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.

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information								
For	For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010								
Α .	This return/report is for: Single-employer plan	multiple-e	mployer plan (not multiemployer)	one-participant plan					
В	This return/report is for: first return/report	final retur	turn/report						
	an amended return/report	short plar	year return/report (less than 12 m	onths)					
С	Check box if filing under: Form 5558	automatic	extension		DFVC program				
	special extension (enter description								
Pa	art II Basic Plan Information—enter all requested informa								
	Name of plan	2001		1b	Three-digit				
	AMILLO BAKING CO., INC. PROFIT SHARING PLAN				plan number 001				
					(PN) •				
				1c	Effective date of plan 01/01/1994				
22	Plan sponsor's name and address (employer, if for single-employer	nlan)		2h	Employer Identification Number				
	AMILLO BAKING CO., INC.	piai i)			(EIN) 16-0727189				
				2c	Plan sponsor's telephone number				
	LINWOOD AVENUE BARA FALLS, NY 14305			0-1	716-282-2341				
				2 a	Business code (see instructions) 311800				
3a	Plan administrator's name and address (if same as Plan sponsor, er	nter "Same	3")	3b	Administrator's EIN				
DI C	AMILLO BAKING CO., INC. S11 LINWOO NIAGARA FA	D AVENU	E		16-0727189				
		,		3c	Administrator's telephone number 716-282-2341				
4 1	f 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					
	name, EIN, and the plan number from the last return/report. Sponsor		per med for and plant, erner and						
				4c	PN 86				
5a	Total number of participants at the beginning of the plan year			5a					
b	Total number of participants at the end of the plan year		. 5b	81					
С	Total number of participants with account balances as of the end of complete this item)			. 5c	52				
62	Were all of the plan's assets during the plan year invested in eligible				X Yes ☐ No				
b	Are you claiming a waiver of the annual examination and report of a		'						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and condit	ons.)		Yes No				
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 5	500.					
	rt III Financial Information								
7	Plan Assets and Liabilities	_	(a) Beginning of Year	11	(b) End of Year 211267				
	Total plan lish litias	7a	10000	0	0				
C	Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7b	19609		211267				
8	Income, Expenses, and Transfers for this Plan Year	7c							
а	Contributions received or receivable from:		(a) Amount		(b) Total				
<u> </u>	(1) Employers	8a(1)		0					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	2103	34					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			21034				
d	Benefits paid (including direct rollovers and insurance premiums		585						
_	to provide benefits)	8d		0					
e	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses (add lines of the section)	8g			5858				
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			15176				
 	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i		0	.0170				
		Qί		U					

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Part IV	Plan	Charac	cteristics
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If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 3D 9a

b	If th	he plan provides welfare benefits, enter the applicable welfare feature codes from the List	t of Plan Charad	cterist	ic Co	des in t	the instru	ctions	:			
art	: V	Compliance Questions										
0	Du	uring the plan year:			Yes	No		Am	ount			
а	Wa	as there a failure to transmit to the plan any participant contributions within the time period 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		10a		X						
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transaction line 10a.)		10b		X						
С	10 X								50000			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?											
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance surance service or other organization that provides some or all of the benefits under the platructions.)	lan? (See	10e		X						
f	На	as the plan failed to provide any benefit when due under the plan?		10f		X						
g	Dio	d the plan have any participant loans? (If "Yes," enter amount as of year end.)		10g		X						
h		this is an individual account plan, was there a blackout period? (See instructions and 29 C 520.101-3.)		10h		X						
i		10h was answered "Yes," check the box if you either provided the required notice or one occeptions to providing the notice applied under 29 CFR 2520.101-3		10i								
art			<u>'</u>			ı						
11		this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction))							Yes	X No		
12		this a defined contribution plan subject to the minimum funding requirements of section 4							Yes	X No		
а	If a	"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan you anting the waiver.										
lf y	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and si	kip to line 13.		T		Ι					
b	En	nter the minimum required contribution for this plan year				12b						
		nter the amount contributed by the employer to the plan for this plan year				12c						
	ne	ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus agative amount)			<u> </u>	12d				7		
е	Wi	ill the minimum funding amount reported on line 12d be met by the funding deadline?					Yes		No	N/A		
art	VII	Plan Terminations and Transfers of Assets								_		
3а	Ha	as a resolution to terminate the plan been adopted during the plan year or any prior year?					1		Yes	X No		
	If "	Yes," enter the amount of any plan assets that reverted to the employer this year				13a						
	of :	ere all the plan assets distributed to participants or beneficiaries, transferred to another plathe PBGC?							Yes	X No		
С		during this plan year, any assets or liabilities were transferred from this plan to another pla nich assets or liabilities were transferred. (See instructions.)	an(s), identify the	e plar	n(s) to	1						
1	13c(1) Name of plan(s):				13c(2) EIN(s) 13c(13c(3)	PN(s)			
Caut	ion:	: A penalty for the late or incomplete filing of this return/report will be assessed unl	less reasonable	e cau	se is	establ	ished.					
Jnde SB o	er pe r Sc	enalties of perjury and other penalties set forth in the instructions, I declare that I have exachedule MB completed and signed by an enrolled actuary, as well as the electronic version is true, correct, and complete.	amined this retu	rn/rep	ort, in	cludin	g, if appli					
010	Filed with authorized/valid electronic signature. 06/28/2011 DAVID DICAMIL						MILLO					
Sigi	N											

