375
	FEDL HOME LOAN BANKS	CONS BDS, 05/26/11, 3.95%, $500,000 PAR	507,421	521,250
	FEDL FARM CR	CONS BDS 8/10/12, 4.55%, $150,000 PAR	155,231	160,875
	FEDL HOME LOAN BANKS	CONS BDS 3/8/13,5%, 250 PAR	275,550	272,735
		US GOVERNMENT SECURITIES	**1,434,723**	**1,469,235**
	FEDL NATL MTG ASSN	POOL#642697, 03/01/32, 6.50%, $24,389 PAR	16,345	17,323
		ASSET BACKED SECURITIES	**16,345**	**17,323**
		TOTAL INVESTMENTS	**7,580,736**	**8,157,520**

AAKRON RULE CORP. PROFIT SHARING PLAN
December 31, 2009

ID No.: **16-0919851**
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SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

(a)	Identity of Issue, Borrower, Lessor, or Similar Party (b)		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value (c)	Cost (d)	Current Value (e)
	PRIME FUND CAPITAL RESERVES			1,020,216	1,020,216
	PRIME FUND CAPITAL RESERVES			154,740	164,550
			TOTAL CASH EQUIVALENTS	**1,174,956**	**1,184,766**
	ABBOTT LABORATORIES	**STOCK**		57,560	64,788
	ACE LIMITED	**STOCK**		61,284	65,520
	ALCOA	**STOCK**		43,628	78,988
	ALLSTATE	**STOCK**		44,397	51,068
	APACHE	**STOCK**		41,858	41,268
	ARCHER DANIELS	**STOCK**		65,800	65,751
	AT&T INC.	**STOCK**		44,592	47,651
	BAKER HUGHES	**STOCK**		44,149	44,528
	BANK OF AMERICA	**STOCK**		14,616	36,144
	BARRICK GOLD CORP	**STOCK**		42,053	43,318
	BERKLEY	**STOCK**		68,476	71,456
	BRISTOL MYERS SQUIBB	**STOCK**		37,688	42,925
	CEPHALON INC.	**STOCK**		45,375	46,815
	CHESAPEAKE ENERGY	**STOCK**		55,148	54,348
	CHEVRON	**STOCK**		46,454	46,194
	CISCO SYS INC	**STOCK**		31,964	43,092
	CONAGRA FOODS	**STOCK**		66,723	76,065
	DIRECTV GROUP INC	**STOCK**		46,966	65,033
	DOW CHEMICAL	**STOCK**		19,914	55,260
	EMC CORP MASS	**STOCK**		38,059	48,916
	EVEREST REINSURANCE GROUP	**STOCK**		58,199	68,544
	EXCO RES INC	**STOCK**		50,987	50,952
	EXXON MOBIL CORP	**STOCK**		54,505	81,828
	FLIR SYS	**STOCK**		29,912	45,822
	GENERAL ELECTRIC	**STOCK**		61,986	63,546
	HARRIS CORP	**STOCK**		28,503	42,795
	HEWLETT PACKARD CO	**STOCK**		24,780	61,812
	INTEL CORP	**STOCK**		140,243	110,160
	INTL BUSINESS MACH	**STOCK**		58,149	91,630
	INTL PAPER CO	**STOCK**		14,291	53,560
	JOHNSON & JOHNSON	**STOCK**		45,466	45,087
	JP MORGAN CHASE	**STOCK**		29,132	54,171
	LOCKHEED MARTIN CORP	**STOCK**		32,180	37,675
	LOWES COMPANIES	**STOCK**		60,179	63,153
	LUBRIZOL CORP	**STOCK**		50,517	51,065
	M&T BANK	**STOCK**		54,997	66,890
	MARSH & MCLENNAN COS	**STOCK**		41,448	46,368
	MCDONALDS	**STOCK**		63,472	62,440
	MEDCO HEALTH SOLUTIONS	**STOCK**		38,149	51,128
	MERCK & CO	**STOCK**		32,798	43,848
	MICROSOFT CORP	**STOCK**		98,113	100,584
	MYLAN GENETICS	**STOCK**		39,003	62,662
	MYRIAD GENETICS	**STOCK**		66,899	67,834
	NEWMONT MNG CORP	**STOCK**		38,980	37,848
	NYSE EURONEXT	**STOCK**		34,095	45,540
	ORACLE CORP	**STOCK**		40,481	66,231
	PEPSICO	**STOCK**		47,565	48,640
	PLAINS EXPL & PRODTN	**STOCK**		48,450	49,788
	PROCTOR & GAMBLE	**STOCK**		88,466	84,882
	QUEST DIAGNOSTICS	**STOCK**		43,219	42,266
	TEXAS INSTRUMENTS	**STOCK**		63,076	72,968
	TIM HORTONS INC	**STOCK**		74,218	76,275
	UNITED TECHNOLOGIES	**STOCK**		27,170	62,469
	VARIAN MEDICAL	**STOCK**		39,674	56,220
	VERIZON COMMUNICATIONS	**STOCK**		43,558	46,382
	WAL-MART STORES	**STOCK**		90,297	101,555
	ABB LTD SPONSORED	**STOCK**		17,673	11,460
	ADVANCEDSEMICONDUCTOR	**STOCK**		12,568	13,290
	AKZO NOBEL	**STOCK**		5,604	9,986
	ALLIANZ SOCIETAS EUROPAEA	**STOCK**		6,302	8,801
	ANGLO AMERN PLC	**STOCK**		6,060	8,756
	BARCLAYS PLC ADR	**STOCK**		21,427	9,680
	BIOGEN IDEC	**STOCK**		7,604	8,025
	BP PLC SPON ADR	**STOCK**		16,391	14,492

