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
ER JAHNA INDUSTRIES INC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 04/01/1995

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
ER JAHNA INDUSTRIES INC

P.O. BOX 840
LAKE WALES, FL 33859-0840

2b Employer Identification Number (EIN) 59-0874072

2c Sponsor's telephone number 863-676-9431

2d Business code (see instructions) 212320

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.	07/30/2010	J.A. JAHNA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/30/2010	J.A. JAHNA
	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")

ER JAHNA INDUSTRIES INC

202 EAST STUART AVENUE
LAKE WALES, FL 33853

3b Administrator's EIN
59-0874072

3c Administrator's telephone number
863-676-9431

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**	159
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**	126
b	Retired or separated participants receiving benefits	**6b**	14
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	140
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	2
f	Total. Add lines **6d** and **6e**	**6f**	142
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	118
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	4
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:

2E 2J 2K 2G 3E 3H

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)		**C** (Service Provider Information)
(5)	X	**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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.**

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
ER JAHNA INDUSTRIES INC 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ER JAHNA INDUSTRIES INC

D Employer Identification Number (EIN)
59-0874072

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: MORLEY STABLE VALUE FUND A

b Name of sponsor of entity listed in (a): WACHOVIA BANK NA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
22-1147033-001	C	1435837

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO TOTAL RETURN FUND A

b Name of sponsor of entity listed in (a): WACHOVIA BANK NA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
22-1147033-001	C	897484

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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
ER JAHNA INDUSTRIES INC 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ER JAHNA INDUSTRIES INC

D Employer Identification Number (EIN)
59-0874072

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)	226339	2784
(2) Participant contributions	1b(2)	4872	5897
(3) Other	1b(3)	2329	2107
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)	333901	320291
(9) Value of interest in common/collective trusts	1c(9)	1723017	2333321
(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)	2600403	3241286
(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	4890861	5905686
	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		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4890861	5905686

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)	186106	
	(B) Participants	2a(1)(B)	399199	
	(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)		585305
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	17504	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		17504
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(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)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	2292200	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2058388	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		233812

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	756069	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		756069
(6) Net investment gain (loss) from common/collective trusts	2b(6)		8650
(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)		58274
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1659614
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	621286	
(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)		621286
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)		
(4) Other	2i(4)	23503	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		23503
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		644789
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1014825
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) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: BUNTING TRIPP INGLEY LLP (2) EIN: 59-0673514

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		500000
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		X	
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
ER JAHNA INDUSTRIES INC 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ER JAHNA INDUSTRIES INC

D Employer Identification Number (EIN)
59-0874072

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**

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): 59-3342404

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** 73

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):

Bunting, Tripp & Ingley, LLP

CERTIFIED PUBLIC ACCOUNTANTS

A Tradition of Excellence for Over Seventy-Five Years

ROGER A. INGLEY, CPA
DAVID C. ULLMAN, CPA
DWIGHT L. REEVES, CPA
MICHELLE G. HURST, CPA
DAVID W. ALLEN, CPA
WILLIAM M. JACOBS, CPA

L. A. WHEELER, III, CPA
PAUL T. SWYGERT, CPA
MARYANN RUTTENBUR, CPA
GLENN T. CLINE, CPA

230 EAST TILLMAN AVENUE
P. O. BOX 990
LAKE WALES, FLORIDA 33859-0990
863/676-7981
FAX 863/676-8899
e-mail: info@bticpa.com
www.bticpa.com

ALSO WITH OFFICES IN
TAMPA, FLORIDA

July 27, 2010

Independent Auditor's Report

To the Trustees
E. R. Jahna Industries, Inc. 401(k) Plan
Lake Wales, Florida

We were engaged to audit the accompanying financial statements and supplemental schedule of E. R. Jahna Industries, Inc. 401(k) Plan as of December 31, 2009 and 2008, and for the years then ended, as listed in the accompanying *Table of Contents*. These financial statements and the supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note D, which was certified by Wachovia Bank, N. A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*.

