	Form 5500-SF Short Form Annual Re			• •	e OMB Nos. 1210-0110 1210-0089					
	Department of the Treasury Internal Revenue Service		Benefit		2009					
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	Act of 1974	ctions 104 and 4065 of the Employe (ERISA), and section 6058(a) of the ode (the Code).	This Form is Open to Public					
Р	ension Benefit Guaranty Corporation	n the instructions to the Form 550	Inspection 500-SF.							
	Part I Annual Report Identification Information									
For	For calendar plan year 2009 or fiscal plan year beginning 03/01/2009 and ending 02/28/2010									
Α	This return/report is for:	single-employer plan	•	mployer plan (not multiemployer)		one-participant plan				
Β	This return/report is for:	first return/report	final retur	•						
		an amended return/report	short plan	year return/report (less than 12 mo	nonths)					
С	Check box if filing under:	Form 5558	automatic	extension		DFVC program				
r	special extension (enter description)									
		nation—enter all requested information	ation		41					
	Name of plan				10	Three-digit plan number				
Tag		FROM SHARING FLAN				(PN) ▶ 001				
					1c	Effective date of plan 03/01/1989				
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 14-1627408				
	SECOND AVENUE				2c	Plan sponsor's telephone number 518-237-2069				
	Y, NY 12182				2d	Business code (see instructions) 238210				
	Plan administrator's name and a ELECTRICAL CORPORATION	address (if same as Plan sponsor, e 636 SECONI			3b	Administrator's EIN 14-1627408				
		TROY, NY 12	2182		3c					
		n sponsor has changed since the las		port filed for this plan, enter the	4b	EIN				
I	name, EIN, and the plan number	r from the last return/report. Sponso	or's name		4c	PN				
5a	Total number of participants at	the beginning of the plan year			5a	7				
b			5b	7						
C	· · ·	th account balances as of the end of		· ·	5c	7				
6a		uring the plan year invested in eligib				X Yes No				
	Are you claiming a waiver of th	e annual examination and report of a	an indeper	dent qualified public accountant (IQ						
		See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo				X Yes No				
Pa	rt III Financial Informa		0111 5500-	SF and must instead use Form 55	00.					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	Total plan assets		. 7a	59880	7	731911				
b	Total plan liabilities		. 7b)	0				
С	Net plan assets (subtract line 7	'b from line 7a)	7c	59880	598807					
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or received		8a(1)							
b	., ,			13646	7					
C		8a(2), 8a(3), and 8b)	-			136467				
d	Benefits paid (including direct r	ollovers and insurance premiums								
е	· ,	ive distributions (see instructions)	8e							
f		s (salaries, fees, commissions)		336	3					
g	•									
h	•	3e, 8f, and 8g)				3363				
i		8h from line 8c)				133104				
j	Transfers to (from) the plan (se	e instructions)	8j							

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

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Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions							
10	During the plan year:		Yes	No		Amo	unt	
а	Was there a failure 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)	10a		x				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x				
С	Was the plan covered by a fidelity bond?	10c	X				1	00000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		×				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes	× No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	802 of E	ERISA?		Yes	× No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						-	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc granting the waiver						er rulir	-
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			-				
b	Enter the minimum required contribution for this plan year			12b				
С	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)		[12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			[Yes	N	o	N/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					X	Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		Г	13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	under	the co			Π	Yes	× No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)						L	
1	3c(1) Name of plan(s):	13c(2) EIN(s)				1	3c(3) F	PN(s)
							-	
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonabl	le cau	ise is i	establi	ished.			

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	Filed with authorized/valid electronic signature.	10/06/2010	DIANE SCAPTURA						
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						

	Filing Authorization for the 2009 Form 5500-SF						
Name of Plan:	T & J Electrical Corporation Profit Sharing Plan						
EIN/PN:	14-1627408/001						
Plan Year Endin	g: February 28, 2010						
PARTI A	uthorization of Practitioner to Electronically Sign and File						
I hereby authori return/report thr	ze Teal, Becker & Chiaramonte, CPAs, P.C. to electronically sign and file the above-named ough EFAST2.						
I understand that	t in granting this authority:						
	t manually sign and date page 2 of Form 5500-SF and provide a scanned copy of that signature page Becker & Chiaramonte, CPAs, P.C. before the electronic filing can be initiated;						
• Teal, Becker & Chiaramonte, CPAs, P.C. will retain a copy of this written authorization in its records							
administ	ker & Chiaramonte, CPAs, P.C. will notify the individual(s) signing below as plan ator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC this annual return/report; and						
	F my signature, as it appears on page 2 of Form 5500-SF, will be included with the return/report the Department of Labor on the Internet for public disclosure.						
	ker & Chiaramonte, CPAs, P.C. shall not be deemed an administrator or other fiduciary with respect an solely on account of the services performed under this authorization.						
This authorizati Plan year end st							
Plan Administra	tor: Mil 2 Jestis Date: 10/6/10						
PART II	Acknowledgement of Receipt of Authorization						
only for the expro other than the DC confidential infor disclosure.	Becker & Chiaramonte, CPAs, P.C., I hereby certify that the firm will use the authority granted as purposes described above; that the firm will not disclose confidential information to any parties L, as required for EFAST filing; and that the firm will take reasonable steps to assure that mation provided by the Plan Administrator or Plan Sponsor is protected from unauthorized & Chiaramonte, CPAs, P.C.:						
Date: $\underline{10}/\underline{1}$	110						

