

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
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Part I	Annual Report Identification Information		
For calendar plan year 2009 or fiscal plan year beginning <u>10/01/2008</u> and ending <u>09/30/2009</u>			
A This return/report is for:	<input type="checkbox"/> a multiemployer plan;	<input type="checkbox"/> a multiple-employer plan; or	
	<input checked="" type="checkbox"/> a single-employer plan;	<input type="checkbox"/> a DFE (specify) ____	
B This return/report is:	<input type="checkbox"/> the first return/report;	<input type="checkbox"/> the final return/report;	
	<input type="checkbox"/> an amended return/report;	<input type="checkbox"/> a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>		
D Check box if filing under:	<input type="checkbox"/> Form 5558;	<input type="checkbox"/> automatic extension;	<input type="checkbox"/> the DFVC program;
	<input type="checkbox"/> special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>CAMERON MANUFACTURING AND DESIGN, INC. PROFIT SHARING 401 (K) PLAN</u>	1b Three-digit plan number (PN) ►	<u>001</u>	
	1c Effective date of plan		
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>CAMERON MANUFACTURING AND DESIGN, INC.</u> <u>727 BLOSTEIN BLVD</u> <u>HORSEHEADS, NY 14845</u>	2b Employer Identification Number (EIN) <u>16-1206646</u>	2c Sponsor's telephone number	
	2d Business code (see instructions)		

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			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") CAMERON MANUFACTURING AND DESIGN, INC. 727 BLOSTEIN BLVD HORSEHEADS, NY 14845		3b Administrator's EIN 16-1206646
		3c Administrator's telephone number
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	
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	
b Retired or separated participants receiving benefits.....	6b	
c Other retired or separated participants entitled to future benefits.....	6c	
d Subtotal. Add lines 6a , 6b , and 6c	6d	
e Deceased participants whose beneficiaries are receiving or are entitled to receive 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 (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	
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:		
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) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> 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) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

Form **5500**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit PlanThis 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.**Part I Annual Report Identification Information**

For the calendar plan year 2008 or fiscal plan year beginning 10/01/2008 and ending 09/30/2009

- A** This return/report is for: (1) ☐ a multiemployer plan; (3) ☐ a multiple-employer plan; or
(2) ☒ a single-employer plan (other than a multiple-employer plan); (4) ☐ a DFE (specify) _____
- B** This return/report is: (1) ☐ the first return/report filed for the plan; (3) ☐ the final return/report filed for the plan;
(2) ☐ an amended return/report; (4) ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here _____ ▶ ☐
- D** If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions) _____ ▶ ☒

Part II Basic Plan Information — enter all requested information.

1a Name of plan CAMERON MANUFACTURING AND DESIGN, I NC. PROFIT SHARING 401(K) PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan (mo., day, yr.) 01/01/1986
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) CAMERON MANUFACTURING AND DESIGN, I NC. 727 BLOSTEIN BLVD HORSEHEADS NY 14845-0478	2b Employer Identification Number (EIN) 16-1206646
	2c Sponsor's telephone number 607-739-3606
	2d Business code (see instructions) 333200

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 if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

SIGN HERE Tamara N. Gurnsey 7/7/10 TAMARA N. GURNSEY
Signature of plan administrator Date Type or print name of individual signing as plan administrator

SIGN HERE Berry H. Cokely 7/7/2010 BERRY H. COKELY
Signature of employer/plan sponsor/DFE Date Type or print name of individual signing as employer, plan sponsor or DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

v11.3

Form **5500** (2008)

RECEIVED
JUL 30 2010
BY: _____



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

SAME

3b Administrator's EIN**3c** Administrator's telephone number**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 below:**a** Sponsor's name**b** EIN**c** PN**5** Preparer information (optional) **a** Name (including firm name, if applicable) and address**b** EIN**c** Telephone number

6 Total number of participants at the beginning of the plan year	6	190
7 Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d)		
a Active participants	7a	178
b Retired or separated participants receiving benefits	7b	
c Other retired or separated participants entitled to future benefits	7c	15
d Subtotal. Add lines 7a, 7b, and 7c	7d	193
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	7e	
f Total. Add lines 7d and 7e	7f	193
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	7g	173
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	7h	26
i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)	7i	

8 Benefits provided under the plan (complete 8a and 8b as applicable)

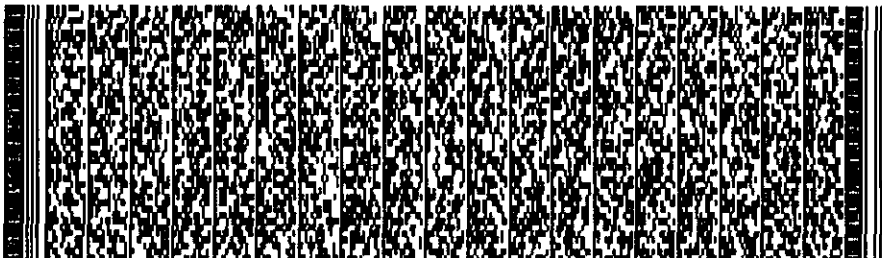
- a** ☒ Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions): 2E 2F 2G 2J 3E
- b** ☐ Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes printed in the instructions):

9a Plan funding arrangement (check all that apply)

- (1) ☒ Insurance
- (2) ☐ Code section 412(i) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☒ Insurance
- (2) ☐ Code section 412(i) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

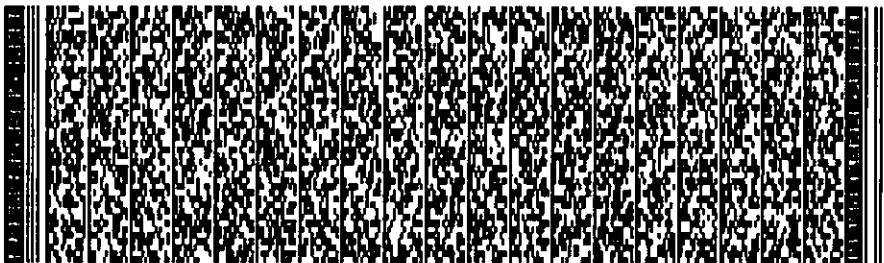


10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)**a Pension Benefit Schedules**

- | | | | |
|-----|-------------------------------------|------------|--|
| (1) | <input checked="" type="checkbox"/> | R | (Retirement Plan Information) |
| (2) | <input type="checkbox"/> | B | (Actuarial Information) |
| (3) | <input type="checkbox"/> | E | (ESOP Annual Information) |
| (4) | <input type="checkbox"/> | SSA | (Separated Vested Participant Information) |

b Financial Schedules

- | | | | |
|-----|-------------------------------------|-------------------|--------------------------------------|
| (1) | <input checked="" type="checkbox"/> | H | (Financial Information) |
| (2) | <input type="checkbox"/> | I | (Financial Information — Small Plan) |
| (3) | <input checked="" type="checkbox"/> | <u>2</u> A | (Insurance Information) |
| (4) | <input type="checkbox"/> | C | (Service Provider Information) |
| (5) | <input checked="" type="checkbox"/> | D | (DFE/Participating Plan Information) |
| (6) | <input type="checkbox"/> | G | (Financial Transaction Schedules) |



**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance 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.**

► Insurance companies are required to provide this information
pursuant to ERISA section 103(a)(2).