Bunting, Tripp & Ingley, LLP

Lake Wales, Florida

E. R. JAHNA INDUSTRIES, INC. 401(k) PLAN

LAKE WALES, FLORIDA

INDEPENDENT AUDITOR'S REPORT,

FINANCIAL STATEMENTS,

AND SUPPLEMENTAL SCHEDULE

YEARS ENDED DECEMBER 31, 2009 AND 2008

E. R. JAHNA INDUSTRIES, INC. 401(k) PLAN

LAKE WALES, FLORIDA

INDEPENDENT AUDITOR'S REPORT,

FINANCIAL STATEMENTS,

AND SUPPLEMENTAL SCHEDULE

YEARS ENDED DECEMBER 31, 2009 AND 2008

TABLE OF CONTENTS

	Page
Independent Auditor's Report	1
Financial Statements:	
Statements of Net Assets Available for Benefits	2
Statements of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4-9
Supplemental Schedule:	
Schedule H - Schedule of Assets Held for Investment	10

E. R. JAHNA INDUSTRIES, INC. 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2009 AND 2008

	2009	2008
Assets		
Investments:		
Securities	$ 5,574,607	$ 4,323,420
Participant loans	320,291	333,901
Total investments	5,894,898	4,657,321
Receivables:		
Participant contributions	5,897	4,872
Employer's matching contribution	2,784	2,801
Employer's discretionary contribution	-	223,538
Other	2,107	2,329
Total receivables	10,788	233,540
Net assets available for benefits	$ 5,905,686	$ 4,890,861

The accompanying notes to financial statements should be read in conjunction with this statement.

E. R. JAHNA INDUSTRIES, INC. 401(k) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2009 AND 2008

	2009	2008
Additions		
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$ 989,881	$ -
Dividends and interest	66,924	147,867
Interest from participant loans	17,504	18,656
Total investment income	1,074,309	166,523
Contributions:		
Participants	399,199	496,760
Employer safe harbor match	186,106	220,159
Employer discretionary	-	223,538
Total contributions	585,305	940,457
Total additions	1,659,614	1,106,980
Deductions		
Deductions from net assets attributed to:		
Net depreciation in fair value of investments	-	1,756,591
Benefits paid to participants (net of participant forfeitures of $6,663 and $17,946)	621,286	1,024,553
Administrative expenses	23,503	23,616
Total deductions	644,789	2,804,760
Net increase (decrease)	1,014,825	(1,697,780)
Net assets available for benefits, beginning of year	4,890,861	6,588,641
Net assets available for benefits, end of year	$ 5,905,686	$ 4,890,861

The accompanying notes to financial statements should be read in conjunction with this statement.

E. R. JAHNA INDUSTRIES, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2009 AND 2008

Note A - Description of Plan

The following description of the E. R. Jahna Industries, Inc. (the Company) 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

General

The Plan, established April 1, 1995, is a defined contribution 401(k) plan covering substantially all full-time employees of E. R. Jahna Industries, Inc., subsidiaries, and related companies, as follows:

Cabbage Grove Mining Company, Inc.	E. R. Jahna Management, Inc.
Clermont Farm & Sod Company, Inc.	S & R Logistics, LLC
Jahna Dredging, Inc.	Savannah Sand Company, Inc.

Generally employees can participate in the Plan if they have one year of service (with at least 1,000 hours) and are age twenty-one or older. The primary purpose of the Plan is to provide employees of the Company with financial benefits upon retirement. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974 (ERISA)*.

Contributions

Each year, participants may contribute a portion of their salary to the Plan up to 100% of their pretax annual compensation. Amounts contributed may not exceed IRS limits. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions (rollovers) from other qualified plans. The Company makes safe harbor matching contributions equal to 100% of each participant's contribution up to 3% of participant annual compensation, and 50% of each participant's contribution between 3% and 5% of participant annual compensation (for a maximum of 4%). Additional discretionary amounts are contributed at the option of the Company's Board of Directors. Contributions are subject to certain statutory limitations.

Participant Accounts

Participants determine their investment allocation in any one or more of the Plan's investment options. Each participant's account is credited with the participant's contributions and allocations of (a) the Company's safe harbor matching contribution, (b) the Company's discretionary contribution, if any, and (c) Plan earnings or losses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit provided from the participant's vested account balance.

Note A - Description of Plan - Continued

Vesting

Participants are vested immediately in their contributions and in the Company's matching contributions, plus the earnings thereon. Vesting in the remainder of their account is based on years of continuous service. Participants vest in discretionary contributions plus the earnings thereon after two full years of service, at which time the employee becomes 20% vested. Each additional year of service increases vesting by 20% until the participant becomes fully vested after six years of credited service. Upon death or permanent disability of a participant, their entire account balance is considered fully vested.

Forfeitures

Forfeitures, which are unvested employer discretionary contributions of terminated employees, plus the earnings thereon are periodically (generally once a year) allocated among the Plan's remaining active participants. During 2009, $18,978 of forfeitures were allocated among active participants. As of December 31, 2009, there are unallocated forfeitures of $7,830.

Participant Loans

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan repayment terms range up to five years from the date of the loan unless such loan is for the purchase of a participant's primary residence, in which case the repayment period may extend to thirty years. Loans are secured by the balance in the participant's account and bear interest at rates ranging from 3.25% to 8.25%. Principal and interest are paid ratably through weekly payroll deductions.

