Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

D Check box if filing under:
- [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
A.L. GEORGE LLC 401(K) SALARY SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1986

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
A. L. GEORGE, LLC.

1 LINK DRIVE
BINGHAMTON, NY 13904

2b Employer Identification Number (EIN)
16-1613705

2c Sponsor's telephone number
607-722-2300

2d Business code (see instructions)
424800

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.	10/13/2011	ANTHONY VAN SLYKE
	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")
A. L. GEORGE, LLC.

1 LINK DRIVE
BINGHAMTON, NY 13904

3b Administrator's EIN
16-1613705

3c Administrator's telephone number
607-722-2300

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
OWASCO AND ONONONDAGA BEVERAGE CORPORATION

4b EIN
16-1288020

4c PN
002

5	Total number of participants at the beginning of the plan year	**5**	195
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**	212
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	15
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	227
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	227
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	136
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	10
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 2F 2G 2J 2K 3D 3H

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

9a Plan funding arrangement (check all that apply)

(1)	X	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)	X	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)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2011

A Name of plan
A.L. GEORGE LLC 401(K) SALARY SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500.
A. L. GEORGE, LLC.

D Employer Identification Number (EIN)
16-1613705

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
MONY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-1632487	66370	1350 08 57	1		

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ PER APPLICABLE RATE SCHEDULE

b	Premiums paid to carrier	6b	780
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) [X] individual policies (2) [ ] group deferred annuity (3) [ ] other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ [ ]

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee (3) [ ] guaranteed investment (4) [ ] other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	
d	Total of balance and additions (add **b** and **c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

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

A Name of plan
A.L. GEORGE LLC 401(K) SALARY SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
A. L. GEORGE, LLC.

D Employer Identification Number (EIN)
16-1613705

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

RBC CAPTIAL MARKETS CORP

41-1416330

(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?
71	FINANCIAL ADVISOR		Yes [ ] No [X]	Yes [ ] No [X]	5291	Yes [ ] No [X]

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

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

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

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

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

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

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

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

(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
RBC CAPITAL MARKETS CORP	21	5291
(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.	
HARTFORD SECURITIES DISTRIBTUION CO 06-1408044		

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

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

A Name of plan
A.L. GEORGE LLC 401(K) SALARY SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
A. L. GEORGE, LLC.

D Employer Identification Number (EIN)
16-1613705

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	244693	313161
(2) Participant contributions	1b(2)	35399	
(3) Other	1b(3)		11133
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	233871	233980
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9826377	11757101
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	18855	20309

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	10359195	12335684
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	3066	2398557
k Total liabilities (add all amounts in lines 1g through1j)	1k	3066	2398557
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	10356129	9937127

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)	440558	
(B) Participants	2a(1)(B)	346302	
(C) Others (including rollovers)	2a(1)(C)	87474	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		874334
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	14870	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		14870
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
(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)		

			(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)		
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1154996
c	Other income	2c		1453
d	Total income. Add all **income** amounts in column (b) and enter total	2d		2045653
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	525196	
	(2) To insurance carriers for the provision of benefits	2e(2)	780	
	(3) Other	2e(3)	20	
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		525996
f	Corrective distributions (see instructions)	2f		
g	Certain deemed distributions of participant loans (see instructions)	2g		
h	Interest expense	2h		
i	Administrative expenses: (1) Professional fees	2i(1)		
	(2) Contract administrator fees	2i(2)		
	(3) Investment advisory and management fees	2i(3)		
	(4) Other	2i(4)		
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		525996
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		1519657
l	Transfers of assets:			
	(1) To this plan	2l(1)		332226
	(2) From this plan	2l(2)		2270885

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

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

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

(1) Name: MENGEL, METZGER, BARR & CO, LLP **(2)** EIN: 16-1092347

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		1000000
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)
OWASCO BEVERAGE CORPORATION 401(K) SALARY DEFERRAL PLAN	16-1295934	001

SCHEDULE R
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

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

A Name of plan
A.L. GEORGE LLC 401(K) SALARY SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
A. L. GEORGE, LLC.

