

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
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Part I	Annual Report Identification Information		
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2008</u> and ending <u>12/31/2008</u>			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☒ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>P AND J INDUSTRIES, INC. PROFIT SHARING 401K PLAN & TRUST</u>	1b Three-digit plan number (PN) ▶	<u>001</u>	
	1c Effective date of plan	<u>12/31/1978</u>	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>P AND J INDUSTRIES, INC.</u> <u>4934 LEWIS AVENUE</u> <u>TOLEDO, OH 43612-2825</u>	2b Employer Identification Number (EIN) <u>34-1217108</u>	2c Sponsor's telephone number <u>419-726-2675</u>	2d Business code (see instructions) <u>441300</u>

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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/03/2011</u>	<u>PANDJ INDUSTRIES</u>
	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 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") P AND J INDUSTRIES, INC. 4934 LEWIS AVENUE TOLEDO, OH 43612-2825	3b Administrator's EIN 34-1217108 3c Administrator's telephone number 419-726-2675
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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
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5 Total number of participants at the beginning of the plan year	5	159
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	28
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	102
d Subtotal. Add lines 6a , 6b , and 6c	6d	130
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	130
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	121
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2H 2J 2K 3D 3H

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ Trust (4) ☐ General assets of the sponsor
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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) ☒ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ 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 01/01/2008 and ending 12/31/2008		
A Name of plan P AND J INDUSTRIES, INC. PROFIT SHARING 401K PLAN & TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 P AND J INDUSTRIES, INC.	D Employer Identification Number (EIN) 34-1217108	

Part I	Service Provider Information (see instructions)
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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)

FIRST MERCANTILE TRUST COMPANY

62-0951563

(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?
26	NONE	7987	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIAM VAUGHAN COMPANY

34-1145015

(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?
10	NONE	7500	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 ☐

(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
(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
(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
(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
(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
(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

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 01/01/2008 and ending 12/31/2008		
A Name of plan P AND J INDUSTRIES, INC. PROFIT SHARING 401K PLAN & TRUST	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 P AND J INDUSTRIES, INC.	D Employer Identification Number (EIN) 34-1217108	

Part I	Asset and Liability Statement
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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)	0	
(2) Participant contributions	1b(2)	3178	
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	17860	12768
(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)	2462852	739773
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	2483890	752541

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2483890	752541
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	170	
(B) Participants	2a(1)(B)	19877	
(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)		20047

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(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)		-423367
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		-403320

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1312227	
(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)		1312227
f Corrective distributions (see instructions)	2f		315
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	15487	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		15487
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1328029

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1731349
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ 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 ☐ No

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

(1) Name: WILLIAM VAGHAN COMPANY (2) EIN: 34-1145015

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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		300000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.).....	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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 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)

**P & J INDUSTRIES, INC.
PROFIT SHARING 401(k) PLAN AND TRUST**

AUDITED FINANCIAL STATEMENTS

December 31, 2008

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INDEPENDENT AUDITORS' REPORT

Plan Administrator
P & J Industries, Inc.
Profit Sharing 401(k) Plan and Trust
Toledo, Ohio

We were engaged to audit the accompanying statements of net assets available for benefits of P & J Industries, Inc. Profit Sharing 401(k) Plan and Trust as of December 31, 2008 and 2007, and the related statement of changes in net assets available for benefits for the year ended December 31, 2008 and the supplemental schedule of assets held (at end of year) as of and for the year ended December 31, 2008. 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 2, which was certified by First Mercantile Trust 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 First Mercantile Trust Company held the Plan's investment assets and executed investment transactions during 2008. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2008 and 2007, 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.

William Vaughan Company

April 14, 2011

P & J INDUSTRIES, INC.
PROFIT SHARING 401(k) PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2008 and 2007

	<u>2008</u>	<u>2007</u>
Assets		
Participant directed investments		
Investments held in mutual funds, at fair value (Note 2)	\$ 739,773	\$ 2,462,852
Participant loans	<u>12,768</u>	<u>17,860</u>
Total investments	<u>752,541</u>	<u>2,480,712</u>
Contributions receivable		
Employee contributions receivable	<u>1,709</u>	<u>3,178</u>
Total receivables	<u>1,709</u>	<u>3,178</u>
Net assets available for benefits	<u>\$ 754,250</u>	<u>\$ 2,483,890</u>

