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

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

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

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

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

Part II Basic Plan Information—enter all requested information

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

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/01/1973

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

8 INDIANOLA AVENUE
AKRON, NY 14001-0418

2b Employer Identification Number (EIN) 16-0919851

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

2d Business code (see instructions) 339900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/21/2011	DANIELLE ROBILLARD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/21/2011	DANIELLE ROBILLARD
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

AAKRON RULE CORP.

8 INDIANOLA AVENUE
AKRON, NY 14001-0418

3b Administrator's EIN
16-0919851

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

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	249
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**	196
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	26
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	222
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	222
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	220
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	14
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

3D 3H 2E

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
AAKRON RULE CORP. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
16-0919851

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

ARBOR CAPITAL

16-1468977

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT ADVISOR	52696	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIRST AURORA FINANCIAL GROUP

634 MAIN STREET SUITE 200
EAST AURORA, NY 14052

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	BROKER	0	Yes [X] No [ ]	Yes [X] No [ ]	26704	Yes [ ] No [X]

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
AAKRON RULE CORP. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
16-0919851

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	251798	250551
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	21701	20695
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1531393	805547
(2) U.S. Government securities	1c(2)	1486557	1459143
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1244253	1284640
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	3885505	5269187
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	8421207	9089763
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	8421207	9089763

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	250551	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		250551
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	98	
	(B) U.S. Government securities	2b(1)(B)	52808	
	(C) Corporate debt instruments	2b(1)(C)	67122	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		120028
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	87418	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		87418
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	2130945	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2157462	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-26517

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	661704	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		661704
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		2444
d Total income. Add all **income** amounts in column (b) and enter total	2d		1095628
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	374376	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		374376
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	52696	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		52696
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		427072
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		668556
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
AAKRON RULE CORP. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
16-0919851

Part I Distributions

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

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

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

EIN(s): 22-3450856

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

AAKRON RULE CORP.
PROFIT SHARING PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION

YEARS ENDED DECEMBER 31, 2010 AND 2009

AAKRON RULE CORP.
PROFIT SHARING PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION

YEARS ENDED DECEMBER 31, 2010 AND 2009

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Domachowski
Kempisty &
Salvatore, P.C.

Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

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

We have audited the accompanying statements of net assets available for benefits of Aakron Rule Corp. Profit Sharing Plan as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Aakron Rule Corp. Profit Sharing Plan as of December 31, 2010 and 2009, and the changes in its net assets available for benefits for the year ended December 31, 2010 in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule of assets held for investment purposes, referred to as "supplemental information", is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such supplemental information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Domachowski, Kempisty & Salvatore CPA's P.C.

Clarence, New York
July 11, 2011

9280 Main Street • P.O. Box 387 • Clarence, New York 14031 • Phone: 716.759.6879 • Fax: 716.759.8609
www.dkscpas.com

AAKRON RULE CORP.
PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

As of December 31,

	2010	2009
Certificates of Deposit	$ 251,140	$ 356,437
Investments, at Fair Value:		
Money Market Funds	554,408	1,174,956
Government-Sponsored Enterprise Bonds	1,443,877	1,469,235
Common Stock	5,269,187	3,885,505
Corporate Bonds	1,284,640	1,244,253
Asset Based Securities	15,266	17,322
	8,567,378	7,791,271
Receivables:		
Employer's Contribution Receivable	250,551	251,798
Accrued Interest	20,282	21,701
Other	412	-
	271,245	273,499
Net Assets Available for Benefits	$9,089,763	$8,421,207

See accompanying notes and independent auditors' report.

AAKRON RULE CORP.
PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Year Ended December 31, 2010

Additions to Net Assets Attributed to:	
Investment Income:	
Net Appreciation in Fair Value of Investments	$ 635,187
Interest	120,028
Dividends	87,418
Return of Principal	2,444
	845,077
Employer Contributions	250,551
Total Additions	1,095,628
Deductions from Net Assets Attributed to:	
Benefits Paid to Participants	374,376
Administrative Expenses	52,696
Total Deductions	427,072
Net Increase in Net Assets Available for Benefits	668,556
Net Assets Available for Benefits:	
Beginning of Year	8,421,207
End of Year	$9,089,763

See accompanying notes and independent auditors' report.

