Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
DAN CALLAGHAN ENTERPRISES INC

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1991

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
DAN CALLAGHAN ENTERPRISES INC

1301 44TH AVE E
BRADENTON, FL 34203

2b Employer Identification Number (EIN) 59-1795428

2c Sponsor's telephone number 941-751-1577

2d Business code (see instructions) 336300

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.	10/14/2010	JANE TRINCI
	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

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

1301 44TH AVE E
BRADENTON, FL 34203

3b Administrator's EIN
59-1795428

3c Administrator's telephone number
941-751-1577

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**	210
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**	124
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	1
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	125
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	125
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	88
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	9
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 2G 2J 2K 2T 3D

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)		0	**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.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
DAN CALLAGHAN ENTERPRISES INC

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DAN CALLAGHAN ENTERPRISES INC

D Employer Identification Number (EIN)
59-1795428

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).. . . . . [X] 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

MERRILL LYNCH, PIERCE, FENNER

WORLD FINANCIAL CENTER
250 VESEY STREET
NEW YORK, NY 10281

13-5674085

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

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

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

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

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

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

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

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

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

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

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

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)

(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 ☐

(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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
DAN CALLAGHAN ENTERPRISES INC

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DAN CALLAGHAN ENTERPRISES INC

D Employer Identification Number (EIN)
59-1795428

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	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	361873	271628
(2) U.S. Government securities	1c(2)	0	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	
(B) All other	1c(3)(B)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	
(B) Common	1c(4)(B)	0	
(5) Partnership/joint venture interests	1c(5)	0	
(6) Real estate (other than employer real property)	1c(6)	0	
(7) Loans (other than to participants)	1c(7)	0	
(8) Participant loans	1c(8)	177551	167051
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1399076	2074838
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	
	(2) Employer real property	1d(2)	0	
e	Buildings and other property used in plan operation	1e	0	
f	Total assets (add all amounts in lines 1a through 1e)	1f	1938500	2513517
	Liabilities			
g	Benefit claims payable	1g	0	
h	Operating payables	1h	0	
i	Acquisition indebtedness	1i	0	
j	Other liabilities	1j	0	
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	1938500	2513517

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)	7695	
	(B) Participants	2a(1)(B)	166382	
	(C) Others (including rollovers)	2a(1)(C)	426989	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		601066
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	-2654	
	(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)	12435	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		9781
	(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)	35012	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		35012
	(3) Rents	2b(3)		
	(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		313370
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		959229
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	370725	
(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)		370725
f Corrective distributions (see instructions)	2f		10020
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	3467	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		3467
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		384212
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		575017
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: CSL CPAS (2) EIN: 59-2142260

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		250000
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		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.	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

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
DAN CALLAGHAN ENTERPRISES INC

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DAN CALLAGHAN ENTERPRISES INC

D Employer Identification Number (EIN)
59-1795428

Part I Distributions

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

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

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

EIN(s): 16-1470238

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):

DAN CALLAGHAN ENTERPRISES, INC.
401(K) PROFIT SHARING PLAN & TRUST

FINANCIAL STATEMENTS AND
SUPPLEMENTAL FINANCIAL INFORMATION

DECEMBER 31, 2009

DAN CALLAGHAN ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN & TRUST
FINANCIAL STATEMENTS AND
SUPPLEMENTAL FINANCIAL INFORMATION
DECEMBER 31, 2009

TABLE OF CONTENTS

	PAGE
INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS	
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS	2
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	3
NOTES TO FINANCIAL STATEMENTS	4 - 9
SUPPLEMENTAL INFORMATION	
SCHEDULE OF ASSETS HELD AT END OF YEAR	10

Christopher, Smith, Leonard,
Bristow & Stanell, P.A.
CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

INDEPENDENT AUDITORS' REPORT

To the Trustees of the
Dan Callaghan Enterprises, Inc.
401(K) Profit Sharing Plan & Trust

We have audited the accompanying Statements of Net Assets Available for Benefits of Dan Callaghan Enterprises, Inc. 401(K) Profit Sharing Plan & Trust (the Plan), as of December 31, 2009 and December 31, 2008, and the related Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2009. 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 audit.

