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 Identif	ication Information			•		
For caler	ndar plan year 2009 or fiscal plar	year beginning 10/01/2008		and ending 09/30/2	2009		
A This r	eturn/report is for:	a multiemployer plan;	a multiple	-employer plan; or			
		a single-employer plan;	a DFE (s	pecify)			
B This r	eturn/report is:	the first return/report; an amended return/report;	=	eturn/report; an year return/report (less th	nan 12 months).		
C If the	plan is a collectively-bargained p	olan, check here					
		☐ Form 5558:		extension;	the DFVC program;		
D Officer	K box ii iiiiiig dildei.	special extension (enter desc	_	,			
Dart I	I Rasic Plan Informat		· ′				
		IIOII—enter all requested informa	uon		1b Three-digit plan		
	•	IT SHARING PLAN			number (PN) ▶ 001		
					1c Effective date of plan 01/01/1983		
(Addı	ress should include room or suite	. ,	olan)		2b Employer Identification Number (EIN) 22-3201654		
					2c Sponsor's telephone number		
5894 E N SYRACL	MOLLOY ROAD JSE, NY 13211	5894 E MOLLOY ROAD SYRAUSE, NY 13211			2d Business code (see instructions)		
Caution:	A penalty for the late or incor	mplete filing of this return/report	t will be assessed i	ınless reasonable cause i	s established.		
Under pe	enalties of perjury and other pena	alties set forth in the instructions, I	declare that I have	examined this return/report,	including accompanying schedules,		
SIGN							
Part II Basic Plan Informa 1a Name of plan K. J. ELECTRIC CORPORATION PRO 2a Plan sponsor's name and address (Address should include room or suit K. J. ELECTRIC CORPORATION 5894 E MOLLOY ROAD SYRACUSE, NY 13211 Caution: A penalty for the late or incomplete to the late of the late or incomplete to th	tor	Date	Enter name of individual s	igning as plan administrator			
SIGN HERE Signature of plan administrato		ponsor	Date	Enter name of individual s	igning as employer or plan sponsor		
C If the plan is a collectively-bargained D Check box if filing under: Part II Basic Plan Informa 1a Name of plan K. J. ELECTRIC CORPORATION PROD 2a Plan sponsor's name and address ((Address should include room or sui K. J. ELECTRIC CORPORATION 5894 E MOLLOY ROAD SYRACUSE, NY 13211 Caution: A penalty for the late or incomplete inco							
IILIKE	Signature of DEE		Data	Enter name of individual s	igning as DEE		

	Form 5500 (2009)	Pa	age 2		
	Plan administrator's name and address (if same as plan sponsor, enter "Same J. ELECTRIC CORPORATION	")			dministrator's EIN -3201654
589	94 E MOLLOY ROAD RACUSE, NY 13211			3c Ac	dministrator's telephone umber
4	If the name and/or EIN of the plan sponsor has changed since the last return/r the plan number from the last return/report:	eport filed for	this plan, enter the name, Ell	N and	4b EIN
а	Sponsor's name				4c PN
5	Total number of participants at the beginning of the plan year			5	
6	Number of participants as of the end of the plan year (welfare plans complete	only lines 6a,	, 6b , 6c , and 6d).		
•	Anti-o montining			60	
а	Active participants			<u>6a</u>	
b	Retired or separated participants receiving benefits			6b	
С	Other retired or separated participants entitled to future benefits			6с	
d	Subtotal. Add lines 6a, 6b, and 6c			6d	
е	Deceased participants whose beneficiaries are receiving or are entitled to rece	eive benefits		6e	
f	Total. Add lines 6d and 6e			6f	
g	Number of participants with account balances as of the end of the plan year (o complete this item)			6g	
h	Number of participants that terminated employment during the plan year with a less than 100% vested			6h	
7	Enter the total number of employers obligated to contribute to the plan (only m	nultiemployer	plans complete this item)	7	
8a	If the plan provides pension benefits, enter the applicable pension feature code	es from the L	ist of Plan Characteristic Code	es in the	instructions:
b	If the plan provides welfare benefits, enter the applicable welfare feature codes	from the List	of Plan Characteristic Codes	in the ins	tructions:
9a			nefit arrangement (check all th	nat apply)
	(1) Insurance	(1)	Insurance		
	(2) Code section 412(e)(3) insurance contracts	(2)	Code section 412(e)(3)) insuran	ce contracts
	(3) Trust (4) General assets of the sponsor	(3) (4)	Trust General assets of the s	sponsor	
10				•	ched. (See instructions)
			•		,
а	Pension Schedules (1) R (Retirement Plan Information)	D Genera (1)	Il Schedules H (Financial Infor	mation)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money	(2)	I (Financial Infor	,	Small Plan)

(3)

(4)

(5)

(6)

A (Insurance Information)

C (Service Provider Information)

D (DFE/Participating Plan Information)

G (Financial Transaction Schedules)

Purchase Plan Actuarial Information) - signed by the plan

SB (Single-Employer Defined Benefit Plan Actuarial

Information) - signed by the plan actuary

(3)

Form **5500**

Department of the Treasury internal Revenue Service

Department of Labor Employee Benefits Security Administration

nsion Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

Official Use Only OMB Nos. 1210 - 0110 1210 - 0089

2008

This Form is Open to Public Inspection.