1. DESCRIPTION OF PLAN

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

General

The Plan is a defined contribution plan covering all full-time employees of the Company who have one year of service (1,000 hours), and are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan continues to be for the exclusive benefit of the employees of the following participating companies: Aakron Rule Corp., Wagner Pencil Company, Inc. and X-Press Promotions, Inc.

Contributions

Each year, the Company contributes to the Plan an amount the Employer's Board of Directors deems advisable, subject to certain limitations. The contribution on the last day of the Plan year end was $250,551 for the year ended December 31, 2010.

Participant Accounts

Each participant's account is credited with the allocation of the Company's contribution plus the forfeitures of terminated participants' nonvested accounts ($7,411 for the year ended December 31, 2010) based on the participant's proportionate share of the total compensation paid during the year to all employed participants in the Plan on the last day of the Plan year end. Plan earnings and administrative expenses are allocated based on each participant's proportionate share of the total Plan assets as of the beginning of the Plan year.

Vesting

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

Payment of Benefits

The Plan allows a participant on termination of service due to death, disability or retirement to withdraw all of their account balance in a lump sum distribution. The Plan also allows a participant after attaining the normal retirement age, to withdraw all or any part of their participant account balance. Effective January 1, 2010, the Plan was amended to allow for payment of benefits through cash and/or marketable securities held by the Plan.

Forfeitures

Forfeitures are allocated to (1) restoration of participants' forfeitures and (2) any remaining forfeitures may be used as additional employer contributions. Forfeitures totaling $7,410 were allocated to active participants for the year ended December 31, 2010.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Certificates of Deposit

Certificates of deposit held with financial institutions with a maturity of less than one year from the date of issue are valued at face value. Certificates of deposit with a maturity of more than one year from the date of issue are shown at market value based on a matrix or model pricing method.

Estimates

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

Investment Valuation and Income Recognition

Purchases and sales of securities are recorded net of related investment fees on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on securities purchased and sold as well as held during the year.

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

Level 1 Fair Value Measurements

The fair value of common stocks is based on the closing price reported in the active market where the individual securities are traded, when available.

Level 2 Fair Value Measurements

The fair value of certain corporate and government-sponsored entity bonds for which quoted market prices are not available are valued based on yields currently available on comparable securities of issuers with similar credit ratings. Investments in money funds are valued at the net asset value (NAV) of shares held by the Plan at year end.

Payment of Benefits

Benefit payments are recorded when paid.

Concentrations of Credit Risk

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

The Plan invests in investments which 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 value 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 statement of net assets available for benefits.

3. INVESTMENTS

The Plan's investments are held in a trustee-administered brokerage account. (All investments are non-participant directed.) The following table presents investments at December 31, 2010 and 2009. Investments that represent 5% or more of the Plan's net assets are separately identified.

	2010	2009
Investments at Fair Value as Determined by Quoted Market Price:		
Money Market Funds – Prime Fund Capital Reserves	$ 554,408	$1,174,956
Government-sponsored Enterprise Bonds –		
Federal Natl. Mtg. Assn. – 4/12/11, 3.12%	504,220	514,375
Federal Home Loan Banks – 5/26/11, 3.95%	507,430	521,250
Other	432,227	433,610
Common Stock	5,269,187	3,885,505
Corporate Bonds	1,284,640	1,244,253
Certificates of Deposit	251,140	356,437
Asset Based Securities	15,266	17,322
Total Investments at Fair Value	$8,818,518	$8,147,708

For the year ended December 31, 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated <depreciated> in value by $635,187 as follows.