D Employer Identification Number (EIN)
16-1613705

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): 06-0974148

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):

A.L. GEORGE, LLC 401(k) SALARY SAVINGS PLAN
(Formerly OWASCO AND ONONDAGA BEVERAGE 401(k) SALARY SAVINGS PLAN)

LIVERPOOL, NEW YORK

FINANCIAL STATEMENTS

SUPPLEMENTAL SCHEDULE

AND

INDEPENDENT AUDITORS' REPORT

DECEMBER 31, 2010 AND 2009

CONTENTS

FINANCIAL STATEMENTS	PAGE
Independent Auditors' Report	3
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6
SUPPLEMENTAL SCHEDULE	
Form 5500 – Schedule H – Part IV:	
Item 4i - Schedule of Assets Held for Investment Purposes at End of Year - December 31, 2010	16

MENGEL METZGER BARR & CO. LLP
Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

Trustees
A.L. George, LLC 401(k) Salary Savings Plan
(formerly Owasco and Onondaga Beverage 401(k) Salary Savings Plan)

We were engaged to audit the accompanying statement of net assets available for benefits of the A.L. George, LLC 401(k) Salary Savings Plan (formerly Owasco and Onondaga Beverage 401(k) Salary Savings Plan) as of December 31, 2010, and the related statement of changes in net assets available for benefits for the year then ended and the supplemental schedule as of December 31, 2010. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note G, which was certified by Reliance Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the 2010 financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2010, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information in the Plan's 2010 financial statements that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule as of and for the year ended December 31, 2010. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

We have audited the financial statements and supplemental schedule of A.L. George, LLC 401(k) Salary Savings Plan (formerly Owasco and Onondaga Beverage 401(k) Salary Savings Plan) as of and for the year ended December 31, 2009, and in our report dated July 14, 2010, we expressed our opinion that such financial statements and supplemental schedule present fairly, in all material respects information regarding the Plan's net assets available for benefits as of December 31, 2009 and the changes in net assets available for benefits for the year then ended, in conformity with accounting principles generally accepted in the United States of America.

Mengel, Metzger, Barr & Co. LLP

Elmira, New York
October 13, 2011

333 East Water Street | Suite 200 | Elmira, NY 14901 | P 607.734.4183 | F 607.733.3815 | mengelmetzgerbarr.com
Additional Offices: Hornell, NY • Rochester, NY • An Independent Member of the BDO Seidman Alliance

WE VALUE YOUR FUTURE

A.L. GEORGE, LLC 401(k) SALARY SAVINGS PLAN
(Formerly OWASCO AND ONONDAGA BEVERAGE
401(k) SALARY SAVINGS PLAN)

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2010	2009
ASSETS		
Investments:		
Common/collective trust	$ 1,458,033	$ 1,288,157
Mutual funds, at fair value	10,263,803	8,469,868
Cash value of life insurance	20,308	18,855
TOTAL INVESTMENTS	11,742,144	9,776,880
Receivables:		
Employer contributions	313,161	244,693
Participant contributions	-	35,399
Participant loans receivable	245,113	233,871
TOTAL RECEIVABLES	558,274	513,963
TOTAL ASSETS	12,300,418	10,290,843
LIABILITIES		
Due to other plan	2,389,772	-
Other	8,785	3,066
TOTAL LIABILITIES	2,398,557	3,066
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	9,901,861	10,287,777
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	35,266	68,352
NET ASSETS AVAILABLE FOR BENEFITS	$ 9,937,127	$ 10,356,129

See accompanying independent auditors' report and notes to financial statements.

A.L. GEORGE, LLC 401(k) SALARY SAVINGS PLAN
(Formerly OWASCO AND ONONDAGA BEVERAGE
401(k) SALARY SAVINGS PLAN)

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year ended December 31,	
	2010	2009
ADDITIONS		
Additions to net assets attributed to:		
Investment income:		
Increase in cash value of life insurance	$ 1,453	$ 1,703
Interest and dividends	149,390	168,568
Net appreciation in fair value of investments	1,005,586	1,776,912
	1,156,429	1,947,183
Participant note interest	14,870	16,497
Contributions:		
Employer	440,558	360,670
Rollovers	87,474	-
Participant	346,302	355,581
	874,334	716,251
Transfer from other plan	332,226	-
TOTAL ADDITIONS	2,377,859	2,679,931
DEDUCTIONS		
Deductions from net assets attributed to:		
Benefits paid to participants	525,196	414,894
Insurance premiums paid	780	1,204
Transfer to other plan	2,270,885	-
TOTAL DEDUCTIONS	2,796,861	416,098
NET (DECREASE) INCREASE	(419,002)	2,263,833
Net assets available for benefits at beginning of year	10,356,129	8,092,296
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	$ 9,937,127	$ 10,356,129

See accompanying independent auditors' report and notes to financial statements.

A.L. GEORGE, LLC 401(k) SALARY SAVINGS PLAN
(Formerly OWASCO AND ONONDAGA BEVERAGE
401(k) SALARY SAVINGS PLAN)

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2010 AND 2009

NOTE A: DESCRIPTION OF PLAN

The following description of the A.L. George, LLC 401(k) Salary Savings Plan (formerly Owasco and Onondaga Beverage 401(k) Salary Savings Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all full-time employees of the A.L. George, LLC who have ninety days of service and are age eighteen or older. On October 29, 2010, A.L. George, LLC acquired the assets of Onondaga Beverage Corporation at which time all employees of Onondaga Beverage Corporation became employees of A.L. George, LLC. Further, A.L. George, LLC adopted the Owasco and Onondaga Beverage 401(k) Salary Savings Plan. Additionally, at this time, employees of Owasco Beverage, Inc. were no longer participants of the Plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Participants may contribute a percentage of their annual compensation subject to certain limitations. The Company will match one-half of the participant's contribution up to a maximum matching contribution of 3 percent. Additionally, the Company may make a discretionary profit sharing contribution each year for participants who have one year of service and 1,000 hours of service in that year.