	Form 5500			eturn/l Benefit	Report of Small Employ	/ee	OMB Nos. 1210-011 1210-008		
Internal Revenue Service This form is required to be filed				t under se	clipns 104 and 4065 of the Employed	2009			
Br	Department of Leb ploybe Benefits Security A	ior Iminiatro Ica	Retirement income Security A	of 1974	(ERISA), and section 6058(a) of the ode (the Code).		This Form is Open to Public	-	
	mston Benefit Guaranty C				n the Instructions to the Form 5500	.er	inapection		
Pa	Annual	Report Id	entification Information	AGUICE TFIL	i the manuchone to the Form 330	νοr.		-	
		2008 or fisca	il plan year begirning 03/01/2008	9	and ending 0	2/28/2	2010	_	
	This return/report is This return/report is	г	g single-employer plan] first retum/raport	multiple-e final retur	mployer plan (not multiemployer) n/mport		🗋 one-participani plan		
			An amended muten bebreme na	short plar) year return/report (loss than 12 mor	ths)			
C (Check box if filing u	nder: [Som 5558 spacial extension (enter description)		t OXIONSION		DFVC program		
Pa	rt II Basic P	an Inforr	nation-enter all requested information	alion				_	
	Name of plan ELECTRICAL COI	RPORATION	I PROFIT SHARING PLAN			16	Three-digit plan number (PN) ▶ 001		
						1c	Effective date of plan 03/01/1989		
	Plan sponsor's nar ELECTRICAL COI		ess (employer, if for single-employer	pian)		2b	Employer Identification Number (EIN) 14-1827408	_	
1011	ELECTRICAL COI	REORATION	4			20	Pian sponsor's talephona number	.—	
	ECOND AVENUE (, NY 12182					2đ	518-237-2059 Business code (see instructions)		
3a	Plan administrator	s name and	eddress (if same as Plan sponsor, e			3b	238210 Administrator's EIN		
Ť&J	ELECTRICAL CO	RPORATION	636 SECONE TROY, NY 12	D AVENUE 2182	Ĺ	30	14-162740B Administrator's telephone number	_	
		-					518-237-2089		
4 1	f line name and/or B name EIN and the	EIN of the pla	in sponsor has changed since the las r from the last return/report. Sponso	on/muter te	port Bled for this plan, enter the	4b	EIN		
						4c	PN		
5 a	Total number of p	enticipante at	the beginning of the plan year			5a	7	,	
· Þ	•	1 .	the end of the plan year			5b	1	7	
Ċ			In account balances as of the end of			5c	1	7	
6a			luring the plan year invested in eligib					0	
ь					Nient qualified public accountant (1Q)		— — ⊠ Yes ∏ N	^	
	if you answared	"No" to eith	er 6a or 6b, the plan cannot use Fi	onna 5500-	lons.). SF and must instead use Form 55)0,		Č.	
Pa	rt III Financi	al inform	ation						
7	Pian Assels and L	abilitios			(a) Beginning of Year		(b) End of Year		
2 L	Total plan assets.			7a	698807		731911	_	
	Totel plan lieblittle	1	ъ from line 7а)	7b 7c	Q		731911	2	
<u> </u>		1	ers for litis Plan Year	10 30 30 30 30 40	598807 (a) Amount		(b) Total		
-	Contributions race	1		Con the Color of		- 		۳.	
	•••••		6/ 6 1	<u>Ba(1)</u>		- 6			
	(2) Participants	1		Ba(2)		-			
Ь	• •	1 .)	<u>Ba(3)</u>	126467	-			
c	•	r	8a(2), 8a(3), and 8b)	6b 8c	136467	- <u></u>	136467	ieii P	
	Benefits paid (incl	uding direct i	oflovers and insurance premiuma	80	and the second				
e			ive distributions (nee instructions)	80] 🤇			
f	Administrative ser	vice provider	s (salaries, fees, commissions)	87	3363]			
g	Other expenses			8g					
h			3e, 81, and 8g)			<u></u>	3363		
1	• •	1	Bh from line 8c)	18			133104	<u>.</u>	
			e instructions)	8]			Form 5500-BF (2008	-	
in mill in	HIP WORK REQUISION	Harris in the second	AND AANTAL INNIKALOI OGA MA URALACOO		1000040F.		Form 6500-8F (2008 v.08230		