We conducted our audit 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 audit provides 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 Dan Callaghan Enterprises, Inc. 401(K) Profit Sharing Plan & Trust as of December 31, 2009 and December 31, 2008 and the changes in its net assets available for benefits for the year ended December 31, 2009 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 at end of year 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. This supplemental information is the responsibility of the Plan's management. The supplemental information has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Christopher, Smith, Leonard,
Bristow + Stanell, P.A.

CHRISTOPHER, SMITH, LEONARD,
BRISTOW & STANELL, P.A.

October 7, 2010
Bradenton, Florida

1001 3rd Avenue West, Suite 700 • Bradenton, FL 34205
ph 941-748-1040 • fx 941-749-7605
www.cslcpa.com
1515 Ringling Blvd, Suite 900 • Sarasota, FL 34236
ph 941-954-4040 • fx 941-953-7670

DAN CALLAGHAN ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN & TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31,

	2009	2008
ASSETS		
Investments		
Cash & money markets	$ 271,628	$ 361,873
Registered investment companies	2,074,838	1,399,076
Receivables		
Participants' contribution receivable	2,755	-
Participant loans	167,051	177,551
Total Assets	2,516,272	1,938,500
Net Assets Available for Benefits	$ 2,516,272	$ 1,938,500

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

DAN CALLAGHAN ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN & TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2009

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income:	
Net appreciation (depreciation) of investments	$ 313,370
Interest and dividend income	44,793
Total Investment Income	358,163
Contributions:	
Employer	7,695
Participants	169,137
Other	426,989
Total Contributions	603,821
TOTAL ADDITIONS	961,984
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	380,745
Administrative expenses	3,467
TOTAL DEDUCTIONS	384,212
NET INCREASE	577,772
NET ASSETS AVAILABLE FOR BENEFITS:	
Net assets - beginning	1,938,500
Net assets - ending	$ 2,516,272

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

NOTE A - DESCRIPTION OF PLAN

The following description of the Dan Callaghan Enterprises, Inc. 401(K) Profit Sharing Plan & Trust (the Plan) provides only general information. Participants should refer to the Plan agreement or Summary Plan Description (SPD) for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all eligible employees of Dan Callaghan Enterprises, Inc. (the Company). Employees who are at least twenty-one years of age and have completed three months of service are eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participant Accounts

Each participant account is credited with the participant's contribution, and allocations of the Company's contributions and Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Contributions

Participants may contribute to the Plan on a pretax basis between 1% and 95% of their annual compensation (subject to IRS limitations). Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified retirement plans (rollovers). Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds through Merrill Lynch as investment options for Participants. The Company may make matching contributions for all participants who have completed 1 year of eligible service. For 2009, the Company match was calculated as follows: 25% of a participant's elective deferral up to 15% of compensation. The Company elected to discontinue matching contributions effective March 1, 2009. The Company, at its discretion, may also make profit sharing contributions. For 2009, no profit sharing contributions were made.

Vesting

Participants are immediately 100% vested in their voluntary pre-tax contributions plus actual earnings thereon. Additionally, participants become fully vested in all of their accounts in the event of disability, death or attaining normal retirement date while employed with the Company.

NOTE A - DESCRIPTION OF PLAN - CONTINUED

Vesting in any Company match or profit sharing contributions in participant accounts is based on their years of continuous service as follows:

Vesting Service (whole years)	Vesting Percentage
Less than 2 years	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Payment of Benefits

Upon termination of service, (due to termination, retirement, death or disability or reaching age 59 ½) a participant may elect to receive a distribution equal to the value of his or her vested account balance, as described in the Plan.

Upon reaching normal retirement age of 65, participants are entitled to all of their accounts under the Plan. Generally, the Plan is compelled to begin minimum distributions of vested balances of participants reaching age 70 ½. Distributions may be made as a lump sum, in installment payments or through annuity contracts. For terminated participants with account balances greater than $1,000, but not more than $5,000, the plan administrator may instruct participants to receive a distribution in a lump sum payment.