Participant accounts

Each participant's account is credited with the participant's contribution, the Company's matching contribution and allocation of (a) the Company's discretionary contribution, (b) Plan earnings, and (c) forfeitures of terminated participants' nonvested accounts other than employer matching contributions. Allocations are based on participant earnings or account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. Upon enrollment in the Plan, participants may direct employee contributions in percent increments into any combination of several investment options. Participants may change their investment options at any time.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the remainder of their account is based on years of service. A participant is 100 percent vested after six years of service.

Participant loans receivable

Loans may be made to participants for hardships or financial necessity for a minimum of $1,000 and a maximum of $50,000, but no more than 50% of the vested participant account balance. The loans are secured by the balance in the participant’s account and bear interest at rates that range from 4.25% to 9.25%, which are commensurate with local prevailing rates as determined by the plan administrator. Principal and interest is paid through monthly payroll deductions.

NOTE A: DESCRIPTION OF PLAN, Cont'd

Payment of benefits
Upon termination of service, a participant may elect to leave their funds in the Plan, receive a lump-sum amount equal to the value of their account, or roll their funds into another plan.

Forfeited accounts
Forfeited accounts are used to reduce employer contributions. Such amounts were not considered significant for 2010 or 2009.

NOTE B: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Investment valuation and income recognition
Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note C for discussion of fair value measurements.

Purchases and sales of the mutual fund portfolios are made and recorded as needed, when a contribution is made to the Plan, when a distribution is made from the Plan or when a participant changes his or her investment options. Interest and dividend income is recorded on the accrual basis.

Payment of benefits
Benefits are recorded when paid.

Plan expense
Administrative expenses incurred by the Plan are paid by the employers.

NOTE B: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, Cont'd

Use of estimates in the preparation of financial statements

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates and assumptions.

Reclassifications

Certain 2009 amounts were reclassified to conform with the 2010 presentation.

Subsequent events

The Plan has conducted an evaluation of potential subsequent events occurring after the statement of net assets available for benefits date through October 13, 2011, which is the date the financial statements are available to be issued. No subsequent events requiring disclosure were noted.

New accounting pronouncement

In September 2010, the FASB issued ASU 2010-25, Plan Accounting – Defined Contribution Pension Plans (Topic 962): Reporting Loans to Participants by Defined Contribution Pension Plans. ASU 2010-25 requires that participant loans be classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. Previously, loans were classified as investments. ASU 2010-25 is effective retrospectively for fiscal years ending after December 15, 2010, with early adoption permitted. The Plan adopted ASU 2010-25 as of December 31, 2010. Upon adoption, there was no material impact to the Plan.

NOTE C: FAIR VALUE MEASUREMENTS

FASB ASC 820-10 (formerly FASB Statement No. 157, *Fair Value Measurements*) establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques to measure the fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820-10 are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Common/Collective Trust: Valued based on the relative interest of each participating investor (including each participant) in the fair value of the common/collective trust.

Mutual Funds: Valued based on quoted market value at the end of the year.

NOTE C: FAIR VALUE MEASUREMENTS, Cont'd

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following disclosures are required by FASB ASC 820-10-55 and FASB ASU 2009-12, "Investments in Certain Entities That Calculate Net Asset Value Per Share":

The fair value of the Common/Collective Trust Fund has been estimated using the net asset value per share of the underlying investments. There are no unfunded commitments for the Common/Collective Trust Fund as of December 31, 2010 of 2009. The trust requires twelve months written notice for non-benefit related withdrawals from investment contracts. The following is a description of the Common/Collective Trust Fund:

The Common/Collective Trust Fund's principal objective is to earn a current income stream that is relatively consistent over time, while preserving capital through a broadly diversified high quality portfolio. The Common/Collective Trust Fund invests in a variety of investment contracts issued by insurance companies and other financial institutions and other investment products with similar characteristics. The fund strives to maintain a stable $1 unit value. However, there is no guarantee that this objective can be achieved.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009:

	Level 1	Level 2	Level 3	Total
December 31, 2010				
Common/collective trust	$ -	$ -	$ 1,458,033	$ 1,458,033
Mutual funds:				
Asset allocation	3,237,652	-	-	3,237,652
Bonds	553,695	-	-	553,695
Balanced	1,346,087	-	-	1,346,087
U.S. stocks	4,401,443	-	-	4,401,443
Global	724,926	-	-	724,926
Total assets at fair value	$ 10,263,803	$ -	$ 1,458,033	$ 11,721,836
December 31, 2009				
Common/collective trust	$ -	$ -	$ 1,288,157	$ 1,288,157
Mutual funds	8,469,868	-	-	8,469,868
Total assets at fair value	$ 8,469,868	$ -	$ 1,288,157	$ 9,758,025

NOTE C: FAIR VALUE MEASUREMENTS, Cont'd

The following sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2010 and 2009:

	Common/ collective trust
Balance at January 1, 2009	$ 1,441,812
Purchases, sales, issuances and settlements (net)	(153,655)
Balance at December 31, 2009	1,288,157
Purchases, sales, issuances and settlements (net)	169,876
BALANCE AT DECEMBER 31, 2010	$ 1,458,033

NOTE D: INVESTMENTS

The following presents investments that represent 5% or more of the Plan's net assets available for benefits at either December 31, 2010 or 2009:

	December 31, 2010	December 31, 2009
Mutual funds:		
MFS Funds:		
Mass Investors Growth Fund	$ 1,086,519	$ 1,006,162
Total Return Fund	1,346,087	1,451,542
Fixed Institutional Fund	1,462,576	1,336,229
Value Fund	1,227,943	1,222,926
Growth Allocation Fund	1,130,290	651,395
Research International Fund	706,763	691,861
Aggressive Growth Allocation Fund	1,230,558	810,229
Moderate Allocation Fund	726,714	561,646
Bond Fund	553,695	395,739
Davis New York Venture Fund	657,664	576,147
Alger Mid-Cap Growth Fund	541,381	480,731
JPMorgan Small-Cap Growth Fund	523,586	347,357

During the years ended December 31, 2010 and 2009, the Plan's investments in mutual funds (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $1,005,586 and $1,776,912, respectively.

NOTE E: TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated August 24, 1992, that the prototype plan under which the Plan was adopted is designed in accordance with the applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and currently being operated in compliance with the applicable requirements of IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by tax jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to December 31, 2007.

NOTE F: PLAN TERMINATION

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

NOTE G: FINANCIAL INFORMATION CERTIFIED BY THE CUSTODIAN (UNAUDITED)

The following is a summary of the unaudited information regarding the Plan as of and for the year ended December 31, 2010, included in the Plan's financial statements and supplemental schedule, that was prepared by Reliance Trust Company, the custodian of the Plan, and furnished to the plan administrator. The plan administrator has obtained a certification from the custodian that such information is complete and accurate:

Investments, at fair value	$ 11,742,144
Interest and dividends	149,390
Net appreciation in fair value of investments	1,005,586

All information included in the attached supplemental Schedule of Assets Held for Investment Purposes at End of Year – December 31, 2010, except for participant loans receivable.

NOTE H: 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 statements of net assets available for benefits.

NOTE I: TRANSFER FROM OTHER PLAN

On December 14, 2010, net assets of $332,226 from the former A.L. George, LLC 401(k) Plan were merged into the Plan.

NOTE J: DUE TO OTHER PLAN AND TRANSFER TO OTHER PLAN

The account Transfer to Other Plan of $2,270,885 represents the net assets of the employees of Owasco Beverage, Inc. at October 29, 2010. The account Due to Other Plan represents the net assets of the employees of Owasco Beverage, Inc. at October 29, 2010 of $2,270,885 plus subsequent earnings of $118,887. The net assets of those employees were transferred out of the Plan subsequent to December 31, 2010.

A.L. GEORGE, LLC 401(k) SALARY SAVINGS PLAN
(Formerly OWASCO AND ONONDAGA BEVERAGE
401(k) SALARY SAVINGS PLAN)

SUPPLEMENTAL SCHEDULE

A.L. GEORGE, LLC 401(k) SALARY SAVINGS PLAN
(Formerly OWASCO AND ONONDAGA BEVERAGE
401(k) SALARY SAVINGS PLAN)
EIN: 16-1613705
PLAN #: 002

FORM 5500 – SCHEDULE H – PART IV

ITEM 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT END OF YEAR - DECEMBER 31, 2010