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 10/01/2008 and ending 09/30/2009

A Name of plan

CAMERON MANUFACTURING AND DESIGN, INC. PROFIT SHARING 401(K)

**B Three-digit
plan number**

001

C Plan sponsor's name as shown on line 2a of Form 5500

CAMERON MANUFACTURING AND DESIGN, INC.

D Employer Identification Number

16-1206646

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be
reported on a single Schedule A.

1 Coverage:

(a) Name of insurance carrier

PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	7-09196	193	10/01/2008	09/30/2009

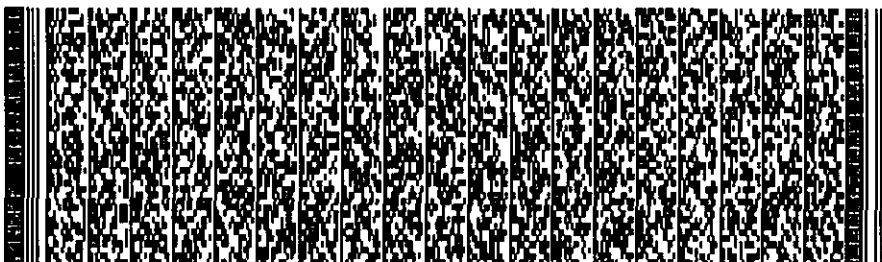
2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents,
brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

Totals

Total amount of commissions paid	Total fees paid / amount

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500.

v11.3 Schedule A (Form 5500) 2008



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(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	



Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

3	Current value of plan's interest under this contract in the general account at year end	675514
4	Current value of plan's interest under this contract in separate accounts at year end	3286019
5	Contracts With Allocated Funds	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	
c	Premiums due but unpaid at the end of the year	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount	
	Specify nature of costs ▶	
e	Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here <input type="checkbox"/>	
6	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other (specify below) ▶ FLEXIBLE INVESTMENT ANNUITY	
b	Balance at the end of the previous year	588421
c	Additions: (1) Contributions deposited during the year	37246
	(2) Dividends and credits	
	(3) Interest credited during the year	23039
	(4) Transferred from separate account	69654
	(5) Other (specify below)	16197
	▶ LOAN PAYMENT, CORRECTION	
	(6) Total additions	146136
d	Total of balance and additions (add b and c (6))	734557
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	14227
	(2) Administration charge made by carrier	440
	(3) Transferred to separate account	100
	(4) Other (specify below)	43832
	▶ LOAN WITHDRAWAL, MKT VALUE CHANGE	
	(5) Total deductions	58599
f	Balance at the end of the current year (subtract e (5) from d)	675958



Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

7 Benefit and contract type (check all applicable boxes)

- | | | | |
|--|--|---|--|
| a <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life Insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> Other (specify) ▶ | | | |

8 Experience-rated contracts

a Premiums: (1) Amount received		
(2) Increase (decrease) in amount due but unpaid		
(3) Increase (decrease) in unearned premium reserve		
(4) Earned ((1) + (2) - (3))		
b Benefit charges: (1) Claims paid		
(2) Increase (decrease) in claim reserves		
(3) Incurred claims (add (1) and (2))		
(4) Claims charged		
c Remainder of premium: (1) Retention charges (on an accrual basis) —		
(A) Commissions		
(B) Administrative service or other fees		
(C) Other specific acquisition costs		
(D) Other expenses		
(E) Taxes		
(F) Charges for risks or other contingencies		
(G) Other retention charges		
(H) Total retention		
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		
(2) Claim reserves		
(3) Other reserves		
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)		
9 Nonexperience-rated contracts:		
a Total premiums or subscription charges paid to carrier		
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount		
Specify nature of costs ▶		



**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

► Insurance companies are required to provide this information
pursuant to ERISA section 103(a)(2).

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 10/01/2008 and ending 09/30/2009

A Name of plan CAMERON MANUFACTURING AND DESIGN, INC. PROFIT SHARING 401 (K)	B Three-digit plan number ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 CAMERON MANUFACTURING AND DESIGN, INC.	D Employer Identification Number 16-1206646

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage:

(a) Name of insurance carrier

GUARDIAN LIFE INSURANCE COMPANY

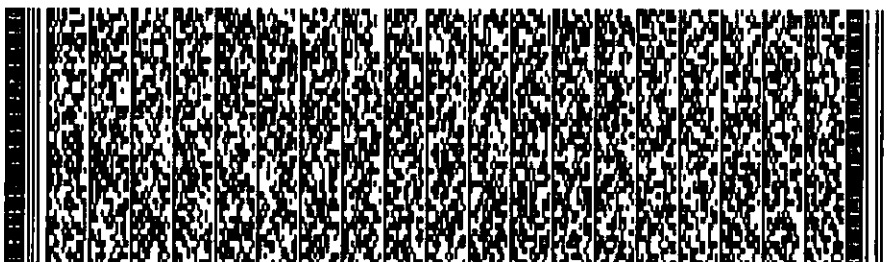
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5123390	64246	709196	0	N/A	N/A

2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

Totals	
Total amount of commissions paid	Total fees paid / amount
56	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500.

v11.3 Schedule A (Form 5500) 2008



(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

LEONARD J. PAGANELLI
1150 J PITTSFORD VICTOR RD
PITTSFORD NY 14534

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	
56			3

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	



Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

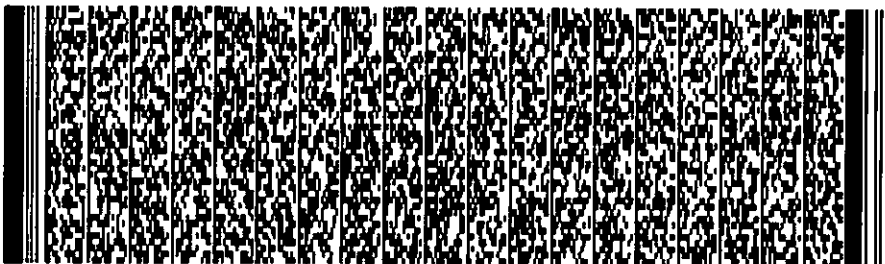
3	Current value of plan's interest under this contract in the general account at year end	
4	Current value of plan's interest under this contract in separate accounts at year end	
5	Contracts With Allocated Funds	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	
c	Premiums due but unpaid at the end of the year	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount	
	Specify nature of costs ▶	
e	Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity	
	(3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here <input type="checkbox"/>	
6	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee	
	(3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other (specify below) ▶	
b	Balance at the end of the previous year	
c	Additions: (1) Contributions deposited during the year	
	(2) Dividends and credits	
	(3) Interest credited during the year	
	(4) Transferred from separate account	
	(5) Other (specify below)	
	(6) Total additions	
d	Total of balance and additions (add b and c (6))	
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	
	(2) Administration charge made by carrier	
	(3) Transferred to separate account	
	(4) Other (specify below)	
	(5) Total deductions	
f	Balance at the end of the current year (subtract e (5) from d)	



Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

7 Benefit and contract type (check all applicable boxes)			
a <input type="checkbox"/> Health (other than dental or vision)	b <input type="checkbox"/> Dental	c <input type="checkbox"/> Vision	d <input checked="" type="checkbox"/> Life Insurance
e <input type="checkbox"/> Temporary disability (accident and sickness)	f <input type="checkbox"/> Long-term disability	g <input type="checkbox"/> Supplemental unemployment	h <input type="checkbox"/> Prescription drug
i <input type="checkbox"/> Stop loss (large deductible)	j <input type="checkbox"/> HMO contract	k <input type="checkbox"/> PPO contract	l <input type="checkbox"/> Indemnity contract
m <input type="checkbox"/> Other (specify) ▶			
8 Experience-rated contracts			
a Premiums: (1) Amount received			
(2) Increase (decrease) in amount due but unpaid			
(3) Increase (decrease) in unearned premium reserve			
(4) Earned ((1) + (2) - (3))			
b Benefit charges: (1) Claims paid			
(2) Increase (decrease) in claim reserves			
(3) Incurred claims (add (1) and (2))			
(4) Claims charged			
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions			
(B) Administrative service or other fees			
(C) Other specific acquisition costs			
(D) Other expenses			
(E) Taxes			
(F) Charges for risks or other contingencies			
(G) Other retention charges			
(H) Total retention			
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)			
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			
(2) Claim reserves			
(3) Other reserves			
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)			
9 Nonexperience-rated contracts:			
a Total premiums or subscription charges paid to carrier			2786
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount			
Specify nature of costs ▶			



**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.

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 10/01/2008 and ending 09/30/2009

A Name of plan or DFE

CAMERON MANUFACTURING AND DESIGN, INC. PROFIT SHARING 401 (K)

B Three-digit
plan number ►

001

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

CAMERON MANUFACTURING AND DESIGN, INC.

D Employer Identification Number

16-1206646

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

(a) Name of MTIA, CCT, PSA, or 103-12IE PRINCIPAL MONEY MKT SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN42-0127290-024 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12IE at end of year (see instructions) 420051

(a) Name of MTIA, CCT, PSA, or 103-12IE PRINCIPAL INTL EM MKT SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN42-0127290-013 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12IE at end of year (see instructions) 102375

(a) Name of MTIA, CCT, PSA, or 103-12IE PRIN INTL SMALLCAP SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN42-0127290-014 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12IE at end of year (see instructions) 15875

(a) Name of MTIA, CCT, PSA, or 103-12IE PRINCIPAL SMCAP VALUE SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN42-0127290-031 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12IE at end of year (see instructions) 81757

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500.

v11.3

Schedule D (Form 5500) 2008



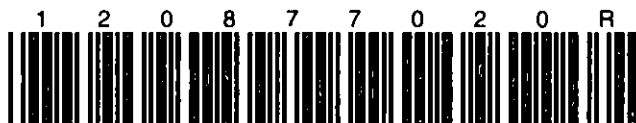
- (a) Name of MTIA, CCT, PSA, or 103-12IE PRIN LARGE CAP BLEND I SEP ACCT
- (b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY
- (c) EIN-PN 42-0127290-017 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 435051
- (a) Name of MTIA, CCT, PSA, or 103-12IE PRINCIPAL U.S. PROPERTY SEPACT
- (b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY
- (c) EIN-PN 42-0127290-027 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 151282
- (a) Name of MTIA, CCT, PSA, or 103-12IE PRINCIPAL BOND AND MTG SEP ACC
- (b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY
- (c) EIN-PN 42-0127290-005 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 286446
- (a) Name of MTIA, CCT, PSA, or 103-12IE PRINCIPAL DIVERS INTL SEP ACCT
- (b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY
- (c) EIN-PN 42-0127290-015 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 275923
- (a) Name of MTIA, CCT, PSA, or 103-12IE PRIN LGCP S&P 500 IDX SEP ACCT
- (b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY
- (c) EIN-PN 42-0127290-016 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 246507
- (a) Name of MTIA, CCT, PSA, or 103-12IE PRIN MIDCAP VALUE I SEP ACCT
- (b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY
- (c) EIN-PN 42-0127290-043 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 406425



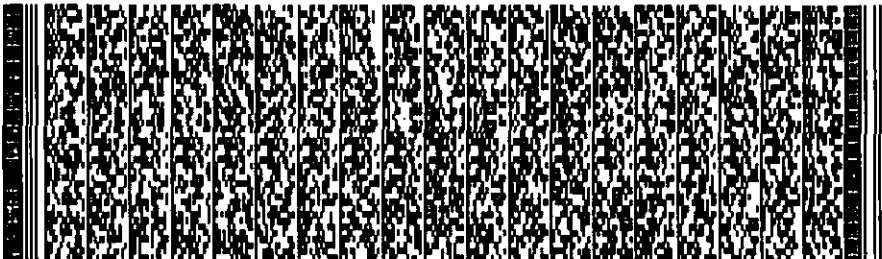
- (a) Name of MTIA, CCT, PSA, or 103-12IE PRIN SMALLCAP S&P 600 INDEX SA
- (b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY
- (c) EIN-PN 42-0127290-028 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 61179
-
- (a) Name of MTIA, CCT, PSA, or 103-12IE PRIN MIDCAP S&P 400 INDEX SA
- (b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY
- (c) EIN-PN 42-0127290-023 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 37399
-
- (a) Name of MTIA, CCT, PSA, or 103-12IE PRIN MIDCAP GROWTH I SEP ACCT
- (b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY
- (c) EIN-PN 42-0127290-056 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 0
-
- (a) Name of MTIA, CCT, PSA, or 103-12IE PRIN LGCAP GROWTH I SEP ACCT
- (b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY
- (c) EIN-PN 42-0127290-066 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 43746
-
- (a) Name of MTIA, CCT, PSA, or 103-12IE PRIN LGCAP VALUE III SEP ACCT
- (b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY
- (c) EIN-PN 42-0127290-068 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 27182
-
- (a) Name of MTIA, CCT, PSA, or 103-12IE PRIN SMCAP GROWTH II SEP ACCT
- (b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY
- (c) EIN-PN 42-0127290-071 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 30088