Participant Loans

Participants may borrow from their fund account. Loans are limited to the lesser of $50,000 or 50% of the participant's account balance. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan Administrator. Principal and interest are paid ratably through payroll deductions.

Forfeitures

Forfeitures of non-vested accounts are used to pay plan expenses, as described in the Plan. Forfeitures at year end are re-allocated to participants.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value, which is valued at the last reported sales price on the last business day of the Plan year. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year end. Purchases and

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Investment Valuation and Income Recognition - Continued

sales of investments are recorded on a trade-date basis. Realized gains and losses on investments sold during the year are included with unrealized gains and losses for the year in net appreciation (depreciation) in fair value of investments in the Statement of Changes in Net Assets Available for Benefits. Participant loans are valued at their outstanding balances, which approximate fair value. A portion of the Plan's investments are in the Merrill Lynch Ready Assets Trust. The trust securities are valued under the amortized cost method, which approximates fair value.

Fair Value Measurements

The Plan follows the Financial Accounting Standards Board, Accounting Standards Codification (ASC) for fair value measurement and disclosure. FASB ASC 820-10-50-2 establishes a hierarchy framework for measuring fair value of financial instruments. The hierarchy is described below and listed in order of priority:

Level 1 inputs are quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access at the measurement date.

Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.

Level 3 inputs are unobservable inputs for the asset or liability.

Contributions

Contributions from Plan participants are recorded in the plan year the Company makes the payroll deductions from a participant's wages. Any corresponding discretionary matching contribution from the Company is recorded in the same plan year.

Payment of Benefits

Benefits are recorded when paid.

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 the amounts reported in the financial statements and the accompanying notes. Actual results could differ from these estimates.

NOTE C - INVESTMENTS

The Plan offers various investment choices, whereby participants direct the investment of their account balances. The following are investments within the Plan that represent 5% or more of the Plan's net assets at December 31,:

Investment	2009	2008
Merrill Lynch Ready Assets	$ 271,628	$ 361,873
Davis New York Venture FD CL R	$ 467,828	$ 182,261
Blackrock Large Cap Core FD R	$ 206,399	$ 214,643
Blackrock Fundamental Growth FD Inc R	$ 317,868	$ 212,001
Blackrock International Value FD R	$ 169,902	$ 132,615
Blackrock Global Allocation FD Inc R	$ 416,604	$ 107,019
Blackrock Governmental Income Portfolio CL R	$ 208,651	$ 254,593
Evergreen Core Bond FD CL R	N/A	$ 112,683

During 2009, the Plan's investments, which are in mutual funds, had net appreciation of $313,370. The appreciation includes both realized and unrealized gains and losses.

NOTE D - ASSETS MEASURED AT FAIR VALUE

The Plan measured the fair value of the following assets using Level 1, Level 2 and Level 3 inputs (see Note B for definitions):

	12/31/09	Fair Value Measurements Using:		
	Fair Value	Level 1	Level 2	Level 3
Registered investment companies	$ 2,074,838	$ 836,599	$1,238,239	$ -0-
Cash and Money Market	271,628	-0-	271,628	-0-
Participant loans	167,051	-0-	-0-	167,051
Total	$ 2,513,517	$ 836,599	$1,509,867	$ 167,051

	12/31/08	Fair Value Measurements Using:		
	Fair Value	Level 1	Level 2	Level 3
Registered investment companies	$ 1,399,076	$ 1,399,076	$ -0-	$ -0-
Cash and Money Market	361,873	-0-	361,873	-0-
Participant loans	177,551	-0-	-0-	177,551
Total	$ 1,938,500	$ 1,399,076	$ 361,873	$ 177,551

Registered investment companies are either valued at quoted market prices, which represent the net asset value of the securities held in such funds, or are valued based on the closing market price reported on the active market on which the underlying investments are traded. They are considered Level 1 or Level 2.

The Merrill Lynch Ready Assets Trust is valued under the amortized cost method, which approximates fair value. It is valued using Level 2 inputs in that it is not publicly traded.