Rame Annual Report Identification Information	
For the calendar plan year 2008 or fiscal plan year beginning $10/01/2008$, and e	nding 09/30/2009,
	tiple-employer plan; or
	(specify)
multiple-employer plan);	
B This return/report is: (1) the first return/report filed for the plan; (3) the fin	al return/report filed for the plan;
(2) an amended return/report; (4) a shor	f plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here	
D If filling under an extension of time or the DFVC program, check box and attach required information.	(see instructions)
Basic Plan Information — enter all requested information.	[4]
1a Name of plan K. J. ELECTRIC CORPORATION PROFIT SHARING PLAN	1b Three-digit plan number (PN) ▶ 001
N. U. BEBUINTE CONTONATION PROFIT SHANING PEAN	1c Effective date of plan (mo., day, yr.)
	- 01/01/1983
2a Plan sponsor's name and address (employer, if for a single-employer plan)	2b Employer Identification Number (EIN)
(Address should include room or suite no.)	22-3201654
K. J. ELECTRIC CORPORATION	2c Sponsor's telephone number
	315-454-5535
	2d Business code (see instructions)
5894 E. MOLLOY ROAD	423600
程 万 JOF to Spin 温 間	
BY:	
SYRACUSE NY 13211	
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report attachments, as well as the electropic version of this return/report if it is being filed electronically, and to the best of my know	t, including accompanying schedules, statements and
	rooga and bonor, it is a pa, correct and complete.
SIGN TO BULL TO BULL TO THE THEORY	
HERE KEN E. JACOBS	
Signature of plan administrator Date Type or print name	of individual signing as plan administrator
HERE 2/11/10 KEN E. JACOBS	
	ndividual signing as employer, plan sponsor or DFE
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 550	
	11
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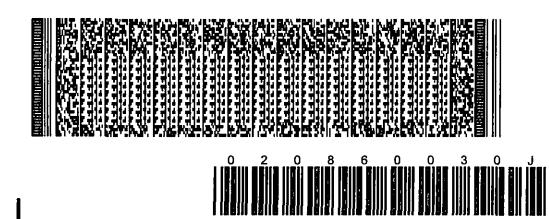
Plan administrator's name and address (If same as plan sponsor, enter "Same") 3b Administrator 3c Administrator	
	or's telephone nu
SC Administrati	
	of a telephone no
If the name and/or FIN of the plan sponsor has changed since the last return/report filed for this plan enter the name	b EIN
	C PN
One was information (auxiliary) On Name (including firm name if applicable) and address	b EIN
Preparer Information (optional) a Name (including firm name, if applicable) and address	D EIN
	C Telephor
	6
Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d)	
	7a
	7b
	7c
—	7d
	7e
 	7f
· · · · · · · · · · · · · · · · · · ·	70
	7g
	7h
, , , , , ,	
<i>mita i iliania de la dicasa de la completa del la completa de la completa del la completa de la completa del la completa de la completa del la</i>	71
	s from the List of
	from the List of Pl
Characteristics Codes printed in the instructions).	
Plan funding arrangement (check all that apply) 9b Plan benefit arrangement (check all that	t apply)
(1) Insurance (1) Insurance	
	ca contracte
(2) Code section 412(e)(3) insurance contracts (2) Code section 412(e)(3) insurance	Se COITH ACIS
(2) Code section 412(e)(3) insurance contracts	ce contracts
	Preparer information (optional) A Name (including firm name, if applicable) and address Total number of participants at the beginning of the plan year. Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d) Active participants. Retired or separated participants receiving benefits. Other retired or separated participants entitled to future benefits Subtotal. Add lines 7a, 7b, and 7c. Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. Total. Add lines 7d and 7e. Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. If any participants required to be reported on a Schedule SSA (Form 5500) Benefits provided under the plan (complete 8a and 8b, as applicable) Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature code Characteristics Codes printed in the instructions): Development of participants and enter the applicable welfare feature codes Characteristics Codes printed in the instructions): Plan funding arrangement (check all that apply) Plan benefit arrangement (check all that apply)

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1 130 200

	Form 550	00 (2008)		P	age 3
					Official Use Only
10	Schedules atta	ached (Check all applicable boxes and, where indicated	, enter the numbe	r attached.	See instructions.)
а	Pension Bene	b Financial	•		
	(1) 🛛	R (Retirement Plan Information)	(1) 🛛	н	(Financial Information)
	(2)	B (Actuarial Information)	(2)	l l	(Financial Information Small Plan)
	(3)	E (ESOP Annual Information)	(3) _	A	(Insurance Information)
	(4) 🛛	SSA (Separated Vested Participant Information)	(4) X	С	(Service Provider Information)
			(5)	D	(DFE/Participating Plan Information)
			(6)	G	(Financial Transaction Schedules)



Schedule SSA (Form 5500) removed from filing and forwarded to the Social Security Administration.

SCHEDULE C (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation **Service Provider Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

► File as an attachment to Form 5500.

loyee Retirement Income Security Act of 1974.

Official Use Only

OMB No. 1210-0110

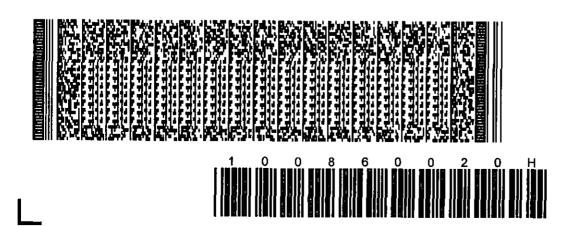
2008

This Form is Open to Public Inspection.

