Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form 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).

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

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	art I Annual Report Identification Information							
For	r calendar plan year 2010 or fiscal plan year beginning 01/01/2010)	and ending 1	2/31/2	2010			
Α	This return/report is for:	multiple-e	one-participant plan					
В	This return/report is for:	final retur	n/report	_				
	an amended return/report	short plan	year return/report (less than 12 mor	nths)				
C	Check box if filing under:	·	extension	,	DFVC program			
Ū	special extension (enter description							
D:	art II Basic Plan Information—enter all requested informa	,						
	Name of plan	alion		1b	Three-digit			
	IIELS OF ALBION INC 401K PLAN				plan number 001			
					(PN) •			
				1c	Effective date of plan 01/01/1991			
22	Dian ananger's name and address (ample or if for single ample or	nlon\		2h				
	Plan sponsor's name and address (employer, if for single-employer IIELS OF ALBION INC	piari)		20	Employer Identification Number (EIN) 16-1593101			
				2c	Plan sponsor's telephone number			
	B OAK ORCHARD ROAD ION, NY 14411				585-589-7057			
				2d	Business code (see instructions) 441110			
3a	Plan administrator's name and address (if same as Plan sponsor, e	nter "Same	e")	3b	Administrator's EIN			
DAN	IIELS OF ALBION INC 4048 OAK O ALBION, NY		ROAD		16-1593101			
	- ,			3с	Administrator's telephone number 585-589-7057			
4	If the name and/or EIN of the plan sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b	FIN			
	name, EIN, and the plan number from the last return/report. Sponso		. ,					
				4c				
	Total number of participants at the beginning of the plan year			5a	20			
b				5b	16			
С	Total number of participants with account balances as of the end of complete this item)			5c	7			
6a	Were all of the plan's assets during the plan year invested in eligib				X Yes No			
b			'					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility				Yes No			
Ps	If you answered "No" to either 6a or 6b, the plan cannot use Fo art III Financial Information	orm 5500-	SF and must instead use Form 550	00.				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
, а		. 7a	200036	5	197003			
	Total plan liabilities.	7b	C					
C	Net plan assets (subtract line 7b from line 7a))	0			
		7c	200036		0 197003			
8	·	7c			197003			
	Income, Expenses, and Transfers for this Plan Year	7c	(a) Amount	5				
8	Income, Expenses, and Transfers for this Plan Year	7c 8a(1)	(a) Amount	2	197003			
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount 1912 11515	2	197003			
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	8a(1) 8a(2) 8a(3)	(a) Amount 1912 11515	22	197003			
8 a b	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	8a(1) 8a(2) 8a(3)	(a) Amount 1912 11515	22	197003 (b) Total			
8 a b c	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3)	(a) Amount 1912 11515	22	197003			
8 a b	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3)	(a) Amount 1912 11515) 2 3 3 3 3	197003 (b) Total			
8 a b c	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8a(1) 8a(2) 8a(3) 8b	(a) Amount 1912 11515 0 16568	5	197003 (b) Total			
8 a b c	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits).	8a(1) 8a(2) 8a(3) 8b 8c	(a) Amount 1912 11518 0 16568	5 2 5 6 9 8	197003 (b) Total			
8 a b c d	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8a(1) 8a(2) 8a(3) 8b 8c 8c	(a) Amount 1912 11515 0 16568	3 3 3 3	197003 (b) Total			
8 a b c d	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits). Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses	8a(1) 8a(2) 8a(3) 8b 8c 8d 8d	(a) Amount 1912 11515 0 16568 30758	3 3 3 3	197003 (b) Total			
8 a b c d e f g	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	(a) Amount 1912 11515 0 16568 30758	3 3 3 3	197003 (b) Total			

	F	Form 5500-SF 2010 Page 2-							
Par	t IV	Plan Characteristics							
)a		plan provides pension benefits, enter the applicable pension feature codes from the List of Plan C 2F 2G 2T 3D	haracteri	stic Co	des in	the instru	uctions:		
b		plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Ch	aracteris	stic Co	des in t	he instru	ctions:		
art	: V	Compliance Questions							
0	Durii	ng the plan year:		Yes	No		Amo	unt	
а		s there a failure to transmit to the plan any participant contributions within the time period described CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	in 10a		X				
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reporte ne 10a.)	ed 10b		X				
С	Was	s the plan covered by a fidelity bond?	10c	X					250000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fractishonesty?	ıd 10d		X				
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e	X					243
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h	If this	is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X				
i		th was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (•		Yes	X No
2	Is th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the C	ode or se	ection 3	302 of I	ERISA?.		Yes	X No
	`	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ting the waiver		•					U
lf	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line			, .				
b	Ente	r the minimum required contribution for this plan year			12b				
С	Ente	er the amount contributed by the employer to the plan for this plan year			12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)			12d				
е	Will t	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>-</u>				Yes	X No
						4			