NOTE D - ASSETS MEASURED AT FAIR VALUE - CONTINUED

Participant loans are valued using Level 3 inputs.

Level 3 Gains and Losses

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets:

	Participant Loans	
	12/31/09	12/31/08
Balance, beginning of year	$ 177,551	$ 131,902
Purchases, sales, issuances and settlements, net	(10,500)	45,649
Balance, end of year	$ 167,051	$ 177,551

NOTE E - PLAN TERMINATION

Although it has not expressed any interest to do so, the Company has the right to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

NOTE F - TAX STATUS

The Plan, which has adopted a prototype Plan, has received a determination letter from the Internal Revenue Service dated November 26, 2001, which indicates that the Prototype Plan is acceptable under Section 401 of the Internal Revenue Code, (IRC). The plan has been amended subsequent to this date. However, the plan administrator and the plan's ERISA counsel believe the plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

NOTE G - 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 H - RELATED PARTY TRANSACTIONS

Dan Callaghan Enterprises, Inc. (The Company) provides accounting and administrative services to the Plan at no charge. The Company also absorbs significant Plan expenses.

NOTE I - 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 at December 31, 2009. There were no differences at December 31, 2008:

	12/31/09
Net assets available for benefits per the financial statements	$ 2,516,272
Participant contributions receivable not recorded on Form 5500	(2,755)
Net assets available for benefits per Schedule H to the Form 5500	$ 2,513,517

The following is a reconciliation of participant contributions per the financial statements for the year ended December 31, 2009 to Schedule H Form 5500:

Participant contributions per the financial statements	$ 169,137
Less participant contributions receivable at December 31, 2009	(2,755)
Participant contributions per Schedule H of Form 5500	$ 166,382

NOTE J - SUBSEQUENT EVENTS

The Company has evaluated subsequent events through October 7, 2010, which is the date the financial statements were available to be issued.

SUPPLEMENTAL FINANCIAL INFORMATION

DAN CALLAGHAN ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN & TRUST
EIN:59-1795428
PLAN NUMBER: 001
SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2009

(a)	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of investment	(d) Cost	(e) Current Value
*	Merrill Lynch Ready Assets	Short term cash equivalent	N/A	$ 271,628
	Cash & Money Markets			$ 271,628
	Blackrock Government Income Portfolio CL R	Mutual Fund	N/A	$ 208,651
	Blackrock Large Cap Core FD R	Mutual Fund	N/A	206,399
	Blackrock Fundamental Growth FD Inc R	Mutual Fund	N/A	317,868
	Davis New York Venture FD CL R	Mutual Fund	N/A	467,828
	Blackrock International Value FD R	Mutual Fund	N/A	169,902
	Evergreen Core Bond FD CL R	Mutual Fund	N/A	124,285
	Blackrock Global Allocation FD Inc R	Mutual Fund	N/A	416,604
	Blackrock Value Opportunities FD Inc R	Mutual Fund	N/A	98,183
	MFS Total Return FD CL R	Mutual Fund	N/A	48,239
	Blackrock Large Cap Value FD R	Mutual Fund	N/A	14,214
	DWS Small Cap Growth A	Mutual Fund	N/A	2,665
				$ 2,074,838
	Participant Loans	Loans to participants; Interest rates from 4.25%-9.25%	-	$ 167,051

* Party-in-interest to the Plan.

The independent auditors' report should be read in connection with this supplemental schedule.