(a) Name of MTIA, CCT, PSA, or 103-12IE <u>PRINCIPAL LIFETM 2010 SEP ACCT</u>	
(b) Name of sponsor of entity listed in (a) <u>PRINCIPAL LIFE INSURANCE COMPANY</u>	
(c) EIN-PN <u>42-0127290-075</u>	(d) Entity code <u>P</u> (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) <u>15680</u>
(a) Name of MTIA, CCT, PSA, or 103-12IE <u>PRINCIPAL LIFETM 2020 SEP ACCT</u>	
(b) Name of sponsor of entity listed in (a) <u>PRINCIPAL LIFE INSURANCE COMPANY</u>	
(c) EIN-PN <u>42-0127290-076</u>	(d) Entity code <u>P</u> (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) <u>195</u>
(a) Name of MTIA, CCT, PSA, or 103-12IE <u>PRINCIPAL LIFETM 2030 SEP ACCT</u>	
(b) Name of sponsor of entity listed in (a) <u>PRINCIPAL LIFE INSURANCE COMPANY</u>	
(c) EIN-PN <u>42-0127290-077</u>	(d) Entity code <u>P</u> (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) <u>3106</u>
(a) Name of MTIA, CCT, PSA, or 103-12IE <u>PRINCIPAL LIFETM 2040 SEP ACCT</u>	
(b) Name of sponsor of entity listed in (a) <u>PRINCIPAL LIFE INSURANCE COMPANY</u>	
(c) EIN-PN <u>42-0127290-078</u>	(d) Entity code <u>P</u> (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) <u>5233</u>
(a) Name of MTIA, CCT, PSA, or 103-12IE <u>PRINCIPAL LIFETM 2050 SEP ACCT</u>	
(b) Name of sponsor of entity listed in (a) <u>PRINCIPAL LIFE INSURANCE COMPANY</u>	
(c) EIN-PN <u>42-0127290-079</u>	(d) Entity code <u>P</u> (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) <u>1727</u>
(a) Name of MTIA, CCT, PSA, or 103-12IE <u>RUSS LIFE GRW STR SEP ACCT</u>	
(b) Name of sponsor of entity listed in (a) <u>PRINCIPAL LIFE INSURANCE COMPANY</u>	
(c) EIN-PN <u>42-0127290-081</u>	(d) Entity code <u>P</u> (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) <u>44212</u>



(a) Name of MTIA, CCT, PSA, or 103-12IE <u>RUSS LIFE BAL STR SEP ACCT</u>		
(b) Name of sponsor of entity listed in (a) <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
(c) EIN-PN <u>42-0127290-082</u>	(d) Entity code <u>P</u>	(e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) <u>193147</u>
<hr/>		
(a) Name of MTIA, CCT, PSA, or 103-12IE <u>RUSS LIFE CON STR SEP ACCT</u>		
(b) Name of sponsor of entity listed in (a) <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
(c) EIN-PN <u>42-0127290-083</u>	(d) Entity code <u>P</u>	(e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) <u>706</u>
<hr/>		
(a) Name of MTIA, CCT, PSA, or 103-12IE <u>RUSS LIFE EQGRTH ST SEP ACCT</u>		
(b) Name of sponsor of entity listed in (a) <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
(c) EIN-PN <u>42-0127290-084</u>	(d) Entity code <u>P</u>	(e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) <u>16444</u>
<hr/>		
(a) Name of MTIA, CCT, PSA, or 103-12IE <u>RUSS LIFE MOD STR SEP ACCOUNT</u>		
(b) Name of sponsor of entity listed in (a) <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
(c) EIN-PN <u>42-0127290-085</u>	(d) Entity code <u>P</u>	(e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) <u>349253</u>
<hr/>		
(a) Name of MTIA, CCT, PSA, or 103-12IE <u>PRINCIPAL MIDCAP GROWTH III SA</u>		
(b) Name of sponsor of entity listed in (a) <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
(c) EIN-PN <u>42-0127290-026</u>	(d) Entity code <u>P</u>	(e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) <u>35033</u>
<hr/>		
(a) Name of MTIA, CCT, PSA, or 103-12IE _____		
(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 103-12IE at end of year (see instructions) _____



**SCHEDULE H
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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 calendar year 2008 or fiscal plan year beginning 10/01/2008 and ending 09/30/2009	
A Name of plan CAMERON MANUFACTURING AND DESIGN, INC. PROFIT SHARING 401(K)	B Three-digit plan number 001
C Plan sponsor's name as shown on line 2a of Form 5500 CAMERON MANUFACTURING AND DESIGN, INC.	D Employer Identification Number 16-1206646

Part I Asset and Liability Statement

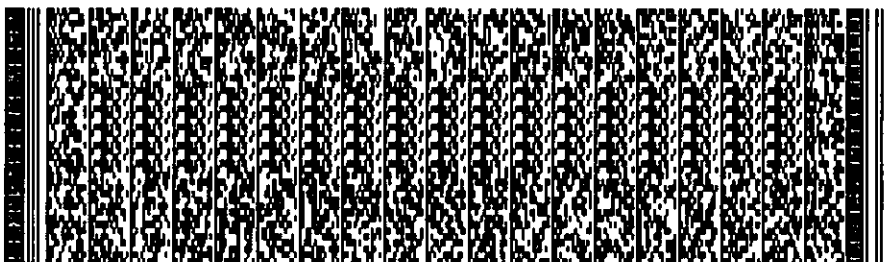
- 1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value 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		
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions		
(2) Participant contributions		24183
(3) Other		
c General investments:		
(1) Interest-bearing cash (incl. money market accounts and certificates of deposit)		
(2) U.S. Government securities		
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred		
(B) All other		
(4) Corporate stocks (other than employer securities):		
(A) Preferred		
(B) Common		
(5) Partnership/joint venture interests		
(6) Real estate (other than employer real property)		
(7) Loans (other than to participants)		
(8) Participant loans	150109	205194
(9) Value of interest in common/collective trusts		
(10) Value of interest in pooled separate accounts	3319244	3286019
(11) Value of interest in master trust investment accounts		
(12) Value of interest in 103-12 investment entities		
(13) Value of interest in registered investment companies (e.g., mutual funds)		
(14) Value of funds held in insurance co. general account (unallocated contracts)	588067	675514
(15) Other	59079	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

v11.3 Schedule H (Form 5500) 2008



		(a) Beginning of Year	(b) End of Year
1d	Employer--related investments:		
(1)	Employer securities	d(1)	
(2)	Employer real property	d(2)	
e	Buildings and other property used in plan operation	e	
f	Total assets (add all amounts in lines 1a through 1e)	f	4116499 4190910
Liabilities			
g	Benefit claims payable	g	
h	Operating payables	h	
i	Acquisition indebtedness	i	
j	Other liabilities	j	
k	Total liabilities (add all amounts in lines 1g through 1j)	k	
Net Assets			
l	Net assets (subtract line 1k from line 1f)	l	4116499 4190910