For calendar plan year 2008 or fiscal plan year beginning	10/0	01/2008	, and endi	ng 09	9/30/2009	,
A Name of plan				B Three	-digit	. •
K. J. ELECTRIC CORPORATION PROFIT S	HARING	PLAN			umber 🕨	001
C Plan sponsor's name as shown on line 2a of Form 5500			[1	D Emplo	oyer identification	
K. J. ELECTRIC CORPORATION			<u> </u>		22-	3201654
Partil Service Provider Information (see Ins					<u> </u>	
1 Enter the total dollar amount of compensation paid by the						_
listed below, who received compensation during the pla					_	0
2 On the first item below list the contract administrator, if a	-				•	
descending order of the compensation they received for	r the servic	es rendered during t	the plan year. List o	nly the top	p 40. 103-12 iEs s	hould
enter N/A in (c) and (d).					.	
(a) Name		(b) Employer identification number (see instructions)			Official plan Position	
			Contr	act a	administra	tor
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	or	Gross salary allowances aid by plan	(f) Fees an commission paid by pla	ıs	(g) Nature of service code(s) (see instructions)	
	iana orranzanta	e and the second of the second	CLA MATA SANIA COMPANIA COM		12	
			and the second		\$24 A	
(a) Name		(b) Employer identification number (see instructions)		• • •	rfficial plan osition	
BENEFIT CONSULTING GROUP		16-6274942	THIRD PA	ATY A	OMINISTRATO	R
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	or	Gross salary allowances aid by plan	(f) Fees and commission paid by pla	ıs	(g) Natur service cod (see instruc	de(s)
CONSULTING				6426	1	3
For Paperwork Reduction Act Notice and OMB Control Nur	mbers, se	e the instructions fo	or Form 5500.	v11.3	Schedule C (Form	5500) 2008







Schedule C (Form 5500) 2008	Page 3	
Part Termination Information on Accountants and	Forollad Actuaries (see Instructions	Official Use Only
remination information on Accountants and	Lillohed Actualles (see mandouons	<u>/</u>
(a) Name	(b) EIN	
(c) Position_		
(d) Address		
(e) Telephone No.		
Explanation:		
(a) Name	(b) EIN	
(C) Position		
(d) Address		
(e) Telephone No.	····	
Explanation:		
		·
(a) Name	(b) EIN	
(c) Position		
(d) Address		
(e) Telephone No.		



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.

Official Use Only

OMB No. 1210-0110

2008

This Form is Open to Public Inspection.

For	or calendar year 2008 or fiscal plan year beginning	10/01/2	008 ,	and	ending	09/3	30/2	009 ,
A	Name of plan				В	Three-digit		I
Κ.	. J. ELECTRIC CORPORATION PROFIT	SHARING PLA	AN			plan number	▶	001
C	Plan sponsor's name as shown on line 2a of Form 550	00			D	Employer Ide	entific	
	. J. ELECTRIC CORPORATION							22-3201654
P	Part II Asset and Liability Statement							
1	Current value of plan assets and liabilities at the beging trust. Report the value of the plan's interest in a commodule is reportable on lines 1c(9) through 1c(14). Do see year, to pay a specific dollar benefit at a future date. It complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CC	ningled fund contair not enter the value of Round off amounts	ning the assortion that portion to the near	ets of mor n of an in rest dolla do not cor	e than or surance o r. MTIAs, nplete lin	e plan on a line contract which g CCTs. PSAs. at	-by-li uaran nd 103	ine basis unless the itees, during this plan 3-12 IEs do not
	Assets			11 11 1	(a) Beg	inning of Year		(b) End of Year
а	Total noninterest-bearing cash			a	· · · · · · · · · · · · · · · · · · ·			
b	Receivables (less allowance for doubtful accounts):				3 30 3	10° 12° 10° 10° 10° 10° 10° 10° 10° 10° 10° 10		
	(1) Employer contributions			b(1)		100000)	100000
	(2) Participant contributions			b(2)			. —	
	(3) Other			b(3)			<u> </u>	
C	General investments:				#~ "			
	(1) Interest-bearing cash (include money market acc			c(1)		730698	31	391731
	(2) U.S. Government securities	<i></i>		c(2)			1	
	(3) Corporate debt instruments (other than employer	securities):			3335	S. # 1.5.1	*	Salar Village
	(A) Preferred			c(3)(A)		49908	3	262764
	(B) All other			c(3)(B)				
	(4) Corporate stocks (other than employer securities)):		A 15 5%	135	THAP IS	,	
	(A) Preferred			c(4)(A)				
	(B) Common			c(4)(B)		846470		975091
	(5) Partnership/joint venture Interests			c(5)				
	(6) Real estate (other than employer real property)			c(6)				
	(7) Loans (other than to participants)			c(7)				
	(8) Participant loans			c(8)		<u> </u>		30903
	(9) Value of interest in common/collective trusts			c(9)			<u>. </u>	
	(10) Value of interest in pooled separate accounts			c(10)				
	(11) Value of interest in master trust investment accou	nts		c(11)				
	(12) Value of interest in 103-12 investment entities			c(12)				
	(13) Value of interest in registered investment compan	ies (e.g., mutual fun	ds)	c(13)		1351735		1399116
	(14) Value of funds held in insurance co. general acco	unt (unallocated co	ntracts)	c(14)				
	(15) Other	<u></u>		c(15)				
For	r Paperwork Reduction Act Notice and OMB Control	Numbers, see the i	nstructions	for Form	5500.	v11.3 Sch	edule	H (Form 5500) 2008





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1d	Employer-related investments:	透過	(a) Beginning of Year	(b) End of Year
	(1) Employer securities	d(1)		
	(2) Employer real property	d(2)		
е	Buildings and other property used in plan operation	е		
f	Total assets (add all amounts in lines 1a through 1e)	f	3078811	3159605
	Liabilities	學是	的是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	16.100至16.2015。 16.100至16.2015。
g	Benefit claims payable	g		
h	Operating payables	h		
j	Acquisition indebtedness	1		
1	Other liabilities	Ī		
k	Total liabilities (add all amounts in lines 1g through 1j)	k	0	0
	Net Assets	激激	""等是"不是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	"你是是是你是是不
1	Net assets (subtract line 1k from line 1f)	1	3078811	3159605