DAN CALLAGHAN ENTERPRISES, INC.
401(K) PROFIT SHARING PLAN & TRUST

FINANCIAL STATEMENTS AND
SUPPLEMENTAL FINANCIAL INFORMATION

DECEMBER 31, 2009

DAN CALLAGHAN ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN & TRUST
FINANCIAL STATEMENTS AND
SUPPLEMENTAL FINANCIAL INFORMATION
DECEMBER 31, 2009

TABLE OF CONTENTS

	PAGE
INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS	
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS	2
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	3
NOTES TO FINANCIAL STATEMENTS	4 - 9
SUPPLEMENTAL INFORMATION	
SCHEDULE OF ASSETS HELD AT END OF YEAR	10

Christopher, Smith, Leonard,
Bristow & Stanell, P.A.
CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

INDEPENDENT AUDITORS' REPORT

To the Trustees of the
Dan Callaghan Enterprises, Inc.
401(K) Profit Sharing Plan & Trust

We have audited the accompanying Statements of Net Assets Available for Benefits of Dan Callaghan Enterprises, Inc. 401(K) Profit Sharing Plan & Trust (the Plan), as of December 31, 2009 and December 31, 2008, and the related Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2009. 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 audit.

We conducted our audit 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 audit provides 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 Dan Callaghan Enterprises, Inc. 401(K) Profit Sharing Plan & Trust as of December 31, 2009 and December 31, 2008 and the changes in its net assets available for benefits for the year ended December 31, 2009 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 at end of year 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. This supplemental information is the responsibility of the Plan's management. The supplemental information has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Christopher, Smith, Leonard,
Bristow + Stanell, P.A.

CHRISTOPHER, SMITH, LEONARD,
BRISTOW & STANELL, P.A.

October 7, 2010
Bradenton, Florida

1001 3rd Avenue West, Suite 700 • Bradenton, FL 34205
ph 941-748-1040 • fx 941-749-7605
www.cslcpa.com
1515 Ringling Blvd, Suite 900 • Sarasota, FL 34236
ph 941-954-4040 • fx 941-953-7670

DAN CALLAGHAN ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN & TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31,

	2009	2008
ASSETS		
Investments		
Cash & money markets	$ 271,628	$ 361,873
Registered investment companies	2,074,838	1,399,076
Receivables		
Participants' contribution receivable	2,755	-
Participant loans	167,051	177,551
Total Assets	2,516,272	1,938,500
Net Assets Available for Benefits	$ 2,516,272	$ 1,938,500

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

DAN CALLAGHAN ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN & TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2009

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income:	
Net appreciation (depreciation) of investments	$ 313,370
Interest and dividend income	44,793
Total Investment Income	358,163
Contributions:	
Employer	7,695
Participants	169,137
Other	426,989
Total Contributions	603,821
TOTAL ADDITIONS	961,984
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	380,745
Administrative expenses	3,467
TOTAL DEDUCTIONS	384,212
NET INCREASE	577,772
NET ASSETS AVAILABLE FOR BENEFITS:	
Net assets - beginning	1,938,500
Net assets - ending	$ 2,516,272

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

NOTE A - DESCRIPTION OF PLAN

The following description of the Dan Callaghan Enterprises, Inc. 401(K) Profit Sharing Plan & Trust (the Plan) provides only general information. Participants should refer to the Plan agreement or Summary Plan Description (SPD) for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all eligible employees of Dan Callaghan Enterprises, Inc. (the Company). Employees who are at least twenty-one years of age and have completed three months of service are eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participant Accounts

Each participant account is credited with the participant's contribution, and allocations of the Company's contributions and Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Contributions

Participants may contribute to the Plan on a pretax basis between 1% and 95% of their annual compensation (subject to IRS limitations). Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified retirement plans (rollovers). Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds through Merrill Lynch as investment options for Participants. The Company may make matching contributions for all participants who have completed 1 year of eligible service. For 2009, the Company match was calculated as follows: 25% of a participant's elective deferral up to 15% of compensation. The Company elected to discontinue matching contributions effective March 1, 2009. The Company, at its discretion, may also make profit sharing contributions. For 2009, no profit sharing contributions were made.

Vesting

Participants are immediately 100% vested in their voluntary pre-tax contributions plus actual earnings thereon. Additionally, participants become fully vested in all of their accounts in the event of disability, death or attaining normal retirement date while employed with the Company.