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	a(1)(A)	
	(B) Participants	a(1)(B)	310952
	(C) Others (including rollovers)	a(1)(C)	124018
(2)	Noncash contributions	a(2)	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	a(3)	434970
b	Earnings on Investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	b(1)(A)	
	(B) U.S. Government securities	b(1)(B)	
	(C) Corporate debt instruments:	b(1)(C)	
	(D) Loans (other than to participants)	b(1)(D)	
	(E) Participant loans	b(1)(E)	12486
	(F) Other	b(1)(F)	23039
(G)	Total interest. Add lines 2b(1)(A) through (F)	b(1)(G)	35525
(2)	Dividends: (A) Preferred stock	b(2)(A)	
	(B) Common stock	b(2)(B)	
(C)	Total dividends. Add lines 2b(2)(A) and (B)	b(2)(C)	
(3)	Rents	b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	b(4)(B)	
(C)	Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	b(4)(C)	



	(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	b(5)(A)	
(B) Other	b(5)(B)	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	b(5)(C)	
(6) Net investment gain (loss) from common/collective trusts	b(6)	
(7) Net investment gain (loss) from pooled separate accounts	b(7)	-161049
(8) Net investment gain (loss) from master trust investment accounts	b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	b(10)	
c Other income	c	851
d Total income. Add all income amounts in column (b) and enter total	d	310297
Expenses		
e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	e(1)	229091
(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)	229091
f Corrective distributions (see instructions)	f	
g Certain deemed distributions of participant loans (see instructions)	g	4195
h Interest expense	h	
i Administrative expenses: (1) Professional fees	i(1)	
(2) Contract administrator fees	i(2)	2600
(3) Investment advisory and management fees	i(3)	
(4) Other	i(4)	
(5) Total administrative expenses. Add lines 2i(1) through (4)	i(5)	2600
j Total expenses. Add all expense amounts in column (b) and enter total	j	235886
Net Income and Reconciliation		
k Net income (loss) (subtract line 2j from line 2d)	k	74411
l Transfers of assets		
(1) To this plan	l(1)	
(2) From this plan	l(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) ☒ Disclaimer (4) ☐ Adverseb Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ Noc Enter the name and EIN of the accountant (or accounting firm) 16-1092347MENGEL METZGER BARR & CO LLPd 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 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, 4k, or 5. 103-12 IEs also do not complete 4j.

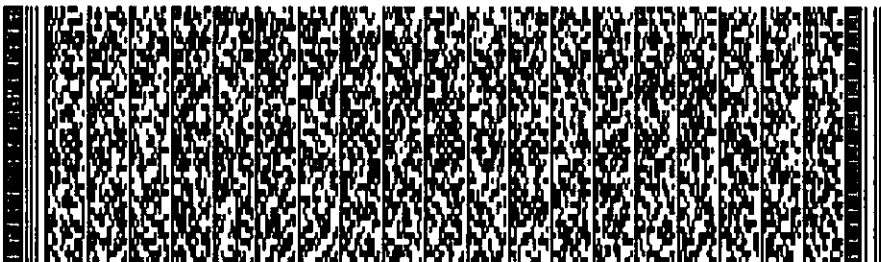
During the plan year:

	Yes	No	Amount
a Did the employer fail to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (see instructions and DOL's Voluntary Fiduciary Correction Program)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	26906
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 by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

- 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 ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Retirement Plan InformationThis schedule is required to be filed under sections 104 and 4065 of the
Employee Retirement 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 calendar year 2008 or fiscal plan year beginning 10/01/2008 and ending 09/30/2009	
A Name of plan CAMERON MANUFACTURING AND DESIGN, INC. PROFIT SHARING 401 (K)	B Three-digit plan number 001
C Plan sponsor's name as shown on line 2a of Form 5500 CAMERON MANUFACTURING AND DESIGN, INC.	D Employer Identification Number 16-1206646

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 plan year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits). 42-0127290	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 7.	
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	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.	
6a 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, do not complete the remainder of this schedule.	
7 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Part III Amendments

8 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. (See instructions.)	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No
--	---

Part IV Coverage (See instructions.)

9 Check the box for the test this plan used to satisfy the coverage requirements	<input type="checkbox"/> the ratio percentage test <input type="checkbox"/> average benefit test
---	--

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v11.3 Schedule R (Form 5500) 2008



SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

CAMERON MANUFACTURING AND DESIGN, INC.
 PROFIT SHARING 401(K) PLAN
 EIN 16 1206646
 PLAN NUMBER 001
 PLAN YEAR 10/01/2008 TO 09/30/2009

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
*	Principal Life Insurance Company	Insurance Company General GUARANTEED INTEREST	\$ 0.00	\$ 675,513.92
*	Principal Life Insurance Company	Pooled Separate Accounts PRINCIPAL MONEY MKT SEP ACCT	\$ 0.00	\$ 420,051.11
*	Principal Life Insurance Company	Pooled Separate Accounts PRINCIPAL BOND AND MTG SEP ACC	\$ 0.00	\$ 286,445.83
*	Principal Life Insurance Company	Pooled Separate Accounts PRINCIPAL U.S. PROPERTY SEPACT	\$ 0.00	\$ 151,282.13
*	Principal Life Insurance Company	Pooled Separate Accounts PRINCIPAL LIFEIM 2010 SEP ACCT	\$ 0.00	\$ 15,679.96
*	Principal Life Insurance Company	Pooled Separate Accounts PRINCIPAL LIFEIM 2020 SEP ACCT	\$ 0.00	\$ 194.62
*	Principal Life Insurance Company	Pooled Separate Accounts PRINCIPAL LIFEIM 2030 SEP ACCT	\$ 0.00	\$ 3,105.91
*	Principal Life Insurance Company	Pooled Separate Accounts PRINCIPAL LIFEIM 2040 SEP ACCT	\$ 0.00	\$ 5,232.99
*	Principal Life Insurance Company	Pooled Separate Accounts PRINCIPAL LIFEIM 2050 SEP ACCT	\$ 0.00	\$ 1,726.80
*	Principal Life Insurance Company	Pooled Separate Accounts RUSS LIFE BAL STR SEP ACCT	\$ 0.00	\$ 193,147.09
*	Principal Life Insurance Company	Pooled Separate Accounts RUSS LIFE CON STR SEP ACCT	\$ 0.00	\$ 705.87
*	Principal Life Insurance Company	Pooled Separate Accounts RUSS LIFE EOGTH ST SEP ACCT	\$ 0.00	\$ 16,443.60
*	Principal Life Insurance Company	Pooled Separate Accounts RUSS LIFE GRW STR SEP ACCT	\$ 0.00	\$ 44,211.88
*	Principal Life Insurance Company	Pooled Separate Accounts RUSS LIFE MOD STR SEP ACCOUNT	\$ 0.00	\$ 349,252.59
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN LGCAP VALUE III SEP ACCT	\$ 0.00	\$ 27,181.69

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

CAMERON MANUFACTURING AND DESIGN, INC.
 PROFIT SHARING 401(K) PLAN
 EIN 16 1206646
 PLAN NUMBER 001
 PLAN YEAR 10/01/2008 TO 09/30/2009