CNOOC LTD SPONSORED	**STOCK**	4,443	7,773
CREDIT SUISSE GROUP	**STOCK**	20,785	14,748
DANONE SPONSORED ADR	**STOCK**	6,595	7,933
DEUTSCHE TELEKOM AG SPON ADR	**STOCK**	20,971	13,230
DIAGEO PLC ISIN	**STOCK**	12,785	13,882
GLAXOSMITHKLINE PLC	**STOCK**	18,089	16,900
GUANGSHEN RLY CO LTD SPONS ADR	**STOCK**	18,057	14,203
HEINEKEN NV ADR	**STOCK**	16,330	15,511
ICON PLC CORP ADR	**STOCK**	12,614	13,038
INFOSYS TECHNOLOGIES	**STOCK**	25,079	24,872
INTERNATIONAL PWR PLC	**STOCK**	19,158	16,222
LENOVO GROUP LTD	**STOCK**	6,601	10,655
LOGITECH INTL SA ADR	**STOCK**	18,779	15,399
LUXOTTICA GROUP SPA SPON ADR	**STOCK**	10,231	14,124
MINDRAY MED INTL	**STOCK**	7,344	8,480
MITSUI & CO LTD	**STOCK**	14,223	14,283
MOLSON COORS BREWING	**STOCK**	13,689	13,548
PANASONIC CORP	**STOCK**	18,373	15,785
PETROLEO BRASILEIRO SA	**STOCK**	5,937	7,152
ROCHE HLDG LTD ADR ISIN	**STOCK**	16,074	17,006
ROLLS ROYCE GROUP	**STOCK**	17,504	15,616
ROYAL DUTCH SHELL PLC SPONS ADR	**STOCK**	14,393	11,626
SANDVIK AB	**STOCK**	5,288	10,286
SAP AG	**STOCK**	12,199	11,702
SASOL LTD	**STOCK**	9,909	11,982
SHAW COMMUNICATIONS	**STOCK**	13,162	14,399
SHIRE PLC	**STOCK**	18,221	20,545
SHISEIDO LTD	**STOCK**	14,996	13,392
SIEMENS AG	**STOCK**	6,953	9,170
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