(a) Party-in-interest	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	Mutual Funds:		
	MFS Funds:		
	Bond Fund	41,351 units	$ 553,695
	Total Return Fund	95,399 units	1,346,087
	Value Fund	53,976 units	1,227,943
	Research International Fund	46,868 units	706,763
	Conservative Allocation Fund	10,589 units	132,685
	Moderate Allocation Fund	54,476 units	726,714
	Growth Allocation Fund	81,787 units	1,130,290
	Aggressive Growth Allocation Fund	86,842 units	1,230,558
	Mass Investor Growth Fund	71,670 units	1,086,519
	Davis New York Venture Fund	19,152 units	657,664
	JP Morgan Small Cap Growth Fund	46,874 units	523,586
	Alger Mid Cap Growth Fund	78,347 units	541,381
	Prud Jennison Mid Cap Growth Fund	9,215 units	252,299
	Invesco Real Estate Fund	320 units	6,868
	American Century Livestrong Inc	1,194 units	12,963
	American Century Livestrong 2015	26 units	295
	American Century Livestrong 2020	30 units	300
	American Century Livestrong 2025	205 units	2,384
	American Century Livestrong 2030	31 units	308
	American Century Livestrong 2035	26 units	308
	American Century Livestrong 2045	44 units	535
	American Century Livestrong 2050	33 units	312
	Invesco Van Kempen Small Cap Value	176 units	3,171
	Columbia Small Cap Core	985 units	15,223
	Janus Overseas	359 units	18,163
	First American Mid Cap Index Fund	6,651 units	86,789
			10,263,803

Note: Cost information in column (d) is not applicable as investment are participant directed under an individual account plan.

A.L. GEORGE, LLC 401(k) SALARY SAVINGS PLAN
(Formerly OWASCO AND ONONDAGA BEVERAGE
401(k) SALARY SAVINGS PLAN)
EIN: 16-1613705
PLAN #: 002

FORM 5500 – SCHEDULE H – PART IV

ITEM 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES, Cont'd
AT END OF YEAR - DECEMBER 31, 2010

(a) Party-in-interest	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	Common/Collective Trust		
	MFS:		
	Fixed Fund	30,723 units	$ 30,723
	Fixed Institutional	1,462,576 units	1,462,576
			1,493,299
*	Participant Loans Receivable with interest at 4.25% to 9.25%, through December 2015		245,113
	Cash value of life insurance		20,308
		TOTAL	$ 12,022,523

Note: Cost information in column (d) is not applicable as investment are participant directed under an individual account plan.

* Indicates party-in-interest.

A.L. GEORGE, LLC 401(k) SALARY SAVINGS PLAN
(Formerly OWASCO AND ONONDAGA BEVERAGE 401(k) SALARY SAVINGS PLAN)

LIVERPOOL, NEW YORK

FINANCIAL STATEMENTS

SUPPLEMENTAL SCHEDULE

AND

INDEPENDENT AUDITORS' REPORT

DECEMBER 31, 2010 AND 2009

CONTENTS

FINANCIAL STATEMENTS	PAGE
Independent Auditors' Report	3
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6
SUPPLEMENTAL SCHEDULE	
Form 5500 – Schedule H – Part IV:	
Item 4i - Schedule of Assets Held for Investment Purposes at End of Year - December 31, 2010	16

MENGEL METZGER BARR & CO. LLP
Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

Trustees
A.L. George, LLC 401(k) Salary Savings Plan
(formerly Owasco and Onondaga Beverage 401(k) Salary Savings Plan)

We were engaged to audit the accompanying statement of net assets available for benefits of the A.L. George, LLC 401(k) Salary Savings Plan (formerly Owasco and Onondaga Beverage 401(k) Salary Savings Plan) as of December 31, 2010, and the related statement of changes in net assets available for benefits for the year then ended and the supplemental schedule as of December 31, 2010. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note G, which was certified by Reliance Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the 2010 financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2010, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information in the Plan's 2010 financial statements that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule as of and for the year ended December 31, 2010. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

We have audited the financial statements and supplemental schedule of A.L. George, LLC 401(k) Salary Savings Plan (formerly Owasco and Onondaga Beverage 401(k) Salary Savings Plan) as of and for the year ended December 31, 2009, and in our report dated July 14, 2010, we expressed our opinion that such financial statements and supplemental schedule present fairly, in all material respects information regarding the Plan's net assets available for benefits as of December 31, 2009 and the changes in net assets available for benefits for the year then ended, in conformity with accounting principles generally accepted in the United States of America.

Mengel, Metzger, Barr & Co. LLP

Elmira, New York
October 13, 2011

333 East Water Street | Suite 200 | Elmira, NY 14901 | P 607.734.4183 | F 607.733.3815 | mengelmetzgerbarr.com
Additional Offices: Hornell, NY • Rochester, NY • An Independent Member of the BDO Seidman Alliance

WE VALUE YOUR FUTURE

A.L. GEORGE, LLC 401(k) SALARY SAVINGS PLAN
(Formerly OWASCO AND ONONDAGA BEVERAGE
401(k) SALARY SAVINGS PLAN)