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

P & J INDUSTRIES, INC.
PROFIT SHARING 401(k) PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2008

Investment loss:		
Net realized and unrealized depreciation of investments		\$ (423,197)
Contributions:		
Employee		21,586
		<u>(401,611)</u>
Deductions from net assets attributable to:		
Benefits paid to participants		1,312,227
Corrective distributions		315
Administrative expenses		15,487
	Total deductions	<u>1,328,029</u>
	Net decrease	<u>(1,729,640)</u>
Net assets available for benefits		
Beginning of year		2,483,890
	End of year	<u>\$ 754,250</u>

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

P & J INDUSTRIES, INC.
PROFIT SHARING 401(k) PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
December 31, 2008 and 2007

Note 1 - Significant accounting policies

Plan description

The following description of the P & J Industries, Inc. Profit Sharing 401(k) Plan and Trust is provided for general information purposes only. 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 which covers all employees who are not members of a collective bargaining unit, who have attained age 21, and who have completed 1,000 hours of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Basis of accounting

The accompanying financial statements of the Plan are presented on an accrual basis of accounting.

Contributions

Plan participants may elect to defer up to 100% of their annual compensation, as defined in the Plan's agreement, subject to certain limitations as specified in the Internal Revenue Code. Matching contributions are discretionary. Prior to May 28, 2007, the Company agreed to make matching contributions equal to 40% of each employee's deferral contribution up to 6% of the individual employee's annual compensation. Effective May 28, 2007, the Company suspended the employer matching contribution to participants. Participants who have attained the age 50 before the end of the plan year are eligible to make catch-up contributions. The Company may also elect to make a discretionary profit sharing contribution, which is allocated to all participants based on compensation. There were no profit sharing contributions in 2008 or 2007.

Plan expenses

Plan administration expenses are paid by the Plan.

Valuation of investments and income recognition

Investments are stated at fair value. The fair value of money market funds and mutual funds are stated at their fair value using the quoted net asset value of the specific fund as determined by First Mercantile Trust Company, the trustee of the Plan. The fair value of common stocks and corporate bonds and notes is based upon quotations from national securities exchanges and the last reported bid price for other securities. Participant loans are reported at the outstanding principal balance of the loans, which approximates fair value.

Purchases and sales of investments are recorded on a trade-date basis. Interest income, except for interest on participant loans, which is recorded on a cash basis, is recorded on the accrual basis and dividend income is recorded on the ex-dividend date. The net appreciation (depreciation) in fair value of investments includes investments purchased, sold and held during the year.

P & J INDUSTRIES, INC.
PROFIT SHARING 401(k) PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS – CONTINUED
December 31, 2008 and 2007

Note 1 - Significant accounting policies – Continued

Participant accounts

Each participant's account is credited with their individual contribution and an allocation of: (a) the Company's contribution, (b) Plan earnings, and (c) expenses. Allocations are based on participant earnings or account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting

Participants are fully vested in their deferral contributions, rollover contributions and any investment earnings or loss on such contributions. With respect to contributions made by the Company to the Plan on their behalf, participants are gradually vested over the course of six years of credited service.

Forfeitures

If a participant is terminated, any nonvested portion of the participant's account is considered a forfeiture, which is first used to restore participant forfeitures, then used to offset administrative expenses. If an amount remains, it is reallocated to all participants eligible to share in the allocation in proportion to each participant's compensation for that year. At December 31, 2008 and 2007, forfeited nonvested accounts totaled \$3,018 and \$2,816, respectively.

Payment of benefits

Upon termination of service, due to death, disability, or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account.

Participant loans

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balances. Loans are secured by the balance in the participant's account and bear interest at rates commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest is paid weekly or monthly by cash or check by the participant directly to the trustee. The Plan was amended as of July 1, 2003 to disallow new loans. Of the remaining balance of outstanding loans, those which are more than 90 days past due as to principal and interest are deemed to be in default and amounted to \$12,768, and \$17,860 at December 31, 2008 and 2007, respectively.

Use of management's estimates

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

Note 2 - Investments certified by trustee

The trustee of the Plan holds the Plan's investments and executes all investment transactions. The related financial information included in the accompanying financial statements and schedules is based solely on information provided by the trustee. The investment results have been reported to the Plan by the trustee. First Mercantile Trust Company was the trustee of the investments in 2008 and 2007.