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	Form 5500-	SF 2009	Pa	ge 2-1							
Part		aracteristics									
	f the plan provide E 3D	s pension benefits, enter the applicable pension featu	re codes from the	List of Plan Char	icteria	tic Co	tes in	the instructi	ona:		
		wolfare benefits, enter the applicable wolfare featur	ne codos from the l	lst of Plan Chara	ciorisi	ic Cod	les in t	ine instructio	m 9:		
Part	V. Complian	ce Questions				•				-	
10	During the plan y					Yes	No	/	mo	unt	
а		e to transmit to the plan any participant contributions 02? (See instructions and DipL's Voluntary Fiduciary			1Da		x				
b	Were there any f	pnexempt transactions with any party-In-Interest? (Do	nat Include trans	ictions reported			x		•		
_	•	rered by a fidolity bond?			10b 10c	x				-	
с С		a loss, whether or not reimbursed by the plan's fideli			146						100000
	or dishonesty7			6111 W #1.44444	1 0d		X				
r e		commissions paid to any brokers, agents, or other pe or other organization that provides some or all of the									
	ins(ructions,)	, , ,			10e		X	. <u> </u>			
f	Hes the plan fails	d to provide any benefit when due under the plan?			101		X				
g		any participant loans? (If "Yes," enter amount as of y			10g		X				
h	1	uel account plan, was there it blackout period? (Sae			10h		x				
ŧ	If 10h was answe	red "Yes," check the box if you either provided the re- viding the notice applied under 29 CFR 2520,101-3	quitod notice or on	e of the	101				1.14		15. Ang 19. S
Þár.		unding Compliance		Matiliality)es-14/1	101				1.000	200.007	<u></u>
		analit plan aubject to minimum funding requirements	? (If "Yes," see insi	ructions and com	piete	Sched	ule SB	(Form			
									뷰	Yes	X No
12		ontribution plan subject to the minimum funding required or 12b, 12c, 12d, and 12e below, se applicable		n 412 of the Code	or 90	ction 3	02 o f	ERISA?	Ц	Yes	
а	If a waiver of the	ninimum funding standard for a prior yoar is baing an	nortized in this play								ng
ie .		e 12a, complete lines 3, 9, and 10 of Schedule MB			ih		Dəy	`	Year		
-	-	n required contribution for this plan year				[.] Г	12b	· · · ·			
		contributed by the employer to the plan for this plan y					12c				
d		In in the 12c from the emount in line 12b. Enter the t					12d				
A		funding amount reported on I no 12d ba met by the fu						Yes [1 N	• [1 N/A
		minations and Transfors of Assets							4		d
		o terminate the plan been adopted during the plan ye	er of any prior yea	n			,,		X	Yes	No
		amount of any plan assets that reverted to the omplo					13a				0
Ъ		azeate distributed to participants or beneficiaries, tran							п	Yos	No No
¢	If during this plan	year, any assets or liabilities were transferred from th abilities were transferred. (Sea Instructions.)									
1	3c(1) Name of pla					13:	:(2) El	N(\$)	1	3c(3)	PN(s)
					1						
								D. Garbartes in a de C . Maine	1		
		the late of functional contract the state of	allt h					to be of	1	•	
		the late or incomplete filing of this return/report y y and other penaltics act forth in the instructions, I d							ole. A	Schr	dula
SB or	Schedule MB col I is true, oppect,	pleted and signed by an enrolled actuary, as well as	the electronic variation	ian of this return	report	, and t	o the L	best of my k	nowl	odge	and
1200		a ser his	Tolalio	ANTHO.	1	77	Ē	1170			
- Siĝi Her		bigh administration	Dale, 7	Enter name of in			<u>אייייייי</u> אור מתור	pian admir	latre	tor	•
3161	. I willingsdie wi	- Josht 1	0/6/10	FINTHON		Ś	FS	7770			
HER		employer/plan sponsor	Dale	Enter name of in	~	al sign	Ning as	amployar o	or pie	n spo	กระก