Part II Income and Expense Statement

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

	103-12 125 00 1	iot complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.			
		Income		(a) Amount	(b) Total
а	Contributions:		2800		
	(1) Received of	or receivable in cash from: (A) Employers	a(1)(A)	100000	
	(B) Partici	pants	a(1)(B)	165221	
	(C) Others	s (including rollovers)	a(1)(C)	4078	
	(2) Noncash c	ontributions	a(2)		
	(3) Total contri	ibutions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	a(3)		269299
þ	Earnings on inv	vestments:			
	(1) Interest:				
	(A) Interes	st-bearing cash (including money market	第二次	NAME OF THE PARTY	
	accour	nts and certificates of deposit)	b(1)(A)		
	(B) U.S. G	overnment securities	b(1)(B)		
	(C) Corpo	rate debt instruments	b(1)(C)		
	(D) Loans	(other than to participants)	b(1)(D)		
	(Ē) Particij	pant loans	b(1)(E)	566	
	• •		b(1)(F)	91	127 12 12 12 12 12 12 12 12 12 12 12 12 12
	(G) Total in	nterest. Add lines 2b(1)(A) through (F)	b(1)(G)	SEARCH STATE OF THE SEARCH	657
	(2) Dividends:	(A) Preferred stock	b(2)(A)	62635	
	* *	on stock	b(2)(B)		
	(C) Total d	fividends. Add lines 2b(2)(A) and (B)	b(2)(C)		62635
		•••••	b (3)	The Property of the Control of the C	
	(4) Net gain (lo	ss) on sale of assets: (A) Aggregate proceeds	b(4)(A)	-111950	
		gate carrying amount (see instructions)	b(4)(B)		774年的第三人称单位
	(C) Subtra	ct line 2b(4)(B) from line 2b(4)(A) and enter result	b(4)(C)	自然是不是一个人的一个	-111950





				Official Use Only
			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	b(5)(A)		
	(B) Other	b(5)(B)	50308	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)			50308
	(6) Net investment gain (loss) from common/collective trusts	b(6)	en da estado en entre de la composição d	
	(7) Net investment gain (loss) from pooled separate accounts	b(7)		
	(8) Net investment gain (loss) from master trust investment accounts	b(8)		
	(9) Net investment gain (loss) from 103–12 investment entities	b(9)		
	• • •	D(9)		
	(10) Net investment gain (loss) from registered investment companies	h/40\		294
_	(e.g., mutual funds)	b(10)		277
_	Other income	<u>C</u>		271243
a		d tvsosnessa		2/1243
	Expenses			Laboration of the second
е	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	e(1)	184023	
	(2) To insurance carriers for the provision of benefits	e(2)		
	(3) Other	e(3)		
	(4) Total benefit payments. Add lines 2e(1) through (3)	e(4)		184023
f	Corrective distributions (see instructions)	f	Control of the Till	
g		g		
ħ	Interest expense	h		
ï	Administrative expenses: (1) Professional fees	i(1)	6426	
•	(2) Contract administrator fees.	i(2)		TANK BELLEVI
	(3) Investment advisory and management fees	i(3)	<u></u>	
		i(4)		
	(4) Other			6426
	(5) Total administrative expenses. Add lines 2i(1) through (4)	i(5)		190449
J	Total expenses. Add all expense amounts in column (b) and enter total	1997 (1884 218918)		190449
	Net Income and Reconciliation	200		00704
K	Net income (loss) (subtract line 2j from line 2d)	K		80794
!	Transfers of assets	7/24/4/52		
	(1) To this plan.	<u>l(1)</u>		
-5	(2) From this plan	l(2)		
×	Accountant's Opinion			
5	Complete lines 3a through 3c if the opinion of an independent qualified public accordance.	untant is at	tached to this Form 5500.	
	Complete line 3d if an opinion is not attached.			
а	The attached opinion of an independent qualified public accountant for this plan is (see instruc	tions):	
_	(1) Unqualified (2) Qualified (3) Disclaimer (4) Adve			
b	Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 ar			☒ Yes ☐ No
C		138320	<u> </u>	
	PIAKER & LYON'S, CPA'S			
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 Fo	rm 5500 pursuant to 29 Cl	FR 2520.104-50.
				