SIGN	Filed with authorized/valid electronic signature.	06/28/2011	DAVID DICAMILLO
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		Return/ Benefi	Report of Small Emplo	OMB Nos. 1210-011				
	Department of the Treasury Internal Revenue Service		ed under sections 104 and 4065 of the Employee Act of 1974 (ERISA), and section 6058(a) of the Revenue Code (the Code).			e 2010			
	Department of Lebor replayee Benefits Security Administration					This Form is Open to Publi			
	ension Benefit Guaranty Corporation	5500-SF.							
		entification Information	01/01/2	2010 and and the		12/31/2010			
	calendar plan year 2010 or fisca								
		<u> </u>		employer plan (not multiemployer)	•	one-participant plan			
B.	This return/report is for:	first return/report	final retu 	•	_16_8				
_	<u>_</u>	an amended return/report Form 5558	, ·	in year return/report (less than 12 months)					
C	Check box If filing under.	c extension		DFVC program					
4 9 75 0	Pili Brole Blow Inform	special extension (enter descripti							
	Basic Plan Inform	nation—enter all requested inform	IBGON		1b	Three-digit			
		O., INC. PROFIT SHARI	NG PLA	an .	'''	plan number			
						V - 17 V	001		
					10	1c Effective date of plan 01/01/1994			
2a	Plan aponsor's name and addre	ess (employer, if for single-employer	r plan)	 	2b	b Employer Identification Number			
	DI CAMILLO BAKING C	ss (employer, if for single-employer O., INC.				(EIN) 16-0727189			
				,	2c	2c Plan sponsor's telephone number (716) 282-2341			
	811 LINWOOD AVENUE		•		2d	d Businesa code (see instructions)			
	NIAGARA FALLS			NY 14305	311800				
3a	Plan administrator's name and a	address (if same as Plan sponsor, e	enter "Sam	6")	3b Administrat				
				•	3c Administrator's telephone number				
<i>A</i> 1	tibe name and to Fibi of the nie		at robustic	annut filed for this plan sector the	4b EIN				
		n sponsor has changed since the la from the last return/report. Sponso		sport filed for this plant, after the	40	EII.			
	· · · · · · · · · · · · · · · · · · ·	<u> </u>			4c	PN	8		
5a	Total number of participants at	the beginning of the plan year			5a				
	b Total number of participants at the end of the plan year					5b			
C		th account balances as of the end o			5c	<u></u>	53		
6a				(See instructions.)		X Y	es 🔲 No		
b	Are you claiming a waiver of th	e annual examination and report of	an indepe	ndent qualified public accountant (IC		es No			
				lons.) SF and must Instead use Form 55			» U		
Pa	rt III Financial Informa		<u> </u>						
7	Plan Assets and Liabilities	<u> </u>		(a) Beginning of Year		(b) End of Year			
а	Total plan essets	[e-1(s) (), (,) (*e>) () (1(1) (),,,) (1(1) (),,,,	. 7a	196,09	1	21			
b	Total plan flabilities	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 7b		0	_ <u></u> _			
C	Net plan assets (subfract line 7)	b from line 7e)	7c	196,09	21	<u> </u>	211,26		
8	Income, Expenses, and Transfe		12.00	(a) Amount	<u> </u>	(b) Total			
а	Contributions received or received.	/able from:	. 8a(1)		o				
	• • •		89(2)		o				
					ols:				
b				21,03	14 馨		水 排煙器		
		8s(2), 8s(3), and 8b)					21,034		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)				F ^-					
			<u>Bd</u>	5,85			建模模型		
		ve distributions (see Instructions)							
	•	(saleries, fees, commissions)							
-		e, 8f, and 8g)	8g 8h				5,856		
1	•	· · · · · · · · · · · · · · · · · · ·					15,176		
L	The importing financial familiates illie	8h from line 8c)	1 01		- 1		, : `		

Form 6500-SF 2010 Page 2-Part V Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: Yes No Amount Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiduciary Correction Program) 10a X Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)..... 10b Х Was the plan covered by a fidelity bond?..... 10c Х 50,000 Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?..... 10d Х Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) X 10e Has the plan falled to provide any benefit when due under the plan? х 10f g Did the plan have any participant toans? (if "Yes," enter amount as of year end.)..... 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520,101-3.) 10h If 10h was answered "Yes." check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3..... 101 Part VI Pension Funding Compliance is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.. (If "Yes." complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) 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 letter ruling Day If you completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b b Enter the minimum required contribution for this plan year..... 12c C Enfer the amount contributed by the employer to the plan for this plan year..... Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d nėgalive amouni)..... N/A Will the minimum funding amount reported on line 12d be met by the funding deadline?..... No Part VIE Plan Terminations and Transfers of Assets X 13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? 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 Yes X No of the PBGC?..... C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), kientify the plan(s) to which assets or liabilities were transferred. (See Instructions.) 13c(1) Name of plan(s): 13c(3) PN(s) 13c(2) EIN(s) 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 bellef, it is true, correct, and complete. David DiCamillo SIGN HERE Date 6 19 Signature of plan administrator Enter name of individual signing as plan administrator David DiCamillo SIGN HERE Signature of employer/plan sponsor Enter name of Individual signing as employer or plan eponsor