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of Investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN LARGE CAP BLEND I SEP ACCT	\$ 0.00	\$ 435,051.00
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN LGCP S&P 500 IDX SEP ACCT	\$ 0.00	\$ 246,506.57
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN LGCAP GROWTH I SEP ACCT	\$ 0.00	\$ 43,745.81
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN SMCAP GROWTH II SEP ACCT	\$ 0.00	\$ 30,087.78
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN MIDCAP VALUE I SEP ACCT	\$ 0.00	\$ 406,425.16
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN MIDCAP S&P 400 INDEX SA	\$ 0.00	\$ 37,398.51
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN SMALLCAP S&P 600 INDEX SA	\$ 0.00	\$ 61,178.81
*	Principal Life Insurance Company	Pooled Separate Accounts PRINCIPAL SMCAP VALUE SEP ACCT	\$ 0.00	\$ 81,757.33
*	Principal Life Insurance Company	Pooled Separate Accounts PRINCIPAL MIDCAP GROWTH III SA	\$ 0.00	\$ 35,032.53
*	Principal Life Insurance Company	Pooled Separate Accounts PRINCIPAL DIVERS INTL SEP ACCT	\$ 0.00	\$ 275,923.37
*	Principal Life Insurance Company	Pooled Separate Accounts PRINCIPAL INTL EM MKT SEP ACCT	\$ 0.00	\$ 102,375.42
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN INTL SMALLCAP SEP ACCT	\$ 0.00	\$ 15,874.84
	Participant Loans	Range of Interest Rates Rates Range From 8.00% To 8.00%	\$ 0.00	\$ 205,194.00

29077-107-13205-0 TE

161206646



Department of the Treasury
Internal Revenue Service
OGDEN, UT 84201-0073

Date of this notice: **MAY 31, 2010**

Taxpayer Identifying Number:

16-1206646Form: **5500/8955-SSA**Tax Period: **SEP. 30, 2009**Plan Number: **001**

For assistance you may call us at:

1-877-829-5500Or you may write to us at the
address shown at the left.

000354.730074.0002.001 1 MB 0.382 375



CAMERON MANUFACTURING & DESIGN INC
727 BLOSTEIN BLVD
HORSEHEADS NY 14845-2739278



000354

APPLICATION FOR EXTENSION OF TIME TO FILE AN EMPLOYEE PLAN RETURN - APPROVED

We received your Form 5558, Application for Extension of Time to File an Employee Plan Return, for the return (form), plan number, and tax period identified above. Your request was approved. The due date to file your return is extended to **JULY 15, 2010**. This letter is notification of your approved extension and should be kept with your records.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top left of this letter.

For general information, tax forms, and publications, visit www.irs.gov. Employee Plan information is on the "Retirement Plans Community" tab.

**Application for Extension of Time
To File Certain Employee Plan Returns**

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions)

CAMERON MANUFACTURING & DESIGN, INC.

Number, street, and room or suite no. (If a P.O. box, see instructions)

727 BLOSTEIN BLVD

City or town, state, and ZIP code

HORSEHEADS, NY 14845

B Filer's identifying number (see instr.)

☒ Employer identification number (EIN).
16-1206646

☐ Social security number (SSN)

C Plan name

Plan
number

Plan year ending -

MM DD YYYY

1

2

3 SEE STATEMENT 1

Part II Extension of Time to File Form 5500 or Form 5500-EZ (see instructions)

1 I request an extension of time until 07/15/2010 to file Form 5500 or Form 5500-EZ.

The application is **automatically approved** to the date shown on line 1 (above) if: (a) the Form 5558 is filed on or before the normal due date of Form 5500 or 5500-EZ for which this extension is requested, and (b) the date on line 1 is no more than 2 1/2 months after the normal due date.

You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed in C above.

Note. A signature is not required if you are requesting an extension to file Form 5500 or Form 5500-EZ.

Part III Extension of Time to File Form 5330 (see instructions)

2 I request an extension of time until _____ to file Form 5330.

You may be approved for up to a six (6) month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax _____ ► **a**

b Enter the payment amount attached _____ ► **b**

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date _____ ► **c**

3 State in detail why you need the extension

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ►

Date ►

FORM 5558

PLANS COVERED BY THIS APPLICATION
CAMERON FABRICATING CORPORATIONSTATEMENT 1
PLAN NUMBER 503

PLAN NAME	PLAN NUMBER	PLAN YEAR ENDING		
		MON	DAY	YEAR
CAMERON MANUFACTURING & DESIGN INC. ESOP	003	9	30	2009.
CAMERON MANUFACTURING & DESIGN INC. 401K PLAN	001	9	30	2009.
CAMERON FABRICATING CORP HEALTH BENEFIT PLAN	501	9	30	2009.
CAMERON FABRICATING CORPORATION LONG TERM DIS	503	9	30	2009.

CAMERON MANUFACTURING AND DESIGN, INC.
PROFIT SHARING 401(k) PLAN

HORSEHEADS, NEW YORK

FINANCIAL STATEMENTS

SUPPLEMENTAL SCHEDULES

AND

INDEPENDENT AUDITORS' REPORT

SEPTEMBER 30, 2009 AND 2008

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MENGEL METZGER BARR & CO. LLP
Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

Plan Administrator
Cameron Manufacturing and Design, Inc.
Profit Sharing 401(k) Plan

We were engaged to audit the financial statements of Cameron Manufacturing and Design, Inc. Profit Sharing 401(k) Plan as of September 30, 2009 and 2008 and for the years then ended, and the supplemental schedules as of September 30, 2009, as listed in the accompanying contents page. These financial statements and schedules 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 G, which was certified by Principal Life Insurance Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. 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 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 schedules taken as a whole. The form and content of the information included in the financial statements and schedules, 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.

Elmira, New York
June 25, 2010

CAMERON MANUFACTURING AND DESIGN, INC.
PROFIT SHARING 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

		September 30,	
		2009	2008
<u>ASSETS</u>			
Investments, at fair value:			
Pooled separate accounts		\$ 3,286,019	\$ 3,319,244
Guaranteed interest account		675,514	588,067
Participant notes receivable		205,194	150,108
Cash surrender value of life insurance		-	59,079
	TOTAL INVESTMENTS	4,166,727	4,116,498
Receivable - participants' contributions		24,183	-
NET ASSETS AVAILABLE			
FOR BENEFITS		<u>\$ 4,190,910</u>	<u>\$ 4,116,498</u>

The accompanying notes are an integral part of the financial statements.