Common Stock	$ 627,510
Government-Sponsored Enterprise Bonds	<25,358>
Corporate Bonds	35,090
Asset Based Securities	<2,055>
Net Appreciation in Fair Value of Investments	$ 635,187

4. FAIR VALUE MEASUREMENTS

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31:

December 31, 2010 –	**Level 1**	**Level 2**	**Level 3**	**Total**
Common Stocks:				
Consumer Staples	$ 213,547	$ -	$ -	$ 213,547
Consumer Discretionary	92,068	-	-	92,068
Retail/Wholesale	548,920	-	-	548,920
Medical	586,062	-	-	586,062
Autos, Tires, Trucks	35,138	-	-	35,138
Basic Materials	436,061	-	-	436,061
Industrial Products	214,452	-	-	214,452
Multi-Sector	121,461	-	-	121,461
Computers and Technology	1,237,293	-	-	1,237,293
Aerospace	168,956	-	-	168,956
Oil and Energy	1,046,443	-	-	1,046,443
Finance	356,207	-	-	356,207
Utilities	113,345	-	-	113,345
Business Services	76,128	-	-	76,128
Other	9,421	-	-	9,421
Transportation	13,685	-	-	13,685
	5,269,187	-	-	5,269,187
Money Market Funds	-	554,408	-	554,408
Asset Backed Securities	-	15,266	-	15,266
Corporate Bonds	-	1,284,640	-	1,284,640
Government-Sponsored Enterprise Bonds	-	1,443,877	-	1,443,877
Total	$5,269,187	$3,298,191	$ -	$8,567,378

	Level 1	Level 2	Level 3	Total
December 31, 2009 –				
Common Stocks:				
Consumer Staples	$ 207,792	$ -	$ -	$ 207,792
Consumer Discretionary	180,098	-	-	180,098
Retail/Wholesale	303,423	-	-	303,423
Medical	646,133	-	-	646,133
Basic Materials	404,531	-	-	404,531
Industrial Products	36,029	-	-	36,029
Multi-Sector	126,015	-	-	126,015
Computers and Technology	759,887	-	-	759,887
Aerospace	99,113	-	-	99,113
Oil and Energy	445,767	-	-	445,767
Finance	538,930	-	-	538,930
Utilities	123,485	-	-	123,485
Transportation	14,302	-	-	14,302
	3,885,505	-	-	3,885,505
Money Market Funds	-	1,174,956	-	1,174,956
Asset Backed Securities	-	17,322	-	17,322
Corporate Bonds	-	1,244,253	-	1,244,253
Government-Sponsored Enterprise Bonds	-	1,469,235	-	1,469,235
Total	$3,885,505	$3,905,766	$ -	$7,791,271

5. PLAN TERMINATION

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

6. PLAN AMENDMENT / TAX STATUS

Effective September 1, 2009, the non-standardized prototype Profit Sharing Plan was restated and amended to reflect certain provisions of the Economic Growth and Tax Relief Reconciliation Act of 2001 ("EGTTRA"). This amendment is intended as a good-faith compliance with the requirements of EGTTRA and is construed in accordance with EGTTRA.

The non-standardized prototype profit sharing Plan, sponsored by EMS-RMS Co., Inc., was restated and amended effective January 1, 2010. The administrator of the Plan relies on an opinion letter issued by the Internal Revenue Service dated July 1, 2009 as evidence that the Plan is qualified under Code 401. Specifically, the Plan was amended to allow distributions in the form of cash or other marketable securities.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. SUBSEQUENT EVENTS

Management has evaluated events through July 11, 2011, the date on which the financial statements were available to be issued.

In January 2011, a former trustee and retired participant of the Plan requested and received a distribution of his remaining account balance as valued at December 31, 2010 (valued at $2,352,024). The participant requested the distribution to be made in kind. The transaction was consummated in 2011 using investments contained in the portfolio at December 31, 2010 at his pro-rata ownership in the total assets of the Plan at December 31, 2010.

The transaction, including the selection of investments to be distributed was received and approved by the trustees of the Plan prior to the transfer.