NOTE A - DESCRIPTION OF PLAN - CONTINUED

Vesting in any Company match or profit sharing contributions in participant accounts is based on their years of continuous service as follows:

Vesting Service (whole years)	Vesting Percentage
Less than 2 years	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Payment of Benefits

Upon termination of service, (due to termination, retirement, death or disability or reaching age 59 ½) a participant may elect to receive a distribution equal to the value of his or her vested account balance, as described in the Plan.

Upon reaching normal retirement age of 65, participants are entitled to all of their accounts under the Plan. Generally, the Plan is compelled to begin minimum distributions of vested balances of participants reaching age 70 ½. Distributions may be made as a lump sum, in installment payments or through annuity contracts. For terminated participants with account balances greater than $1,000, but not more than $5,000, the plan administrator may instruct participants to receive a distribution in a lump sum payment.

Participant Loans

Participants may borrow from their fund account. Loans are limited to the lesser of $50,000 or 50% of the participant's account balance. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan Administrator. Principal and interest are paid ratably through payroll deductions.

Forfeitures

Forfeitures of non-vested accounts are used to pay plan expenses, as described in the Plan. Forfeitures at year end are re-allocated to participants.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value, which is valued at the last reported sales price on the last business day of the Plan year. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year end. Purchases and

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Investment Valuation and Income Recognition - Continued

sales of investments are recorded on a trade-date basis. Realized gains and losses on investments sold during the year are included with unrealized gains and losses for the year in net appreciation (depreciation) in fair value of investments in the Statement of Changes in Net Assets Available for Benefits. Participant loans are valued at their outstanding balances, which approximate fair value. A portion of the Plan's investments are in the Merrill Lynch Ready Assets Trust. The trust securities are valued under the amortized cost method, which approximates fair value.

Fair Value Measurements

The Plan follows the Financial Accounting Standards Board, Accounting Standards Codification (ASC) for fair value measurement and disclosure. FASB ASC 820-10-50-2 establishes a hierarchy framework for measuring fair value of financial instruments. The hierarchy is described below and listed in order of priority:

Level 1 inputs are quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access at the measurement date.

Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.

Level 3 inputs are unobservable inputs for the asset or liability.

Contributions

Contributions from Plan participants are recorded in the plan year the Company makes the payroll deductions from a participant's wages. Any corresponding discretionary matching contribution from the Company is recorded in the same plan year.

Payment of Benefits

Benefits are recorded when paid.

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 the amounts reported in the financial statements and the accompanying notes. Actual results could differ from these estimates.

NOTE C - INVESTMENTS

The Plan offers various investment choices, whereby participants direct the investment of their account balances. The following are investments within the Plan that represent 5% or more of the Plan's net assets at December 31,:

Investment	2009	2008
Merrill Lynch Ready Assets	$ 271,628	$ 361,873
Davis New York Venture FD CL R	$ 467,828	$ 182,261
Blackrock Large Cap Core FD R	$ 206,399	$ 214,643
Blackrock Fundamental Growth FD Inc R	$ 317,868	$ 212,001
Blackrock International Value FD R	$ 169,902	$ 132,615
Blackrock Global Allocation FD Inc R	$ 416,604	$ 107,019
Blackrock Governmental Income Portfolio CL R	$ 208,651	$ 254,593
Evergreen Core Bond FD CL R	N/A	$ 112,683

During 2009, the Plan's investments, which are in mutual funds, had net appreciation of $313,370. The appreciation includes both realized and unrealized gains and losses.

NOTE D - ASSETS MEASURED AT FAIR VALUE

The Plan measured the fair value of the following assets using Level 1, Level 2 and Level 3 inputs (see Note B for definitions):

	12/31/09	Fair Value Measurements Using:		
	Fair Value	Level 1	Level 2	Level 3
Registered investment companies	$ 2,074,838	$ 836,599	$1,238,239	$ -0-
Cash and Money Market	271,628	-0-	271,628	-0-
Participant loans	167,051	-0-	-0-	167,051
Total	$ 2,513,517	$ 836,599	$1,509,867	$ 167,051

	12/31/08	Fair Value Measurements Using:		
	Fair Value	Level 1	Level 2	Level 3
Registered investment companies	$ 1,399,076	$ 1,399,076	$ -0-	$ -0-
Cash and Money Market	361,873	-0-	361,873	-0-
Participant loans	177,551	-0-	-0-	177,551
Total	$ 1,938,500	$ 1,399,076	$ 361,873	$ 177,551

Registered investment companies are either valued at quoted market prices, which represent the net asset value of the securities held in such funds, or are valued based on the closing market price reported on the active market on which the underlying investments are traded. They are considered Level 1 or Level 2.