CAMERON MANUFACTURING AND DESIGN, INC.
PROFIT SHARING 401(k) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	<u>September 30,</u>	
	<u>2009</u>	<u>2008</u>
<u>ADDITIONS</u>		
Additions to net assets attributed to:		
Contributions:		
Participant	\$ 310,952	\$ 521,293
Rollovers	121,875	194,001
Participant note interest	12,486	12,278
Investment income:		
Interest	23,039	18,573
Net depreciation in fair value of pooled separate accounts	(160,948)	(642,156)
Net (depreciation) appreciation in fair value of guaranteed interest account	(90)	8,723
Other income	<u>2,615</u>	<u>4,647</u>
NET ADDITIONS	309,929	117,359
<u>DEDUCTIONS</u>		
Deductions from net assets attributed to:		
Benefits paid to participants	230,131	215,843
Administrative expenses	2,600	2,659
Insurance premiums	<u>2,786</u>	<u>3,568</u>
TOTAL DEDUCTIONS	<u>235,517</u>	<u>222,070</u>
NET INCREASE (DECREASE)	74,412	(104,711)
Net assets available for benefits at beginning of year	<u>4,116,498</u>	<u>4,221,209</u>
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	<u>\$ 4,190,910</u>	<u>\$ 4,116,498</u>

The accompanying notes are an integral part of the financial statements.

CAMERON MANUFACTURING AND DESIGN, INC.
PROFIT SHARING 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2009 AND 2008

NOTE A: DESCRIPTION OF THE PLAN

The following description of Cameron Manufacturing and Design, Inc. Profit Sharing 401(k) Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all full-time employees of Cameron Manufacturing and Design, Inc. (the Company). An employee becomes a participant in the Plan when they have completed one year of service and attained age 21. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Individuals electing to participate in the Plan may contribute a percentage of their eligible compensation to the Plan. Participants may also contribute amounts representing distributions from other qualified retirement plans. Contributions are subject to certain limitations. The Company may make a discretionary profit sharing contribution. However, no Company contributions were made for the years ended September 30, 2009 and 2008.

Participant accounts

Participant contributions are deposited in the individual trust accounts according to the participant's specifications. The participant may direct investment of their funds among various investment options provided by the Plan.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in employer contributions occurs after a total of six years of service.

Forfeitures

Forfeitures of the non-vested account balances of terminated employees are reallocated to the remaining participants.

Participant notes receivable

Participants may borrow an amount which does not exceed the lesser of \$50,000 or 50% of the vested portion of a participant's account.

The interest rate charged on loans is determined by the Loan Administrator. The Loan Administrator takes into consideration fixed interest rates currently being charged by commercial lenders for loans of comparable risk or similar terms and for similar durations.

CAMERON MANUFACTURING AND DESIGN, INC.
PROFIT SHARING 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS, Cont'd

SEPTEMBER 30, 2009 AND 2008

NOTE A: DESCRIPTION OF THE PLAN, Cont'd

Life insurance

During 2008, participants could purchase life insurance through the Plan. Life insurance proceeds are payable upon death. This investment option terminated September 30, 2008.

Payment of benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive a lump sum payment, a life annuity or installment payments. Upon termination of employment, participants may elect to receive a lump sum payment or rollover to an eligible account.

NOTE B: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Investment valuation and income recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note C for discussion of fair value measurements.

Net investment gain (loss) is recorded monthly based on the change in the fair value of the pooled separate accounts. Interest income is recorded on the accrual basis.

Payment of benefits

Benefits are recorded when paid.

Plan expense

Certain administrative expenses of the Plan are paid by the Plan sponsor, Cameron Manufacturing and Design, Inc.

Use of estimates in the preparation of financial statements

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

CAMERON MANUFACTURING AND DESIGN, INC.
PROFIT SHARING 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS, Cont'd

SEPTEMBER 30, 2009 AND 2008

NOTE B: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, Cont'd

Subsequent events

The Plan has conducted an evaluation of potential subsequent events occurring after the date of the statement of net assets available for benefits through June 25, 2010, which is the date the financial statements are available to be issued. No subsequent events requiring disclosure were noted.

NOTE C: FAIR VALUE MEASUREMENTS

FASB ASC 820-10 (formerly FASB Statement No. 157, *Fair Value Measurements*), establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820-10 are described below:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

CAMERON MANUFACTURING AND DESIGN, INC.
PROFIT SHARING 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS, Cont'd

SEPTEMBER 30, 2009 AND 2008

NOTE C: FAIR VALUE MEASUREMENTS, Cont'd

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2009 and 2008.

Guaranteed interest accounts: Valued based on the value that will be paid when the funds are withdrawn prior to their maturing and reflects a surrender charge.

Pooled separate accounts: Unit value calculated based on the net asset value of the underlying investments or pool of securities.

Participant notes receivable: Valued at amortized cost, which approximates fair value.

Cash value of life insurance: Valued at surrender value at end of year.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair value. Furthermore, when the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2009 and 2008:

	Assets at Fair Value			
	Level 1	Level 2	Level 3	Total
<u>September 30, 2009</u>				
Pooled separate accounts	\$ -	\$ 3,286,019	\$ -	\$ 3,286,019
Guaranteed interest account	-	-	675,514	675,514
Participant notes receivable	-	-	205,194	205,194
Total assets at fair value	<u>\$ -</u>	<u>\$ 3,286,019</u>	<u>\$ 880,708</u>	<u>\$ 4,166,727</u>
<u>September 30, 2008</u>				
Pooled separate accounts	\$ -	\$ 3,319,214	\$ -	\$ 3,319,214
Guaranteed interest account	-	-	588,067	588,067
Participant notes receivable	-	-	150,108	150,108
Cash surrender value of life insurance	-	-	59,079	59,079
Total assets at fair value	<u>\$ -</u>	<u>\$ 3,319,214</u>	<u>\$ 797,254</u>	<u>\$ 4,116,468</u>

CAMERON MANUFACTURING AND DESIGN, INC.
PROFIT SHARING 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS, Cont'd

SEPTEMBER 30, 2009 AND 2008

NOTE C: FAIR VALUE MEASUREMENTS, Cont'd

The following sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended September 30, 2009 and 2008:

	<u>Guaranteed interest account</u>	<u>Participant loans receivable</u>	<u>Cash value of life insurance</u>
Balance at October 1, 2007	\$ 470,408	\$ 169,978	\$ 71,748
Increase in cash value	-	-	1,106
Purchases, sales, issuances and settlements (net)	<u>117,659</u>	<u>(19,870)</u>	<u>(13,775)</u>
Balance at September 30, 2008	588,067	150,108	59,079
Decrease in cash value	-	-	(171)
Purchases, sales, issuances and settlements (net)	<u>87,447</u>	<u>55,086</u>	<u>(58,908)</u>
Balance at September 30, 2009	<u>\$ 675,514</u>	<u>\$ 205,194</u>	<u>\$ -</u>

NOTE D: INVESTMENTS

The following presents the fair value of investments that represent 5% or more of the Plan's assets as determined by Principal Life Insurance Company:

	<u>September 30,</u>	
	<u>2009</u>	<u>2008</u>
Principal guaranteed interest account	\$ 675,514	\$ 588,067
Pooled separate accounts:		
Principal Money Market	420,051	506,859
Principal Bond and Mtg Sep	286,446	140,009
Principal Lg-Cap S&P 500 Index	246,507	247,547
Principal Lg-Cap Bld I	435,051	540,895
Principal Mid-Cap Value I	406,425	427,091
Principal U.S. Property	151,282	205,484
Russell Life Moderate Str	349,253	250,270
Principal Diversified Intl	275,923	273,145

CAMERON MANUFACTURING AND DESIGN, INC.
PROFIT SHARING 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS, Cont'd

SEPTEMBER 30, 2009 AND 2008

NOTE E: TAX STATUS

The Internal Revenue Service has determined and informed the prototype sponsor by a letter dated March 31, 2008, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code. The Plan administrator and the Plan's tax counsel believe that the Plan is designed and currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTE F: PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the separate accounts of all participants affected shall become fully vested and nonforfeitable as of the date of termination.