SUPPLEMENTAL INFORMATION

AAKRON RULE CORP. PROFIT SHARING PLAN
December 31, 2010

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

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

(a)	Identity of Issue, Borrower, Lessor, or Similar Party (b)		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value (c)	Cost (d)	Current Value (e)
	PRIME FUND CAPITAL RESERVES			398,158	398,158
	PRIME FUND CAPITAL RESERVES			156,250	156,250
			TOTAL CASH EQUIVALENTS	**554,408**	**554,408**
	ABBOTT LABORATORIES	**STOCK**		93,878	91,029
	ALCOA	**STOCK**		50,370	76,950
	AMERICAN EAGLE OUTFITTERS	**STOCK**		60,435	58,520
	APACHE	**STOCK**		100,694	119,230
	AT&T INC.	**STOCK**		82,253	91,078
	BAKER HUGHES	**STOCK**		98,821	137,208
	BARRICK GOLD CORP	**STOCK**		66,626	90,406
	BOEING CO	**STOCK**		69,816	71,786
	CHEVRON	**STOCK**		93,820	109,500
	CHICOS FAS INC	**STOCK**		64,962	78,195
	CONOCOPHILLIPS	**STOCK**		94,141	115,770
	CUBIST PHARMACEUTICALS INC	**STOCK**		69,521	62,060
	DELL INC	**STOCK**		91,148	93,495
	DIRECTV GROUP INC	**STOCK**		46,966	77,864
	EMC CORP MASS	**STOCK**		77,855	107,630
	EXXON MOBIL CORP	**STOCK**		79,337	116,992
	FISERV INC	**STOCK**		65,435	76,128
	GENERAL ELECTRIC	**STOCK**		90,266	107,911
	GILEAD SCIENCES INC	**STOCK**		66,314	61,608
	GRACO INC	**STOCK**		86,380	102,570
	HEWLETT PACKARD CO	**STOCK**		38,981	63,150
	INGRAM MICRO INC CL A	**STOCK**		58,061	68,724
	INTEL CORP	**STOCK**		167,167	145,107
	INTERDIGITAL INC PA	**STOCK**		87,239	133,248
	INTL BUSINESS MACH	**STOCK**		58,149	102,732
	JP MORGAN CHASE	**STOCK**		53,612	76,356
	KENNAMETAL INC	**STOCK**		64,820	78,920
	LIMITED BRANDS INC	**STOCK**		55,407	67,606
	LOWES COMPANIES	**STOCK**		60,179	67,716
	LUBRIZOL CORP	**STOCK**		43,300	64,128
	M&T BANK	**STOCK**		54,997	87,050
	MARATHON OIL CORP ISIN	**STOCK**		81,205	92,575
	MEDCO HEALTH SOLUTIONS	**STOCK**		67,756	85,778
	MERCK & CO	**STOCK**		61,412	72,080
	MICROSOFT CORP	**STOCK**		110,818	106,058
	MONSANTO CO NEW	**STOCK**		61,967	83,568
	MORGAN STANLEY	**STOCK**		65,271	70,746
	MURPHY OIL CORP	**STOCK**		92,318	119,280
	MYLAN GENETICS	**STOCK**		48,571	73,955
	NEWMONT MNG CORP	**STOCK**		80,602	92,145
	NORTHROP CRUMMAN CORP HOLDING CO	**STOCK**		90,719	97,170
	NYSE EURONEXT	**STOCK**		52,417	65,956
	ORACLE CORP	**STOCK**		52,187	97,030
	PEPSICO	**STOCK**		87,200	91,462
	TERADYNE INC	**STOCK**		51,265	77,220
	TEXAS INSTRUMENTS	**STOCK**		91,718	126,750
	TIM HORTONS INC	**STOCK**		74,218	103,075
	TUPPERWARE BRANDS CORP	**STOCK**		84,738	90,573
	UNITED THERAPUTICS CORP DEL	**STOCK**		66,990	75,864