		3	Q	I

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P	Transactions During Plan Year						
4	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e,	4f, 4g,	4h, 4	k, or 5	i.		
	103-12 IEs also do not complete 4j.		<u>,</u>				
	During the plan year:		Yes	No		Amount	
а	Did the employer fail to transmit to the plan any participant contributions within the time	激激					
	period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	12.31	LO: 45				4.045
	Correction Program.)	a		Х			
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close						
	of plan year or classified during the year as uncollectible? Disregard participant loans secured	MAX	基质		194 37 12	1.50	Mark Sci
	by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	b		Х	L		
C	Were any leases to which the plan was a party in default or classified during the year as	部類					
	uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	C		X	<u></u>		
d	Were there any nonexempt transactions with any party-in-interest? (Do not include		1	**	11.00	130	
	transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is			100	建筑低		
	checked.)	d		Х			
е	Was this plan covered by a fidelity bond?	е	Х			20	0000
f	Oid the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was			18.68	為是關		
	caused by fraud or dishonesty?	f		Х			
g	Did the plan hold any assets whose current value was neither readily determinable on an	理會制	NUN.	語語	A STATE OF	THE PARTY	和多数
	established market nor set by an independent third party appraiser?	g	* · · · · · · · · · · · · · · · · · · ·	Х			
h	Did the plan receive any noncash contributions whose value was neither readily determinable	2008	海海	學	10.54	经经济外部	经验验
	on an established market nor set by an independent third party appraiser?	h	-2.5	X			
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is		22.23	MAX.	15		
_	checked, and see instructions for format requirements.)		X	OF STREET			NX O
j	Were any plan transactions or series of transactions in excess of 5% of the current value of			新教			
	plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for		2 M.S			Most in the	3.1
	format requirements.)	100000000	larker distance di	X	31°942	W. K. STATE	数位于
K	Were all the plan assets either distributed to participants or beneficiaries, transferred to another				7.75		
	plan, or brought under the control of the PBGC?	k		_X	Editor)	#50 KW 1996	Acres de
a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?	_ `	, enter	the a	mount of a	ny plan asse	ets that
		∐ No		moun			
מכ	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s).	, identi	ify the	pian(s	i) to which	assets or lia	bilities
	were transferred. (See instructions).					Et. (0)	
	5b(1) Name of plan(s) 5b(2) EIN(s))				_ 5b(3)	PN(s)
						-	
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For fiscal plan year beginning October 1, 2008 and ending September 3 Name of plan: K.J. Electric Corporation Profit Sharing Plan	<u></u>	Three-digit plan number: 001	
Plan sponsor's name as shown on line 2a of Form 5500; K.J. Electric Co	prporation	Employer Identifica 22-3201654	tion Number:
Schedule H, line 4i-Schedule of Assets (Held at El	nd of Year)	.	
(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date,	(d) Cost	(e) Current
	rate of interest, collateral, par, or maturity value	**	value
* Nationwide Life Insurance Co	Allnzrcm Tech A	**	\$ 51,172
* Nationwide Life Insurance Co	Amfds Cap Wid Gr Inc	**	\$ 32,713
* Nationwide Life Insurance Co	Amfds Europacific Gr	- 	\$ 99,929
* Nationwide Life Insurance Co	Blkrk Pacific A		\$ 13,234
* Nationwide Life Insurance Co	Diamondhill Smcp Fd Cls A		\$ 288
* Nationwide Life Insurance Co	Dryden GI Realest A	**	\$ 5,688
* Nationwide Life Insurance Co	Ev Divd Bidr A	**	\$ 58,91
* Nationwide Life Insurance Co	Fed Kaufmann Smcap	**	\$ 9,34
* Nationwide Life Insurance Co	Fid Adv Leveraged Co Stk A		\$ 138,65
Nationwide Life Insurance Co	HW Lrg Cap Value Fd Cls A	**	\$ 36
Nationwide Life Insurance Co	Ivy Euro Opportunities Y	fr th	\$ 11,01
Nationwide Life Insurance Co	Jensn Nat Resources Fd A	**	\$ 215,317
* Nationwide Life Insurance Co	John Hancock Classic Val A	**	\$186
* Nationwide Life Insurance Co	Mnnpr Wld Opp Series	**	\$ 5,630
Nationwide Life Insurance Co	Oppnhmr Global Oppor Fund A	**	\$ 42,74
* Nationwide Life Insurance Co	Rdgwrth Smcap Val Eq I	**	\$ 824
* Nationwide Life Insurance Co	Rs Tech A	**	\$ 8,476
* Nationwide Life Insurance Co	T Rowe Pr Gr Stk Fnd R Shs	**	\$ 48,280
Nationwide Life Insurance Co	Amfds Gr Fd Am R5	**	\$ 169,86
* Nationwide Life Insurance Co	Crm Mdcap Val Inv	**	\$ 10,89
* Nationwide Life Insurance Co	Ivy Science and Tech fund Y	**	
Nationwide Life Insurance Co		**	\$ 53,718
	Vankamp Smcap Gr A		\$ 34,919
Nationwide Life Insurance Co	Blkrk Hith Scnc Oppr Inv A		\$ 64,987
Nationwide Life Insurance Co	Fnkln Mut Glbl Disc A	**	\$ 1,937
Nationwide Life Insurance Co	De Divrs Inc A	20	\$ 63,815
Nationwide Life Insurance Co	Mrly Stbl Val I	44	\$ 256,191
Nationwide Life Insurance Co	Participant Loan	**	\$ 30,903
	HSBC Checking		\$ 36,858
	Scottrade Financial		\$ 1,592,727

^{3,059,605}

^{**} No cost information is necessary as the account is participant directed.

Form **5558** (Rev. January 2008) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

OMB No. 1545-0212

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

File With IRS Only

Pa	rt I Identification						
	Name of filer, plan administrator, or plan sponsor (see instructions)	В			ying number (ns).
	K. J. Electric Corporation	X	Emplo	yer iden	tification numb	er (EIN).	
	Number, street, and room or sulte no. (If a P.O. box, see instructions)		22-32	01654			
	5894 E. Molloy Road City or town, state, and ZIP code		Socia	security	number (SSN)		
	Syracuse NY 13211						
_			Plar	$\overline{}$	Plan	year endin	n———
С	Plan name		numb	· .	MM	DD	YYYY
			;	:	·		
	K. J. Electric Corporation Profit Sharing Plan	0	0	1	9	30	2009
			F .				
2	²		<u>:</u>	<u>; </u>			<u> </u>
	<u> </u>		<u>: </u>	<u>: 1</u>			
1	I request an extension of time until 7 / 15 / 2010 to file! The application is automatically approved to the date shown on line	Form 5500	or F	orm 550		s filed on c	or before the
	normal due date of Form 5500 or 5500-EZ for which this extension is months after the normal due date.						
	You must attach a copy of this Form 5558 to each Form 5500 and 5500-	-EZ filed a	fter th	e due d	date for the p	olans listed i	in C above.
Note	e. A signature is not required if you are requesting an extension to file Form 5	500 or Forn	n 5500)-EZ.			
2 a	I request an extension of time until/ to file I You may be approved for up to a six (6) month extension to file Form 5330, Enter the Code section(s) imposing the tax	after the n			te of Form 53	30.	
	Enter the payment amount attached				.	- I ь I	
U	Ernel the payment amount attached		• •		• •		
с 3	For excise taxes under section 4980 or 4980F of the Code, enter the reverse State in detail why you need the extension					С	
	•••••••••••••••••••••••••••••••••••••••						
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	••••••				• • • • • • • • • • • • • • • • • • • •		
Unde	r penalties of perjury, I declare that to the best of my knowledge and belief, the stater rized to prepare this application.	ments made	on this	form ar	re true, correct	, and complete	e, and that I am
Sign	ature ▶		Date	•			