The Merrill Lynch Ready Assets Trust is valued under the amortized cost method, which approximates fair value. It is valued using Level 2 inputs in that it is not publicly traded.

NOTE D - ASSETS MEASURED AT FAIR VALUE - CONTINUED

Participant loans are valued using Level 3 inputs.

Level 3 Gains and Losses

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets:

	Participant Loans	
	12/31/09	12/31/08
Balance, beginning of year	$ 177,551	$ 131,902
Purchases, sales, issuances and settlements, net	(10,500)	45,649
Balance, end of year	$ 167,051	$ 177,551

NOTE E - PLAN TERMINATION

Although it has not expressed any interest to do so, the Company has the right to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

NOTE F - TAX STATUS

The Plan, which has adopted a prototype Plan, has received a determination letter from the Internal Revenue Service dated November 26, 2001, which indicates that the Prototype Plan is acceptable under Section 401 of the Internal Revenue Code, (IRC). The plan has been amended subsequent to this date. However, the plan administrator and the plan's ERISA counsel believe the plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

NOTE G - 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 H - RELATED PARTY TRANSACTIONS

Dan Callaghan Enterprises, Inc. (The Company) provides accounting and administrative services to the Plan at no charge. The Company also absorbs significant Plan expenses.

NOTE I - 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 at December 31, 2009. There were no differences at December 31, 2008:

	12/31/09
Net assets available for benefits per the financial statements	$ 2,516,272
Participant contributions receivable not recorded on Form 5500	(2,755)
Net assets available for benefits per Schedule H to the Form 5500	$ 2,513,517

The following is a reconciliation of participant contributions per the financial statements for the year ended December 31, 2009 to Schedule H Form 5500:

Participant contributions per the financial statements	$ 169,137
Less participant contributions receivable at December 31, 2009	(2,755)
Participant contributions per Schedule H of Form 5500	$ 166,382

NOTE J - SUBSEQUENT EVENTS

The Company has evaluated subsequent events through October 7, 2010, which is the date the financial statements were available to be issued.

SUPPLEMENTAL FINANCIAL INFORMATION

DAN CALLAGHAN ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN & TRUST
EIN:59-1795428
PLAN NUMBER: 001
SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2009

(a)	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of investment	(d) Cost	(e) Current Value
*	Merrill Lynch Ready Assets	Short term cash equivalent	N/A	$ 271,628
	Cash & Money Markets			$ 271,628
	Blackrock Government Income Portfolio CL R	Mutual Fund	N/A	$ 208,651
	Blackrock Large Cap Core FD R	Mutual Fund	N/A	206,399
	Blackrock Fundamental Growth FD Inc R	Mutual Fund	N/A	317,868
	Davis New York Venture FD CL R	Mutual Fund	N/A	467,828
	Blackrock International Value FD R	Mutual Fund	N/A	169,902
	Evergreen Core Bond FD CL R	Mutual Fund	N/A	124,285
	Blackrock Global Allocation FD Inc R	Mutual Fund	N/A	416,604
	Blackrock Value Opportunities FD Inc R	Mutual Fund	N/A	98,183
	MFS Total Return FD CL R	Mutual Fund	N/A	48,239
	Blackrock Large Cap Value FD R	Mutual Fund	N/A	14,214
	DWS Small Cap Growth A	Mutual Fund	N/A	2,665
				$ 2,074,838
	Participant Loans	Loans to participants; Interest rates from 4.25%-9.25%	-	$ 167,051

* Party-in-interest to the Plan.

The independent auditors' report should be read in connection with this supplemental schedule.