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2010	2009
ASSETS		
Investments:		
Common/collective trust	$ 1,458,033	$ 1,288,157
Mutual funds, at fair value	10,263,803	8,469,868
Cash value of life insurance	20,308	18,855
TOTAL INVESTMENTS	11,742,144	9,776,880
Receivables:		
Employer contributions	313,161	244,693
Participant contributions	-	35,399
Participant loans receivable	245,113	233,871
TOTAL RECEIVABLES	558,274	513,963
TOTAL ASSETS	12,300,418	10,290,843
LIABILITIES		
Due to other plan	2,389,772	-
Other	8,785	3,066
TOTAL LIABILITIES	2,398,557	3,066
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	9,901,861	10,287,777
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	35,266	68,352
NET ASSETS AVAILABLE FOR BENEFITS	$ 9,937,127	$ 10,356,129

See accompanying independent auditors' report and notes to financial statements.

A.L. GEORGE, LLC 401(k) SALARY SAVINGS PLAN
(Formerly OWASCO AND ONONDAGA BEVERAGE
401(k) SALARY SAVINGS PLAN)

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year ended December 31,	
	2010	2009
ADDITIONS		
Additions to net assets attributed to:		
Investment income:		
Increase in cash value of life insurance	$ 1,453	$ 1,703
Interest and dividends	149,390	168,568
Net appreciation in fair value of investments	1,005,586	1,776,912
	1,156,429	1,947,183
Participant note interest	14,870	16,497
Contributions:		
Employer	440,558	360,670
Rollovers	87,474	-
Participant	346,302	355,581
	874,334	716,251
Transfer from other plan	332,226	-
TOTAL ADDITIONS	2,377,859	2,679,931
DEDUCTIONS		
Deductions from net assets attributed to:		
Benefits paid to participants	525,196	414,894
Insurance premiums paid	780	1,204
Transfer to other plan	2,270,885	-
TOTAL DEDUCTIONS	2,796,861	416,098
NET (DECREASE) INCREASE	(419,002)	2,263,833
Net assets available for benefits at beginning of year	10,356,129	8,092,296
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	$ 9,937,127	$ 10,356,129

See accompanying independent auditors' report and notes to financial statements.

A.L. GEORGE, LLC 401(k) SALARY SAVINGS PLAN
(Formerly OWASCO AND ONONDAGA BEVERAGE
401(k) SALARY SAVINGS PLAN)

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2010 AND 2009

NOTE A: DESCRIPTION OF PLAN

The following description of the A.L. George, LLC 401(k) Salary Savings Plan (formerly Owasco and Onondaga Beverage 401(k) Salary Savings Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all full-time employees of the A.L. George, LLC who have ninety days of service and are age eighteen or older. On October 29, 2010, A.L. George, LLC acquired the assets of Onondaga Beverage Corporation at which time all employees of Onondaga Beverage Corporation became employees of A.L. George, LLC. Further, A.L. George, LLC adopted the Owasco and Onondaga Beverage 401(k) Salary Savings Plan. Additionally, at this time, employees of Owasco Beverage, Inc. were no longer participants of the Plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Participants may contribute a percentage of their annual compensation subject to certain limitations. The Company will match one-half of the participant's contribution up to a maximum matching contribution of 3 percent. Additionally, the Company may make a discretionary profit sharing contribution each year for participants who have one year of service and 1,000 hours of service in that year.

Participant accounts

Each participant's account is credited with the participant's contribution, the Company's matching contribution and allocation of (a) the Company's discretionary contribution, (b) Plan earnings, and (c) forfeitures of terminated participants' nonvested accounts other than employer matching contributions. Allocations are based on participant earnings or account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. Upon enrollment in the Plan, participants may direct employee contributions in percent increments into any combination of several investment options. Participants may change their investment options at any time.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the remainder of their account is based on years of service. A participant is 100 percent vested after six years of service.

Participant loans receivable

Loans may be made to participants for hardships or financial necessity for a minimum of $1,000 and a maximum of $50,000, but no more than 50% of the vested participant account balance. The loans are secured by the balance in the participant’s account and bear interest at rates that range from 4.25% to 9.25%, which are commensurate with local prevailing rates as determined by the plan administrator. Principal and interest is paid through monthly payroll deductions.

NOTE A: DESCRIPTION OF PLAN, Cont'd

Payment of benefits
Upon termination of service, a participant may elect to leave their funds in the Plan, receive a lump-sum amount equal to the value of their account, or roll their funds into another plan.

Forfeited accounts
Forfeited accounts are used to reduce employer contributions. Such amounts were not considered significant for 2010 or 2009.

NOTE B: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Investment valuation and income recognition
Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note C for discussion of fair value measurements.

Purchases and sales of the mutual fund portfolios are made and recorded as needed, when a contribution is made to the Plan, when a distribution is made from the Plan or when a participant changes his or her investment options. Interest and dividend income is recorded on the accrual basis.