AAKRON RULE CORP. PROFIT SHARING PLAN
December 31, 2010

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

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

(a)	Identity of Issue, Borrower, Lessor, or Similar Party (b)		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value (c)	Cost (d)	Current Value (e)
	WAL-MART STORES	**STOCK**		80,832	91,681
	WEATHERFORD INTERNATIONAL	**STOCK**		85,864	116,281
	ADVANCEDSEMICONDUCTOR	**STOCK**		12,568	18,936
	AKZO NOBEL	**STOCK**		5,604	9,354
	ALLIANZ SOCIETAS EUROPAEA	**STOCK**		6,302	8,354
	ANGLO AMERN PLC	**STOCK**		6,060	10,444
	BNP PARIBAS ADR EACH REPR 1/2	**STOCK**		10,106	9,581
	BP PLC SPON ADR	**STOCK**		21,122	16,564
	BRIDGESTONE CORP	**STOCK**		11,055	11,607
	CHINA PETROLEUM & CHEMICAL CORP	**STOCK**		14,536	16,746
	CNOOC LTD SPONSORED	**STOCK**		9,704	17,878
	COMPANHIA DE BEBIDAS	**STOCK**		9,284	15,515
	DR REDDYS LABORATORIES ADS	**STOCK**		7,315	9,240
	ELECTROLUX AB ADR	**STOCK**		11,594	14,205
	GOLD FIELDS LTD	**STOCK**		8,034	9,065
	GUANGSHEN RLY CO LTD SPONS ADR	**STOCK**		18,057	13,685
	HDFC BANK ADS	**STOCK**		12,490	12,533
	HEINEKEN NV ADR	**STOCK**		16,330	15,997
	INFOSYS TECHNOLOGIES	**STOCK**		7,760	11,412
	ING GROEP NV SPONS ADR	**STOCK**		10,628	10,769
	INTERNATIONAL PWR PLC	**STOCK**		19,158	22,267
	KINGFISHER ADR	**STOCK**		10,591	13,403
	KYOCERA CORP ADR	**STOCK**		17,807	17,882
	LOGITECH INTL SA ADR	**STOCK**		18,779	16,695
	LONGTOP FINANCIAL TECHNOLOGIES	**STOCK**		10,294	10,854
	MERK KGAA ADR	**STOCK**		10,433	9,422
	MINDRAY MED INTL	**STOCK**		11,441	10,560
	MITSUBISHI BORP SPONS ADR	**STOCK**		11,158	13,550
	MITSUI & CO LTD	**STOCK**		14,223	16,386
	NETEASE.COM INC ADR	**STOCK**		12,082	10,845
	NOVO-NORDISK AS ADR	**STOCK**		10,991	16,886
	PETROLEO BRASILEIRO SA	**STOCK**		16,139	15,136
	PHILIPS ELECTRONICS (KONINKLIKE) NV ADR	**STOCK**		12,053	12,280
	REPSOL YPF SA ADR	**STOCK**		15,298	15,367
	ROYAL DUTCH SHELL PLC SPONS ADR	**STOCK**		14,393	13,334
	SANDVIK AB	**STOCK**		5,289	16,576
	SAP AG	**STOCK**		12,199	12,653
	SHIRE PLC	**STOCK**		10,359	12,667
	SIEMENS AG	**STOCK**		11,251	18,638
	SINA CORP	**STOCK**		10,424	24,087
	SUNCOR ENERGY INC	**STOCK**		15,118	14,703
	TAIWAN SEMICONDUCTOR MDG CO LTD	**STOCK**		14,169	17,556
	TATA MOTORS LIMITED ADR	**STOCK**		10,599	11,736
	TEVA PHARMAEUTICAL	**STOCK**		10,807	14,336
	TORONTO-DOMINO BANK COM NPV	**STOCK**		14,793	14,862
	TOYOTA MOTOR CORP ADR	**STOCK**		10,771	11,795
	VIVO PARTICIPACOES SA ADR	**STOOCK**		11,077	13,036
	YINGLI GREEN ENERGY	**STOCK**		11,981	9,880
		STOCK			
			STOCKS TOTAL	**4,331,243**	**5,269,187**