FINANCIAL STATEMENTS

SEPTEMBER 30, 2009

CONTENTS

K.J. ELECTRIC PROFIT SHARING AND 401-K PLAN FINANCIAL STATEMENTS SEPTEMBER 30, 2009

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SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES – AT END OF YEAR	7



INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of K.J. Electric Profit Sharing and 401-K Plan

We were engaged to audit the financial statements and supplemental schedule of K.J. ELECTRIC PROFIT SHARING AND 401-K PLAN as of September 30, 2009 and 2008, and for the year ended September 30, 2009, and the supplemental schedule as of September 30, 2009. These financial statements and 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 Disclosures 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 3 and supplemental schedule, which were certified by Nationwide Financial Services, Inc., a 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 Nationwide Financial Services, Inc. holds certain Plan investment assets and executes certain investment transactions. The plan administrator has obtained certification from the trustee as of and for the years ended September 30, 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 schedule taken as a whole. The form and content of the information included in the financial statements and 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.

PIAKER & LYONS

Tealor & Lyona

Syracuse, New York July 7, 2010

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS SEPTEMBER 30, 2009 AND 2008

ASSETS

	2009	2008
CASH	\$ 391,731	\$ <u>730,698</u>
INVESTMENTS		
401 (k) Plan – Nationwide Investments 401 (k) Plan – Participant Loans	1,399,116 30,903	1,351,735
Profit Sharing Plan *		
Stocks Mutual Funds Fixed Income Securities	670,371 - 567,484	608,464 238,006 49,908
	<u>2,667,874</u>	2,248,113
RECEIVABLE – EMPLOYER'S CONTRIBUTION	100,000	100,000
NET ASSETS AVAILABLE FOR BENEFITS	\$ <u>3,159,605</u>	\$ <u>3,078,811</u>

^{*}Non Participant Directed

The Notes to Financial Statements are an integral part of this statement.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEAR ENDED SEPTEMBER 30, 2009

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	<u>401</u>	<u>(k)</u>		Profit Sharing*		<u>Total</u>
Investment Income (Loss) Investment Earnings Net Appreciation (Depreciation)	\$	566	\$	62,726	\$	63,292
in Fair Value of Investments		294	(61,642)	(61,348)
Contributions Participants	16	69,299		_		169,299
Employer	_		_	100,000		100,000
TOTAL ADDITIONS	_1	70,159	_	<u>101,084</u>	-	271,243
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:						
Benefits Paid to Participants Administrative Expenses	<u> </u>	91,875	_	92,148 <u>6,426</u>		184,023 <u>6,426</u>
TOTAL DEDUCTIONS		91,875		98,574	_	<u>190,449</u>
NET INCREASE	•	78,284		2,510		80,794
NET ASSETS AVAILABLE FOR BENEFITS:						
Beginning of Year	<u>1,3:</u>	51,735	<u>1</u> ,	<u>727,076</u>	<u>3,</u>	<u>078,811</u>
End of Year	\$ <u>1,4</u>	<u>30,019</u>	\$ <u>1,</u>	<u>729,586</u>	\$ <u>3,</u>	<u>159,605</u>

^{*}Non Participant Directed.

The Notes to Financial Statements are an integral part of this statement.

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2009

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation – The financial statements included herein have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles.

Use of Estimates – The preparation of financial statements in conformity with generally accepted accounting principles requires management to make significant estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties – The Plan provides for various investment options in any combination of fixed income and pooled separate accounts. Investments underlying those investment accounts are exposed to various risks, such as interest rate, market, and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statement of net assets available for plan benefits and the statement of changes in net assets available for plan benefits.

Investment Valuation – The Plan's investments are stated at fair value. Mutual fund investments are valued based upon the market value of each fund's underlying securities.

The Plan presents in the statement of changes in net assets the net appreciation (depreciation) in the fair value of its investments which consists of the realized gains or losses and the unrealized appreciation (depreciation) on these investments.

Subsequent Events – The Plan has evaluated events and transactions that occurred between October 1, 2009 and July 7, 2010, which is the date the financial statements were available to be issued, for possible disclosure and recognition in the financial statements.

NOTE 2 – PLAN DESCRIPTION AND BENEFITS

The following description of the K.J. Electric Profit Sharing and 401-k Plan ("Plan") provides general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2009

NOTE 2 – PLAN DESCRIPTION AND BENEFITS (CONTINUED)

The Plan covers all employees twenty years of age or older. Twelve months of continuous service is required for the Company's discretionary profit sharing portion; however, no service is necessary for employee's elective 401(k) salary deferrals. Significant provisions of the plan are as follows:

Investment Direction – Participants direct all investment decisions for the 401(k) portion of the Plan's net assets. The profit sharing portion of the Plan's investments are non participant directed.