Participant loans are reported at their unpaid balance which the plan administrator estimates approximates fair value. There is no active external market for these loans as all transactions are restricted to participants and the plan sponsor. These loans cannot be assumed by or sold to outside parties. Defaulted loans are treated as deemed distributions to the participants and are deducted from net assets in the Statements of Changes in Net Assets Available for Benefits.

Payment of Benefits

Upon a participant's retirement, termination, disability, or death, the balance in a participant's account is distributed in a lump sum payment if the vested balance does not exceed $5,000. If a participant's vested balance exceeds $5,000, a participant may elect to receive either a lump sum payment or a systematic withdrawal in substantially equal amounts over a certain period, which does not extend beyond the life expectancy of the participant or the joint life expectancies of the participant and his or her beneficiary.

Note B - Summary of Significant Accounting Policies

Basis of Accounting

Financial statements of the Plan are presented in accordance with accounting principles generally accepted in the United States of America.

Basis of Presentation

The financial statements are prepared on the accrual basis of accounting, except for benefits paid to participants, which are recorded when paid.

Date of Management's Review

Subsequent events were evaluated through July 27, 2010, the date the financial statements were available to be issued.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned on the accrual basis. Dividends are recorded on the ex-dividend date. Realized and unrealized gains and losses on investments are included in net appreciation (depreciation) in fair value of investments on the accompanying Statements of Changes in Net Assets Available for Benefits.

Use of Estimates

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. Actual results may differ from those estimates.

Administrative Expenses

The Plan paid trustee fees, loan fees, and document taxes of $23,503 during 2009 and $23,616 during 2008. The Plan sponsor pays all other administrative expenses.

Note C - Trust Agreement

Wachovia Bank, N. A., acting as trustee for the Plan, manages the Plan assets, executes investment transactions for the Plan, and makes distributions to participants as directed by the Plan administrator. E. R. Jahna Industries, Inc. serves as the Plan administrator.

Note D - Information Prepared and Certified by Trustee

The following is a summary of information regarding the Plan, which has been prepared by Wachovia Bank, N. A., trustee of the Plan assets for 2009 and 2008, and furnished to the Plan administrator. The Plan administrator has obtained certifications from Wachovia Bank, N.A. that such information is complete and accurate.

	2009	2008
Investments in securities:		
Common/collective trusts:		
Morley Stable Value Fund (*)	$ 1,435,837	$ 1,199,218
Pimco Total Return Fund Class A (*)	897,484	457,436
American High Income Fund CCA	-	66,363
Registered investment companies:		
T. Rowe Price Retirement Fund 2020-R (*)	687,494	404,360
Growth Fund of America Class A (*)	388,343	372,236
American EuroPacific Growth Fund Class A (*)	373,518	310,992
T. Rowe Price Retirement Fund 2030-R (*)	355,632	127,007
American New Perspective Fund Class A (*)	317,031	228,024
Fundamental Investors Fund Class A	281,851	240,857
T. Rowe Price Retirement Fund 2010-R	171,879	242,105
AIM Small Cap Growth Fund Class A	153,789	151,515
T. Rowe Price Retirement Fund 2040-R	102,811	55,842
Van Kampen Mid Cap Growth Fu	99,354	131,409
Investment Company of America Class A	96,784	108,970
Franklin Mutual Beacon Fund Class A	79,370	82,806
Evergreen Special Values Fund Class A	51,151	65,126
Van Kampen Equity and Income Fund Class A	41,288	55,422
Evergreen Equity Index Fund Class A	25,031	12,150
T. Rowe Price Retirement Fund 2050-R	8,130	-
T. Rowe Price Retirement Fund Inc. - R	7,830	11,582
Participant loans	320,291	333,901
Total	$ 5,894,898	$ 4,657,321
Investment income (loss):		
Net appreciation (depreciation) in fair value	$ 989,881	$(1,756,591)
Dividends and interest	84,428	166,523
Total	$ 1,074,309	$(1,590,068)

(*) Indicates investments representing 5% or more of net assets available for benefits as of December 31, 2009.

Note E - Fair Value Measurements

The Plan's investments are stated at fair value based on the following hierarchy of fair value measurement inputs:

Level 1 Financial assets and liabilities whose values are based on unadjusted quoted prices for identical assets or liabilities in an active market.

Level 2 Financial assets and liabilities whose values are based on quoted prices in markets that are not actively traded or inputs other than quoted prices such as net asset value.

Level 3 Financial assets and liabilities whose values are based on prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement. These inputs reflect management's own assumptions about the assumptions a market participant would use in pricing the asset or liability.