AAKRON RULE CORP. PROFIT SHARING PLAN
December 31, 2010

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

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

(a)	Identity of Issue, Borrower, Lessor, or Similar Party (b)	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value (c)	Cost (d)	Current Value (e)
	GMAC	VR, 3/15/11, 0.00%	200,006	198,000
	HEWLET PACKARD	2/24/12, 4.25%	266,281	259,800
	VERIZON COMMUNICATIONS	4/15/13, 5.25%	256,918	271,823
	AMGEN INC SR	11/18/14, 4.85%	259,988	274,728
	CAROLINA PWR & LIGHT	12/15/15, 5.25%	279,603	280,290
		BONDS TOTAL	**1,262,795**	**1,284,640**
	SUNTRUST BANK	CD 5/28/14, 4%	250,006	251,140
		CD TOTAL	**250,006**	**251,140**
	FEDL NATL MTG ASSN	CALL, 04/12/11, 3.12%, $500,000 PAR	496,521	504,220
	FEDL HOME LOAN BANKS	CONS BDS, 05/26/11, 3.95%, $500,000 PAR	507,421	507,430
	FEDL FARM CR	CONS BDS 8/10/12, 4.55%, $150,000 PAR	155,231	159,507
	FEDL HOME LOAN BANKS	CONS BDS 3/8/13,5%, $250,000 PAR	275,550	272,720
		US GOVERNMENT SECURITIES	**1,434,723**	**1,443,877**
	FEDL NATL MTG ASSN	POOL#642697, 03/01/32, 6.50%, $24,389 PAR	13,852	15,266
		ASSET BACKED SECURITIES	**13,852**	**15,266**
		TOTAL INVESTMENTS	**7,847,027**	**8,818,518**

AAKRON RULE CORP. PROFIT SHARING PLAN
December 31, 2010

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

(a)	Identity of Issue, Borrower, Lessor, or Similar Party (b)		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value (c)	Cost (d)	Current Value (e)
	PRIME FUND CAPITAL RESERVES			398,158	398,158
	PRIME FUND CAPITAL RESERVES			156,250	156,250
			TOTAL CASH EQUIVALENTS	**554,408**	**554,408**
	ABBOTT LABORATORIES	**STOCK**		93,878	91,029
	ALCOA	**STOCK**		50,370	76,950
	AMERICAN EAGLE OUTFITTERS	**STOCK**		60,435	58,520
	APACHE	**STOCK**		100,694	119,230
	AT&T INC.	**STOCK**		82,253	91,078
	BAKER HUGHES	**STOCK**		98,821	137,208
	BARRICK GOLD CORP	**STOCK**		66,626	90,406
	BOEING CO	**STOCK**		69,816	71,786
	CHEVRON	**STOCK**		93,820	109,500
	CHICOS FAS INC	**STOCK**		64,962	78,195
	CONOCOPHILLIPS	**STOCK**		94,141	115,770
	CUBIST PHARMACEUTICALS INC	**STOCK**		69,521	62,060
	DELL INC	**STOCK**		91,148	93,495
	DIRECTV GROUP INC	**STOCK**		46,966	77,864
	EMC CORP MASS	**STOCK**		77,855	107,630
	EXXON MOBIL CORP	**STOCK**		79,337	116,992
	FISERV INC	**STOCK**		65,435	76,128
	GENERAL ELECTRIC	**STOCK**		90,266	107,911
	GILEAD SCIENCES INC	**STOCK**		66,314	61,608
	GRACO INC	**STOCK**		86,380	102,570
	HEWLETT PACKARD CO	**STOCK**		38,981	63,150
	INGRAM MICRO INC CL A	**STOCK**		58,061	68,724
	INTEL CORP	**STOCK**		167,167	145,107
	INTERDIGITAL INC PA	**STOCK**		87,239	133,248
	INTL BUSINESS MACH	**STOCK**		58,149	102,732
	JP MORGAN CHASE	**STOCK**		53,612	76,356
	KENNAMETAL INC	**STOCK**		64,820	78,920
	LIMITED BRANDS INC	**STOCK**		55,407	67,606
	LOWES COMPANIES	**STOCK**		60,179	67,716
	LUBRIZOL CORP	**STOCK**		43,300	64,128
	M&T BANK	**STOCK**		54,997	87,050
	MARATHON OIL CORP ISIN	**STOCK**		81,205	92,575
	MEDCO HEALTH SOLUTIONS	**STOCK**		67,756	85,778
	MERCK & CO	**STOCK**		61,412	72,080
	MICROSOFT CORP	**STOCK**		110,818	106,058
	MONSANTO CO NEW	**STOCK**		61,967	83,568
	MORGAN STANLEY	**STOCK**		65,271	70,746
	MURPHY OIL CORP	**STOCK**		92,318	119,280
	MYLAN GENETICS	**STOCK**		48,571	73,955
	NEWMONT MNG CORP	**STOCK**		80,602	92,145
	NORTHROP CRUMMAN CORP HOLDING CO	**STOCK**		90,719	97,170
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