If "Yes," enter the amount of any plan assets that reverted to the employer this year.....

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

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.)

13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

Yes No

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	06/14/2011	MIKE BAHDE
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internat Revenue Survice

Department of Labor Employee Benefit Scourty Administration Penalon Benefit Guarenty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form 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).

Complete all entries in exceptance with the instructions to the Form SERA.

OMB Nos. 1210-0110 1210-0089

2010

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	Annual Report Identification Information	1 /01 /0	\4. \			12/21/201	
	[7] -tt	1/01/2		and ending		12/31/201	
	This return/report is for: X single-employer plan			(not multlemployer)		one-participar	it plan s ilse i
В	This return/report is for:	final retur	•				
	an amended return/report	short plan	year return/re	eport (less than 12 m	(antro	_	
C	Check box if filing under:	automatic	extension			DFVC progra	m
	special extension (enter description	IT)					
ŒΡ.	Basic Plan Information—enter all requested Information	ation					
1a	Name of plan				1b	Three-digit	
	DANIELS OF ALBION INC 401K PLAN					plan number (PN)	001
					10	Effective date of	
					'	01/01/1991	
2a	Plan sponsor's name and address (amployer, if for single-employer DANIELS OF ALBTON INC	plan)			2b	Employer Identif	
	DANIELS OF ALBION INC				<u> </u>	(EIN) 16-159	
					ZC	(585) 589~7	elephone number
	4048 OAK ORCHARD ROAD				2d	-	see instructions)
	ALBION		NY	14411		441110	
3 a	Plan administrator's name and address (if same as Plan sponsor, et sale)	nter 'Same	לי		3b	Administrator's E	IN
					30	Administrator's t	elephone number
					"	CONTINUED BOOK & A	otebuoue unumps
4	f the name and/or EIN of the plan sponsor has changed since the lat	st return/re	port filed for th	nis plan, enter the	4b	EIN	
	name, EIN, and the plan number from the last return/report. Sponso	r's name			Ac	PN	
<u> </u>	Total guestion of posteriors at the beginning of the plan year				+	FN	20
5a							16
b	Total number of participants at the end of the plan year				<u>5b</u>		
C	Total number of participants with account balances as of the end of complete this item)				. 5c	1	7
6a							X Yes No
þ	Are you claiming a waiver of the annual examination and report of	an Indeper	ident qualified	public accountant (IQPA)		X Yes No
	under 29 CFR 2520.104-487 (See Instructions on waiver eligibility	and conditi	ONS.) 5⊏ ~~d ~~.~+	instant use Ferre		******	₩ 182 ∏ 140
87 -5	If you answered "No" to either 6a or 6b, the plan cannot use Fo 部組織 Financial Information	omi asvu-	or and musi	instead use Form	AUU.		٤.
7	Plan Assets and Liabilities		(a) B	eginning of Year		(b) End	of Year
·a	Total plan assets			200,0	36		197,003
ь	Total plan liabilities	7b			0		. 0
c	Net plan assets (subtract line 7b from line 7a)	7c		200,0	36		197,003
8	Income, Expenses, and Transfers for this Plan Year		-	(a) Amount		(b) T	'otal
a	Contributions received or receivable from:		-	<u> </u>			
	(1) Employers	Ba(1)		1,9	——(3H)	A STATE OF	
	(2) Participants	8a(2)		11,5	15		
	(3) Others (including rollovers)	. 8a(3)			0		
b	Other income (loss)		- The standard at the standard was			The House Services	
Ç	Total Income (add Ilnes 8a(1), 8a(2), 8a(3), and 8b)	. 8c			建设制		29, 995
d	Benefits paid (Including direct rollovers and insurance premiums to provide benefits)	. 8d		30,7	758世		
_	Certain deemed and/or corrective distributions (see instructions)		-		0 3		
e	Administrative service providers (salaries, fees, commissions)			2,2			
ا 	Other expenses				0		
8	Total expenses (add lines 8d, 8e, 8f, and 8g)				37	The second secon	33,028
11	Net income (loss) (subtract line 8h from line 8c)		**************************************		30.5	_	(3,033)
i	Transfers to (from) the plan (see instructions)		and the state of t	MANAGEMENT OF STREET,	0 2		Deleta La
	I remarks to find the birth from forms managed at the committee and the committee of the co	า 61	I		10.50	ALL A ANDLY PARES, COST 1727	Andreas Company of the Company of the