Vesting – Immediately vested in participants' own contributions plus actual earnings thereon. Vesting in the Company's discretionary contribution portion of participant's accounts plus actual earnings thereon is based on years of continuous service. A participant is one hundred percent vested after six years of service.

Contribution – Employees – Employee 401(k) contributions range from a minimum of \$0 to a maximum amount allowed by law, as defined by the Plan. The Plan allows participant rollovers from other qualified plans. Investment of employee contributions are participant directed among various mutual funds.

Contributions – Employer – Employer profit sharing contributions are discretionary at the option of the Company's board of directors and are invested in a portfolio of investments as directed by the Company. Contributions are allocated on the basis of participants' compensation.

Forfeitures – The portion of the employer contributions and earnings thereon for which a participant is not vested is forfeited upon termination of employment with the Company. The value of any forfeiture is reallocated on the same basis as contributions.

Plan Termination – Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contribution at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become one hundred percent vested in their accounts.

Distributions – Upon disability, retirement, or termination, the participant's vested benefits in the fund are paid in a lump sum distribution.

Participant Notes Receivable – Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or fifty percent of their account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the Participant Notes fund. Loan terms ranged from one to five years or up to ten years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate equal to prime + 1%. Principal and interest is paid ratably through payroll deductions.

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2009

NOTE 3- INFORMATION PROVIDED BY NATIONWIDE

Nationwide Financial Services, Inc. (Nationwide) acts as custodian for the 401(k) portion of the Plan. In accordance with Department of Labor's Regulation 2520.103-8, a certified "Statement of Account" for the Plan for the years ended September 30, 2009 and 2008 has been provided by Nationwide. The following information has been prepared utilizing the certified Statement of Account:

Statement of Net Assets Available for Benefits – Nationwide Investments

Statement of Changes in Net Assets Available for Benefits – 401(k) Portion of the Plan

Schedule of Assets Held for Investment Purposes – At End of Year Nationwide Investments

NOTE 4 – TAX STATUS

The Plan has received a favorable tax determination letter from the Internal Revenue Service and is a qualified trust under Section 401(a) of the Internal Revenue Code (IRC). It is therefore considered to be exempt from federal income taxes under provisions of Section 501(a). The Plan administrator believes that the Plan is designed and is currently being operated in compliance with applicable provisions of the IRC.

Uncertainty in Income Taxes – The Plan files a Federal Annual Report of Employee Benefit Plan. The Plan has not been informed of any tax examinations by the Internal Revenue Service (IRS) for any years not barred by statute of limitations.

The Plan has adopted the provisions of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) No. 740, "Income Taxes", as amended by FASB Accounting Standards Update (ASU) Nol 2009-06, "Implementation Guidance on Accounting for Uncertainty in Income Taxes and Disclosure Amendments for Nonpublic Entities" effective January 1, 2009. As of January 1, 2009, management has determined there were no liabilities for unrecognized tax benefits as a result of the implementation of FASB ASC No. 740, as amended. Furthermore, management has estimated that there are no material unrecognized tax benefits for the U.S. federal jurisdiction for which it is subject to reporting as of September 30, 2009.

The Plan has not recognized any interest or penalties related to unrecognized tax benefits in the Statement of Changes in Net Assets nor has it accrued any in the Statement of Net Assets available for Plan benefits as of September 30, 2009.

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2009

NOTE 5 – FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits.

			air Value rements Using: Other Significant Observable Inputs	Significant Unobservable Inputs
	Fair Value	(Level 1)	(Level 2)	(Level 3)
September 30, 2009				
Stocks Mutual Funds Fixed Income Securities Loans to Participants Total	\$ 670,371 1,399,116 567,484 30,903 \$ 2,667,874	\$ 670,371 1,399,116 567,484 ———————————————————————————————————	\$ - - - - \$ -	\$ - - - 30,903 \$ _30,903
			air Value	· <u></u>
	,		rements Using:	
	<u>Fair Value</u>	Quoted Prices in Active Markets for Identical Assets (Level 1)	Other Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>September 30, 2008</u>				
Stocks Mutual Funds Fixed Income Securities	\$ 608,464 1,589,741 <u>49,908</u>	\$ 608,464 1,589,741 <u>49,908</u>	\$ - - -	\$ - -
Total	\$ <u>2,248,113</u>	\$ <u>2,248,113</u>	\$ <u> </u>	\$ <u> </u>

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2009

NOTE 5 – FAIR VALUE MEASUREMENTS (CONTINUED)

Generally accepted accounting principles establish a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. The fair values of stocks and fixed income securities are based on the closing price reported on the active market where the individual securities are traded.

Level 3 Fair Value Measurements

The fair value of participant loans is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance. The following table provides further details of the Level 3 fair value measurements.

	Participant <u>Loans</u>
Balance – September 30, 2008 Loan Advances Loan – Principal Repayments	\$ - 32,000 (<u>1,097</u>)
Balance – September 30, 2009	\$ <u>30,903</u>

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2009

NOTE 6 – INVESTMENTS THAT REPRESENTED 5% OR MORE OF THE PLAN'S NET ASSETS

	2009	<u>2008</u>
Mutual Funds:		
Jensen National Resources	\$ 215,317	\$ 210,482
Growth Fund of America	169,864	N/A
Mrly Stable Value	<u>256,191</u>	289,061
	\$ <u>641,372</u>	\$ <u>499,543</u>

All of the above investments are participant directed.