Payment of benefits
Benefits are recorded when paid.

Plan expense
Administrative expenses incurred by the Plan are paid by the employers.

NOTE B: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, Cont'd

Use of estimates in the preparation of financial statements

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates and assumptions.

Reclassifications

Certain 2009 amounts were reclassified to conform with the 2010 presentation.

Subsequent events

The Plan has conducted an evaluation of potential subsequent events occurring after the statement of net assets available for benefits date through October 13, 2011, which is the date the financial statements are available to be issued. No subsequent events requiring disclosure were noted.

New accounting pronouncement

In September 2010, the FASB issued ASU 2010-25, Plan Accounting – Defined Contribution Pension Plans (Topic 962): Reporting Loans to Participants by Defined Contribution Pension Plans. ASU 2010-25 requires that participant loans be classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. Previously, loans were classified as investments. ASU 2010-25 is effective retrospectively for fiscal years ending after December 15, 2010, with early adoption permitted. The Plan adopted ASU 2010-25 as of December 31, 2010. Upon adoption, there was no material impact to the Plan.

NOTE C: FAIR VALUE MEASUREMENTS

FASB ASC 820-10 (formerly FASB Statement No. 157, *Fair Value Measurements*) establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques to measure the fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820-10 are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Common/Collective Trust: Valued based on the relative interest of each participating investor (including each participant) in the fair value of the common/collective trust.

Mutual Funds: Valued based on quoted market value at the end of the year.

NOTE C: FAIR VALUE MEASUREMENTS, Cont'd

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following disclosures are required by FASB ASC 820-10-55 and FASB ASU 2009-12, "Investments in Certain Entities That Calculate Net Asset Value Per Share":

The fair value of the Common/Collective Trust Fund has been estimated using the net asset value per share of the underlying investments. There are no unfunded commitments for the Common/Collective Trust Fund as of December 31, 2010 of 2009. The trust requires twelve months written notice for non-benefit related withdrawals from investment contracts. The following is a description of the Common/Collective Trust Fund:

The Common/Collective Trust Fund's principal objective is to earn a current income stream that is relatively consistent over time, while preserving capital through a broadly diversified high quality portfolio. The Common/Collective Trust Fund invests in a variety of investment contracts issued by insurance companies and other financial institutions and other investment products with similar characteristics. The fund strives to maintain a stable $1 unit value. However, there is no guarantee that this objective can be achieved.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009:

	Level 1	Level 2	Level 3	Total
December 31, 2010				
Common/collective trust	$ -	$ -	$ 1,458,033	$ 1,458,033
Mutual funds:				
Asset allocation	3,237,652	-	-	3,237,652
Bonds	553,695	-	-	553,695
Balanced	1,346,087	-	-	1,346,087
U.S. stocks	4,401,443	-	-	4,401,443
Global	724,926	-	-	724,926
Total assets at fair value	$ 10,263,803	$ -	$ 1,458,033	$ 11,721,836
December 31, 2009				
Common/collective trust	$ -	$ -	$ 1,288,157	$ 1,288,157
Mutual funds	8,469,868	-	-	8,469,868
Total assets at fair value	$ 8,469,868	$ -	$ 1,288,157	$ 9,758,025

NOTE C: FAIR VALUE MEASUREMENTS, Cont'd

The following sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2010 and 2009:

	Common/ collective trust
Balance at January 1, 2009	$ 1,441,812
Purchases, sales, issuances and settlements (net)	(153,655)
Balance at December 31, 2009	1,288,157
Purchases, sales, issuances and settlements (net)	169,876
BALANCE AT DECEMBER 31, 2010	$ 1,458,033

NOTE D: INVESTMENTS

The following presents investments that represent 5% or more of the Plan's net assets available for benefits at either December 31, 2010 or 2009:

	December 31, 2010	December 31, 2009
Mutual funds:		
MFS Funds:		
Mass Investors Growth Fund	$ 1,086,519	$ 1,006,162
Total Return Fund	1,346,087	1,451,542
Fixed Institutional Fund	1,462,576	1,336,229
Value Fund	1,227,943	1,222,926
Growth Allocation Fund	1,130,290	651,395
Research International Fund	706,763	691,861
Aggressive Growth Allocation Fund	1,230,558	810,229
Moderate Allocation Fund	726,714	561,646
Bond Fund	553,695	395,739
Davis New York Venture Fund	657,664	576,147
Alger Mid-Cap Growth Fund	541,381	480,731
JPMorgan Small-Cap Growth Fund	523,586	347,357

During the years ended December 31, 2010 and 2009, the Plan's investments in mutual funds (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $1,005,586 and $1,776,912, respectively.