P & J INDUSTRIES, INC.
PROFIT SHARING 401(k) PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS – CONTINUED
December 31, 2008 and 2007

Note 2 - Investments certified by trustee – Continued

The following represents investments that were certified to as complete and accurate by the trustee:

	<u>2008</u>		<u>2007</u>
Fidelity Money Market	\$ 2,554		\$ 31,747
Fidelity Contrafund	18,203		106,812
MFS Value Fund	* 54,234	*	220,561
Fifth Third Bond Inst	4,614		61,269
Fifth Third Life Model Moderate Instl	* 557,908	*	1,738,464
Fifth Third Small Cap Growth Inst	* 47,348		96,127
Fifth Third Quality Growth Inst	18,857		49,827
Morgan Stanley Ins Intl Eq	36,055	*	158,045
Total	<u>\$ 739,773</u>		<u>\$ 2,462,852</u>

* Indicates investments that represent 5% or more of the Plan's net assets at December 31, 2008 and 2007.

During 2008, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by \$423,197 as follows:

Mutual funds	\$ 422,629
Money market	568
Total depreciation	<u>\$ 423,197</u>

Note 3 - Plan termination

Although the Company has not expressed any intent to do so, it has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Upon such termination, all participants would become fully vested in the employer contributed portion of their account balances.

Note 4 - Income tax status

The Plan is a prototype plan. The prototype plan received its latest opinion letter on November 19, 2001, in which a favorable opinion letter from the Internal Revenue Service stated that the prototype plan, as designed, was in compliance with the applicable requirements of the Internal Revenue Code and qualifies for federal income tax-exempt status. The plan has not sought a separate qualification determination from the Internal Revenue Service.

Note 5 - Party-in-interest transactions

Certain plan investments are shares of mutual funds managed by Fifth Third Bank of Northwest Ohio, the investment advisor of the Plan. Therefore, these transactions qualify as party-in-interest.

P & J INDUSTRIES, INC.
PROFIT SHARING 401(k) PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS – CONTINUED
December 31, 2008 and 2007

Note 6 - Risks and uncertainties

The Plan invests in various 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 statement of net assets available for benefits.

Note 7 - Fair value measurements

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 Statement No. 157 are described as follows:

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 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.

The 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 December 31, 2008 and 2007.

- Mutual funds: Valued at the current market price of the fund's securities.
- Participant loans: Valued at amortized cost, which approximates fair value.

P & J INDUSTRIES, INC.
PROFIT SHARING 401(k) PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS – CONTINUED
December 31, 2008 and 2007

Note 7 - Fair value measurements – Continued

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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 December 31, 2008 and 2007.

Assets at fair value as of December 31, 2008:

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 739,773	\$ 0	\$ 0	\$ 739,773
Participant loans	0	0	12,768	12,768
Total assets at fair value	<u>\$ 739,773</u>	<u>\$ 0</u>	<u>\$ 12,768</u>	<u>\$ 752,541</u>

Assets at fair value as of December 31, 2007:

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 2,462,852	\$ 0	\$ 0	\$ 2,462,852
Participant loans	0	0	17,860	17,860
Total assets at fair value	<u>\$ 2,462,852</u>	<u>\$ 0</u>	<u>\$ 17,860</u>	<u>\$ 2,480,712</u>

Level 3 gains and losses

The following table sets forth a summary of changes in the fair value of the plan's level 3 assets for the year ended December 31, 2008.

Assets at fair value as of December 31, 2008:

	Participant loans
Balance, beginning of year	\$ 17,860
Realized gains/(losses)	0
Unrealized gains/(losses) relating to instruments still held at the reporting date	0
Purchases, sales, issuances, and settlements (net)	(5,092)
Balance, end of year	<u>\$ 12,768</u>

P & J INDUSTRIES, INC.
PROFIT SHARING 401(k) PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS – CONTINUED
December 31, 2008 and 2007

Note 8 - Reconciliation of financial statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500.

	<u>2008</u>
Net assets available for benefits per the financial statements	\$ 754,250
Employee contribution receivable	<u>(1,709)</u>
Net assets available for benefits per Schedule H to the Form 5500	<u>\$ 752,541</u>

Note 9 - Subsequent events

The Plan has evaluated subsequent events through April 15, 2011, the date the financial statements were available to be issued. There were no subsequent events, other than noted below, that required adjustment to the financial statements or additional disclosures.