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES – AT END OF YEAR SEPTEMBER 30, 2009

(A)	(B) Identity of Issue, Borrower, Lessor, or Similar Party	(C) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Date	(E) Current Value
<u>401(l</u>	() – Participant Directed		
*	Nationwide	PIMCO Allnz RCM Tech A	\$ 51,173
*	Nationwide	Amerifunds World Growth & Income	32,713
*	Nationwide	Fidelity Leveraged Co. Stock	138,654
*	Nationwide	Ivy Euro Opportunities	11,017
*	Nationwide	Jensen Natural Resources	215,317
*	Nationwide	Oppenheimer Global Opportunities	42,742
*	Nationwide	RS Tech A	8,478
*	Nationwide	Federated Kaufman Small Cap	9,349
*	Nationwide	Amerifunds – Europacific Growth Fund	99,929
*	Nationwide	Blackrock Pacific	13,234
*	Nationwide	Other Mutual Funds	1,665
*	Nationwide	VanKamp Small Cap Growth	34,919
*	Nationwide	Amerifunds – Growth Fund of America	169,864
*	Nationwide	CRM Midcap Value	10,897
*	Nationwide	Franklin Mutual Global Discovery	1,937
*	Nationwide	EV Dividend Builder	58,919
*	Nationwide	T Rowe Price Growth Stock	48,280
*	Nationwide	Mrly Stable Value	256,191
*	Nationwide	Dryden Real Estate	5,688
*	Nationwide	Ivy Science & Tech	53,718
*	Nationwide	Delaware Diversified Income	63,815
*	Nationwide	Blackrock Health Science	64,987
*	Nationwide	MNNPR World Opportunity	5,630
Total	401(k) Plan Investments		\$ <u>1,399,116</u>

The Notes to Financial Statements are an integral part of this statement. (continued on the following page)

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES – AT END OF YEAR SEPTEMBER 30, 2009

(A) (B) (C) (E)

Identity of Issue, Borrower,
Lessor, or Similar Party

Lessor, or Similar Party

Including Maturity Date,
Rate of Interest, Collateral,
Par, or Maturity Date

Profit Sharing Investments - Non Participant Directed

Stocks

*	Scottrade	Altria Group – 2,000 Shares	\$	35,620
*	Scottrade	Honneywell International, Inc. – 400 Shares		14,860
*	Scottrade	National Grid PLC – 1,000 Shares		48,750
*	Scottrade	State Street Corp. – 500 Shares		26,300
*	Scottrade	Smart Balance, Inc 5,000 Shares		30,700
*	Scottrade	Goldman Sachs, Inc. Preferred – 2,000 Shares		50,320
*	Scottrade	Wells Fargo & Company – 2,000 Shares		56,360
*	Scottrade	M & T Bank Corp. – 1,000 Shares		62,320
*	Scottrade	Johnson & Johnson – 100 Shares		6,089
*	Scottrade	BP PLC – 2,000 Shares		106,460
*	Scottrade	Bristol Myers Squibb Company – 3,000 Shares		67,560
*	Scottrade	Chevron Corp. – 200 Shares		14,086
*	Scottrade	Conoco Phillips – 500 Shares		22,580
*	Scottrade	China Unicom Limited – 1,000 Shares		14,240
*	Scottrade	BHP Billiton, Ltd 500 Shares		33,005
*	Scottrade	Eaton Corporation – 400 Shares		22,636
*	Scottrade	Freeport – McMoRan Cooper&		
		Gold, Inc. – 500 Shares		34,305
*	Scottrade	General Electric Capital Corporation – 1,000 Shares	.	24,180

The Notes to Financial Statements are an integral part of this statement. (continued on the following page)

<u>670,371</u>

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES – AT END OF YEAR SEPTEMBER 30, 2009

(A)	(B)	(C)	(E)
	Identity of Issue, Borrower,	Description of Investment	Current
	Lessor, or Similar Party	Including Maturity Date,	Value
		Rate of Interest, Collateral,	
		Par, or Maturity Date	

Profit Shar	ring Investments - Non Partic	ipant Directed (continued)	
Fixed Inco	ome Securities		
*	Scottrade	Bank Choice – 3.5% Due 10/2/09 \$	10,000
*	Scottrade	General Dynamics – 4.5% Due 8/15/10	25,794
*	Scottrade	Verizon – 5.875% Due 1/17/12	26,869
*	Scottrade	AT & T – Senior Notes – 6.375%	26,750
*	Scottrade	Alabama Senior Notes - 5.625%	10,040
*	Scottrade	Georgia Prime Bank Atlanta – 3.6% - Due 10/16/09	100,091
*	Scottrade	J.P. Morgan & Chase Co. – 8.625% - Due 9/1/13	82,650
*	Scottrade	J.P. Morgan & Chase Capital – 8.0% - Due 5/15/13	26,909
*	Scottrade	M&T Capital Trust IV – 8.5% - Due 1/31/13	78,840
*	Scottrade	Meridian Bank Ft. Worth, Texas – 3.5% - Due 10/6/09	100,011
*	Scottrade	Wells Fargo Capital – 8.625% - Due 9/15/13	79,530
			<u>567,484</u>
T-4-1 D	CA Charima Income		

Total Profit Sharing Investments

\$ <u>1,237,855</u>

The Notes to Financial Statements are an integral part of this statement.



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أسباً 'Additional marchandiae insurance is void if costomer requests waiver of signature. I wan delivery to be made without obtaining signature of addressee or addressee's agent if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.					
NO DELIVER	Y ∉lday	r Signature	, , ,		
TO: (PLEASE PRINT)	PHONE ()			

SENDER HAS WAIVED SIGNATURE

REQUIREMENT

PLEASE DELIVER PER DIMM 26:3:2

CRACILLE TO CRACILLE CERTIFIED

Cracille to Cracille Certification is awarded

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Cradle to Cradle Certification is awarded to products that pursue an innovative vision of ecologically-intelligent design that eliminates the concept of waste.

This USPS® packaging has been certified for its material content, recyclability, and