Form 5500-SF 2010

75	Plan Characteristics	_				-		
9a	If the plan provides pension benefits, enter the applicable pension feature of 2E 2F 2G 2T 3D							
b	if the plan provides welfare benefits, enter the applicable welfare feature co	des from th	e List of Plan Chan	acteris	tic Ço	des in	the instruct	ions:
Par	Compliance Questions					-		
10	During the plan year:		······································		Yes	No	Т	A
a	Was there a failure to transmit to the plan any participant contributions with	n the time ;	period described in	\Box			 	Amount
	Were there any nonexempt transactions with any party-in-interest? (Do not	rection Prog	gram)	10a	_	Х		<u> </u>
C	on line 10a.) Was the plan covered by a fidelity bond?		10b		X	 		
d		C douglad by Saud	10c	Х			250,00	
е	Were any fees or commissions paid to any brokers, agents, or other person insurance service or other organization that provides some or all of the bene instructions.)	s by an insi	urance carrier,	10d	x	<u> </u>		24.
f	Has the plan falled to provide any benefit when due under the plan?		***************************************	101	<u> </u>	х	··	
9	Did the plan have any participant loans? (If "Yes," enter amount as of year e			H				
h	If this is an individual account plan, was there a blackout period? (See instru	ctions and	20 CEP	10g		<u> </u>		
ı	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required exceptions to providing the notice applied under 29 CFR 2520.101-3	notice or a	na of the	10h		х		
Rait	Pension Funding Compliance	****************	***************************************	101			acoustics.	
11	Is this a defined benefit plan subject to minimum funding requirements? (If 5)	'es," see in	structions and com	plete \$	ched	ule SB	(Form	
12	ls this a defined contribution plan subject to the minimum funding requireme	nts of secti	on 412 of the Code		+ion 2	02 4	- COLCAN	Yes X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							∐ Yes X No
а	If a waiver of the minimum funding standard for a prior year is being amortize	ed in this pla	an year, see instruc	tions,	and e	nter the	e date of th	e letter ruling
	granting the waiver. You completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For		Most	h		Day	 '	Year
b	Enter the minimum required contribution for this plan year		ie skip to iing 13.		_	12b		
C	Enter the amount contributed by the employer to the plan for this plan year					12c		, il-
a	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	(enter a mi	nus eign to the left o	of a	[-	12d	_	 -
८ सङ्ख्या	Will the minimum funding amount reported on line 12d be met by the funding	deadline?.		******		[Yes	No N/A
Rant	別報 Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan year or a	ny prior ye	ar?					Yes X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this	s vear				13a		
	Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?					trol	_	Yes X No
	which assets or liabilities were transferred. (See instructions.)	w anome	r pian(s), identity the	e plan	(6) 10			
13	ic(1) Name of plan(s):				13c(2) EIN(s)			13c(3) PN(s)
								44.
Cautic	on: A penalty for the late or incomplete filing of this return/report will be	28883Sed	uniess reasonable	caus	e ls e	stablis	shed.	<u> </u>
CUGBL	penalties of periury and other penalties set forth in the Instructions. I declare	that I have	averaged this catur	-/	- in-		H annila L	(O-t177)
belief,	It is true, correct, and complete.	ctronic ver	sion of this return/n	eport,	and to	the be	est of my kn	owledge and
SICN			Dear	15	Æ	J de D	rete	
Date (- 8 - 1/ Enter name of individual signing as plan a							istrator	
SIGN	Jed Alej		DANIE			00		
HERE	Signature of employer/plan sponsor Date 2	-8-11	Enter name of Ind	lividua	l signi	ng as	employer o	r plan sponsor

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