At December 31, 2009, the Plan's investments are categorized as follows:

	Fair Value	Level 1	Level 2	Level 3
Registered investment companies	$ 3,241,286	$ 3,241,286	$ -	$ -
Collective investment trusts	2,333,321	-	2,333,321	-
Participant loans	320,291	-	-	320,291
Total	$ 5,894,898	$ 3,241,286	$ 2,333,321	$ 320,291

At December 31, 2008, the Plan's investments are categorized as follows:

	Fair Value	Level	Level 2	Level 3
Registered investment companies	$ 2,600,403	$ 2,600,403	$ -	$ -
Collective investment trusts	1,723,017	-	1,723,017	-
Participant loans	333,901	-	-	333,901
Total	$ 4,657,321	$ 2,600,403	$ 1,723,017	$ 333,901

Investments valued using Level 3 inputs had the following activity:

	2009	2008
Participant loans, beginning of year	$ 333,901	$ 241,078
Loans originated	172,410	204,662
Principal repaid	(186,020)	(111,839)
Unrealized gains or losses in fair value	-	-
Participant loans, end of year	$ 320,291	$ 333,901

Note F - Risks and Uncertainties

The Plan's investments are not insured by the Plan's trustee, the Federal Deposit Insurance Corporation or any other governmental agency; accordingly, the Plan is subject to the normal investment risk associated with money market, mutual and stock funds, and other similar types of investments.

Note G - Party-in-Interest

At December 31, 2009 and 2008, Plan investments totaling $76,182 and $77,276, respectively, are shares of registered investment companies managed by Wachovia Bank, N. A. Wachovia Bank, N. A. is the trustee as defined by the Plan and, therefore, purchases and sales of these shares qualify as party-in-interest transactions. Fees paid by the Plan for the trustee services amounted to $23,503 for 2009 and $23,616 for 2008.

Note H - Right to Terminate Plan

Although it has not expressed an 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 Plan's provisions and those of *ERISA*. In the event of Plan termination, participants would become 100% vested in their accounts.

Note I - Tax Status and Positions

The Plan obtained its latest determination letter on October 30, 2003, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended and restated since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

During 2009 the Plan adopted ASC 740-10 as it relates to uncertain tax positions. When applicable, any interest and penalties recognized associated with a tax position are classified as current in the Plan's financial statements.

The Plan Administrator has evaluated its tax positions taken for all open tax years. Currently, the 2006 through 2009 tax years are open and subject to examination by the Internal Revenue Service. The Plan is not currently under audit, nor has it been contacted by the IRS. Based on the evaluation of the Plan's tax positions, the Plan Administrator believes all positions taken would be upheld under an examination.

SUPPLEMENTAL SCHEDULE

Statement 2 - Schedule H, Line 4i - Schedule of Assets Held for Investment

Party in Interest	Identity	Description	Cost	Current Value
	CCT- MORLEY	STABLE VALUE FUND	$ 1,380,514	$ 1,435,837
	CCT- PIMCO	TOTAL RETURN- CL A	814,626	897,484
	RIC- T ROWE PRICE	RETIREMENT FD 2020-R	733,830	687,494
	RIC- AMERICAN	GROWTH FUND OF AMER	393,819	388,343
	RIC- AMERICAN	EUROPACIFIC GROWTH	379,315	373,518
	RIC- T ROWE PRICE	RETIREMENT FD 2030-R	336,843	355,632
	RIC- AMERICAN	NEW PERSPECTIVE FD A	340,552	317,031
	RIC- AMERICAN	FUNDAMENTAL INV FD A	278,363	281,851
	RIC- T ROWE PRICE	RETIREMENT FD 2010-R	180,094	171,879
	RIC- AIM	SMALL CAP GROWTH FD	175,566	153,789
	RIC- T ROWE PRICE	RETIREMENT FD 2040-R	95,535	102,811
	RIC- VAN KAMPEN	MID CAP GROWTH FD- A	96,802	99,354
	RIC- AMERICAN	INV. CO OF AMERICA	99,723	96,784
	RIC- FRANKLIN	MUTUAL BEACON FD A	87,968	79,370
X	RIC- EVERGREEN	SPECIAL VALUES FD- A	56,599	51,151
	RIC- VAN KAMPEN	EQUITY & INCOME FUND	45,842	41,288
X	RIC- EVERGREEN	EQUITY INDEX FUND C	25,068	25,031
	RIC- T ROWE PRICE	RETIREMENT FD 2050-R	7,931	8,130
	RIC- T ROWE PRICE	RETIREMENT FD - R	7,576	7,830
	PARTICIPANT LOANS	RATES: 3.25% - 8.25%		320,291