For the Plan years ended December 31, 2007 and 2008, the Form 5500 annual report was filed but did not include financial statements prepared by an Independent Qualified Public Accountant. A notice from the Department of Labor was received for the Plan year ended December 31, 2007, and the 2007 audited financial statements were submitted to the Department of Labor as of March 31, 2010. The Plan has not received a notice for the Plan year ended December 31, 2008 as of the date of these financial statements.

Changes in investment returns can have a significant effect on the Plan. Since December 31, 2008, U.S. and world markets have continued to experience significant volatility. Management is monitoring investment market conditions and the impact such declines are having on the Plan's investment portfolio. Due to the volatility of the financial markets as of the date of this report, there is uncertainty regarding the impact which continued volatility may have on the Plan's investment portfolio.

SUPPLEMENTARY INFORMATION

P & J INDUSTRIES, INC.
PROFIT SHARING 401(k) PLAN AND TRUST
EIN 34-1217108 PLAN 001
FORM 5500, SCHEDULE H, ITEM 4i
SCHEDULE OF ASSETS HELD (AT END OF YEAR)
December 31, 2008

<u>(a)</u>	<u>Identity of Issuer</u> <u>(b)</u>	<u>Description of Investment</u> <u>(c)</u>	<u>Cost</u> <u>(d)</u>	<u>Current Value</u> <u>(e)</u>
*	First Mercantile Trust Company	Mutual Funds:		
		Fidelity Money Market	^	\$ 2,554
		Fidelity Contrafund	^	18,203
		MFS Value Fund	^	54,234
		Fifth Third Bond Inst	^	4,614
		Fifth Third Life Model Moderate Instl	^	557,908
		Fifth Third Small Cap Growth Inst	^	47,348
		Fifth Third Quality Growth Inst	^	18,857
		Morgan Stanley Ins Intl Eq	^	36,055
*	Participant Loans	Participant loans bearing interest at 5.75% - 10.5%	^	<u>12,768</u>
		Total investments		<u>\$ 752,541</u>

^ Cost information not required

* Party-in-interest

**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 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 01/01/2008 , and ending 12/31/2008 ,

A Name of plan

P & J INDUSTRIES, INC. PROFIT SHARING 401(K) PLAN &

B Three-digit

plan number ►

001

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

P & J INDUSTRIES, INC.

D Employer Identification Number

34-1217108

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 plan year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of
benefits). 62-1549435**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 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 7.****5** If a waiver of the minimum funding standard for a prior plan 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, skip lines 7 and 8 and complete line 9.**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?.. ☐ Yes ☐ No ☐ 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.)..... ☐ Increase ☐ Decrease ☐ No**Part IV Coverage (See instructions.)****9** Check the box for the test this plan used to satisfy the coverage requirements . . . ☒ ratio percentage test ☐ average benefit testFor Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v11.3 **Schedule R (Form 5500) 2008**

P & J INDUSTRIES, INC.
PROFIT SHARING 401(k) PLAN AND TRUST
EIN 34-1217108 PLAN 001
FORM 5500, SCHEDULE H, ITEM 4i
SCHEDULE OF ASSETS HELD (AT END OF YEAR)
December 31, 2008

<u>(a)</u>	<u>Identity of Issuer</u> <u>(b)</u>	<u>Description of Investment</u> <u>(c)</u>	<u>Cost</u> <u>(d)</u>	<u>Current Value</u> <u>(e)</u>
*	First Mercantile Trust Company	Mutual Funds:		
		Fidelity Money Market	^	\$ 2,554
		Fidelity Contrafund	^	18,203
		MFS Value Fund	^	54,234
		Fifth Third Bond Inst	^	4,614
		Fifth Third Life Model Moderate Instl	^	557,908
		Fifth Third Small Cap Growth Inst	^	47,348
		Fifth Third Quality Growth Inst	^	18,857
		Morgan Stanley Ins Intl Eq	^	36,055
*	Participant Loans	Participant loans bearing interest at 5.75% - 10.5%	^	<u>12,768</u>
		Total investments		<u>\$ 752,541</u>

^ Cost information not required

* Party-in-interest