NOTE G: FINANCIAL INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

The following is a summary of the unaudited information regarding the Plan, included in the Plan's financial statements and supplemental schedule, which was prepared by Principal Life Insurance Company, the trustee of the Plan, and furnished to the plan administrator. The plan administrator has obtained certifications from the trustee that such information is complete and accurate:

	September 30,	
	2009	2008
Investments, at fair value:		
Guaranteed interest account	\$ 675,514	\$ 588,067
Pooled separate accounts	3,286,019	3,319,244
Investment income:		
Interest	23,039	18,573
Net depreciation in fair value of pooled separate accounts	(160,948)	(642,156)
Net (depreciation) appreciation in fair value of guaranteed interest account	(90)	8,723

All information included in the attached supplemental schedule of Assets Held for Investment Purposes at End of Year - September 30, 2009 except for participant notes receivable and cash surrender value of life insurance.

CAMERON MANUFACTURING AND DESIGN, INC.
PROFIT SHARING 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS, Cont'd

SEPTEMBER 30, 2009 AND 2008

NOTE H: TRANSACTIONS WITH PARTIES-IN-INTEREST

The Plan invests in shares of pooled separate accounts managed by an affiliate of Principal Life Insurance Company (PLIC). PLIC acts as trustee for only those investments as defined by the Plan. Transactions in such investments qualify as party-in-interest transactions which are exempt from the prohibited transaction rules.

NOTE I: RISKS AND UNCERTAINTIES

The Plan invests in various types of investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the accompanying statements of net assets available for benefits.

CAMERON MANUFACTURING AND DESIGN, INC.
PROFIT SHARING 401(k) PLAN

SUPPLEMENTAL SCHEDULES

CAMERON MANUFACTURING AND DESIGN, INC.
PROFIT SHARING 401(k) PLAN
EIN: 16-1206646
PLAN NUMBER: 001

FORM 5500 – SCHEDULE H – PART IV

ITEM 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

SEPTEMBER 30, 2009

Total that
constitute
nonexempt
prohibited
transactions

Participant contributions transferred late to Plan

\$ 26,906

Check here if late participant loan repayments are included

☒

CAMERON MANUFACTURING AND DESIGN, INC.
PROFIT SHARING 401(k) PLAN
EIN: 16-1206646
PLAN NUMBER: 001

FORM 5500 – SCHEDULE H – PART IV

ITEM 4i - SCHEDULE OF ASSETS HELD
FOR INVESTMENT PURPOSES AT END OF YEAR

SEPTEMBER 30, 2009

(a)	(b)	(c)	(d)	(e)
Party-in- interest	Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
*	Principal Life Insurance Company	Guaranteed Interest	N/A	\$ 675,514
*	Principal Life Insurance Company	Principal Money Market	N/A	420,051
*	Principal Life Insurance Company	Principal Bond and Mtg	N/A	286,446
*	Principal Life Insurance Company	Principal Lg-Cap S&P 500 Index	N/A	246,507
*	Principal Life Insurance Company	Principal Lg-Cap Value III	N/A	27,182
*	Principal Life Insurance Company	Principal Mid-Cap Value I	N/A	406,425
*	Principal Life Insurance Company	Principal Lg-Cap Bld I	N/A	435,051
*	Principal Life Insurance Company	Principal U.S. Property	N/A	151,282
*	Principal Life Insurance Company	Russ Life Con Str	N/A	705
*	Principal Life Insurance Company	Russ Life Bal Str	N/A	193,147
*	Principal Life Insurance Company	Russ Life Eq Grth Str	N/A	16,444
*	Principal Life Insurance Company	Russ Life Grw Str	N/A	44,212
*	Principal Life Insurance Company	Russ Life Moderate Str	N/A	349,253
*	Principal Life Insurance Company	Principal Mid-Cap Growth III	N/A	35,033
*	Principal Life Insurance Company	Principal Mid-Cap S&P 400 Index	N/A	37,399
*	Principal Life Insurance Company	Principal Lg-Cap Gr I	N/A	43,746
*	Principal Life Insurance Company	Principal Sm-Cap Gr II	N/A	30,088
*	Principal Life Insurance Company	Principal Sm Cap Value	N/A	81,757
*	Principal Life Insurance Company	Principal Sm Cap S&P 600 Index	N/A	61,179
*	Principal Life Insurance Company	Principal Diversified Intl	N/A	275,923
*	Principal Life Insurance Company	Principal Life Time 2010	N/A	15,680
*	Principal Life Insurance Company	Principal Life Time 2020	N/A	194
*	Principal Life Insurance Company	Principal Life Time 2030	N/A	3,106
*	Principal Life Insurance Company	Principal Life Time 2040	N/A	5,233
*	Principal Life Insurance Company	Principal Life Time 2050	N/A	1,727
*	Principal Life Insurance Company	Principal Intl. Emerging Mkts.	N/A	102,375
*	Principal Life Insurance Company	Principal Intl. Sm Cap	N/A	15,874
*		Participant Notes Receivable - 8%	N/A	205,194
		TOTAL		<u>\$ 4,166,727</u>



email: info@camfab.com

phone: 607-739-3606

fax: 607-739-3786

727 Blostein Blvd.
Horseheads, NY 14845-0478

July 7, 2010

EBSA
PO Box 7043
Lawrence, KS 66044-7043

Dear Sir or Madam:

SUBJECT: CAMERON MANUFACTURING & DESIGN, INC.
PROFIT SHARING 401 (K) PLAN

Enclosed you will find IRS Form 5500 with supporting schedules and auditor's report for the above named plan for the plan year ended September 30, 2009.

If you have any questions, please call me at 607-739-3606.

Sincerely,
CAMERON MANUFACTURING & DESIGN, INC.


Berry H. Cokely

Enclosures

CAMERON MANUFACTURING & DESIGN
P.O. BOX 478
HORSEHEADS, NY 14845

OF THE RETURN ADDRESS, FOL

CERTIFIED



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NO RECEIPT
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FIRST CLASS

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EE, KS 66044-7043