NOTE E: TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated August 24, 1992, that the prototype plan under which the Plan was adopted is designed in accordance with the applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and currently being operated in compliance with the applicable requirements of IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by tax jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to December 31, 2007.

NOTE F: PLAN TERMINATION

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

NOTE G: FINANCIAL INFORMATION CERTIFIED BY THE CUSTODIAN (UNAUDITED)

The following is a summary of the unaudited information regarding the Plan as of and for the year ended December 31, 2010, included in the Plan's financial statements and supplemental schedule, that was prepared by Reliance Trust Company, the custodian of the Plan, and furnished to the plan administrator. The plan administrator has obtained a certification from the custodian that such information is complete and accurate:

Investments, at fair value	$ 11,742,144
Interest and dividends	149,390
Net appreciation in fair value of investments	1,005,586

All information included in the attached supplemental Schedule of Assets Held for Investment Purposes at End of Year – December 31, 2010, except for participant loans receivable.

NOTE H: 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 statements of net assets available for benefits.

NOTE I: TRANSFER FROM OTHER PLAN

On December 14, 2010, net assets of $332,226 from the former A.L. George, LLC 401(k) Plan were merged into the Plan.

NOTE J: DUE TO OTHER PLAN AND TRANSFER TO OTHER PLAN

The account Transfer to Other Plan of $2,270,885 represents the net assets of the employees of Owasco Beverage, Inc. at October 29, 2010. The account Due to Other Plan represents the net assets of the employees of Owasco Beverage, Inc. at October 29, 2010 of $2,270,885 plus subsequent earnings of $118,887. The net assets of those employees were transferred out of the Plan subsequent to December 31, 2010.

A.L. GEORGE, LLC 401(k) SALARY SAVINGS PLAN
(Formerly OWASCO AND ONONDAGA BEVERAGE
401(k) SALARY SAVINGS PLAN)

SUPPLEMENTAL SCHEDULE

A.L. GEORGE, LLC 401(k) SALARY SAVINGS PLAN
(Formerly OWASCO AND ONONDAGA BEVERAGE
401(k) SALARY SAVINGS PLAN)
EIN: 16-1613705
PLAN #: 002

FORM 5500 – SCHEDULE H – PART IV

ITEM 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT END OF YEAR - DECEMBER 31, 2010

(a) Party-in-interest	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	Mutual Funds:		
	MFS Funds:		
	Bond Fund	41,351 units	$ 553,695
	Total Return Fund	95,399 units	1,346,087
	Value Fund	53,976 units	1,227,943
	Research International Fund	46,868 units	706,763
	Conservative Allocation Fund	10,589 units	132,685
	Moderate Allocation Fund	54,476 units	726,714
	Growth Allocation Fund	81,787 units	1,130,290
	Aggressive Growth Allocation Fund	86,842 units	1,230,558
	Mass Investor Growth Fund	71,670 units	1,086,519
	Davis New York Venture Fund	19,152 units	657,664
	JP Morgan Small Cap Growth Fund	46,874 units	523,586
	Alger Mid Cap Growth Fund	78,347 units	541,381
	Prud Jennison Mid Cap Growth Fund	9,215 units	252,299
	Invesco Real Estate Fund	320 units	6,868
	American Century Livestrong Inc	1,194 units	12,963
	American Century Livestrong 2015	26 units	295
	American Century Livestrong 2020	30 units	300
	American Century Livestrong 2025	205 units	2,384
	American Century Livestrong 2030	31 units	308
	American Century Livestrong 2035	26 units	308
	American Century Livestrong 2045	44 units	535
	American Century Livestrong 2050	33 units	312
	Invesco Van Kempen Small Cap Value	176 units	3,171
	Columbia Small Cap Core	985 units	15,223
	Janus Overseas	359 units	18,163
	First American Mid Cap Index Fund	6,651 units	86,789
			10,263,803

Note: Cost information in column (d) is not applicable as investment are participant directed under an individual account plan.

A.L. GEORGE, LLC 401(k) SALARY SAVINGS PLAN
(Formerly OWASCO AND ONONDAGA BEVERAGE
401(k) SALARY SAVINGS PLAN)
EIN: 16-1613705
PLAN #: 002

FORM 5500 – SCHEDULE H – PART IV

ITEM 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES, Cont'd
AT END OF YEAR - DECEMBER 31, 2010

(a) Party-in-interest	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	Common/Collective Trust		
	MFS:		
	Fixed Fund	30,723 units	$ 30,723
	Fixed Institutional	1,462,576 units	1,462,576
			1,493,299
*	Participant Loans Receivable with interest at 4.25% to 9.25%, through December 2015		245,113
	Cash value of life insurance		20,308
		TOTAL	$ 12,022,523

Note: Cost information in column (d) is not applicable as investment are participant directed under an individual account plan.

* Indicates party-in-interest.