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

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1991

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

ATTN JANE TRINCI
1301 44TH AVE E
BRADENTON, FL 34203

2b Employer Identification Number (EIN) 59-1795428

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

2d Business code (see instructions) 336300

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2011	JANE TRINCI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

DAN CALLAGHAN ENTERPRISES INC.

ATTN JANE TRINCI
1301 44TH AVE E
BRADENTON, FL 34203

3b Administrator's EIN: 59-1795428

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

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	102
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**	103
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	103
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	103
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	81
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2G 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)

(1)	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)		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)	X		**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 12/31/2010

A Name of plan
DAN CALLAGHAN ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
59-1795428

Part I **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
HARTFORD LIFE INSURANCE COMPANY

(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
06-0974148	88072	GA-815144	81	01/01/2010	12/31/2010

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
6757	1082

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
MERRILL LYNCH LIFE AGENCY
1215 4TH AVENUE 26THFL
SEATTLE, WA 98161

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
6757			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MERRILL LYNCH PIERCE FENNER SMITH I
4800 DEER LAKE DRIVE EAST
JACKSONVILLE, FL 32246

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	1082	SALES/MARKETING	3

(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	

(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	

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	275581
5	Current value of plan's interest under this contract in separate accounts at year end	5	2429719

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
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.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ 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 ▶ GROUP FUNDING AGREEMENT

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	2828		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	7423		
	(4) Transferred from separate account	7c(4)	910		
	(5) Other (specify below)	7c(5)	274508		
	▶ ACQUISITION,LOAN PYMT				
	(6) Total additions			7c(6)	285669
d	Total of balance and additions (add **b** and **c(6)**)			7d	285669
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	3409		
	(2) Administration charge made by carrier	7e(2)	4		
	(3) Transferred to separate account	7e(3)	4900		
	(4) Other (specify below)	7e(4)	1775		
	▶ LOAN W/D				
	(5) Total deductions			7e(5)	10088
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	275581

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
59-1795428

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

HARTFORD LIFE INS. CO.

06-0974148

(b) Enter name and EIN or address of person who provided you disclosure 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)

HARTFORD LIFE INS. CO.

06-0974148

(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?
15 23 37 38 50 54 56 59 60 62 63 64 65 66 99	NONE	193	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

MESIROW FINANCIAL INVESTMENT MGMT.

36-3429599

(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?
27 49	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	161	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 ☐

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
HARTFORD LIFE INSURANCE COMPANY	15 23 37 38 50 54 56 59 60 62 63 64 65 66 99	0

(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.
SEE ATTACHED 06-0974148	SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MESIROW FINANCIAL INVESTMENT MGMT.	27 49	161

(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 LIFE INS. CO. 06-0974148	SEE ATTACHED

(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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

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

A Name of plan
DAN CALLAGHAN ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
59-1795428

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: HARTFORD ADVANTAGE TK2

b Name of sponsor of entity listed in (a): HARTFORD LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-0974148-000	P	1094078

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT K2

b Name of sponsor of entity listed in (a): HARTFORD LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-0974148-000	P	54109

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT 14

b Name of sponsor of entity listed in (a): HARTFORD LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-0974148-000	P	207181

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT 401

b Name of sponsor of entity listed in (a): HARTFORD LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-0974148-000	P	125720

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT 457

b Name of sponsor of entity listed in (a): HARTFORD LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-0974148-000	P	948631

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
59-1795428

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	271628	0
(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)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	0	0
(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)	167051	147306
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(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)	2074838	2429719
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	275581
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(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	2513517	2852606
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2513517	2852606

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)	0	
	(B) Participants	2a(1)(B)	169192	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		169192
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4	
	(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)	9467	
	(F) Other	2b(1)(F)	7423	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		16894
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		184054
(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)		36617
c Other income	2c		-6285
d Total income. Add all **income** amounts in column (b) and enter total	2d		400472
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	49672	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		49672
f Corrective distributions (see instructions)	2f		11518
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	193	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		193
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		61383
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		339089
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: CS & L CPA'S (2) EIN: 59-2142260

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		8741
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		500000
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	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
59-1795428

Part I Distributions

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

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

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

EIN(s): 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 | 0

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**	0
	b Enter the amount contributed by the employer to the plan for this plan year	**6b**	0
	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**	0

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

FINANCIAL STATEMENTS AND
SUPPLEMENTAL INFORMATION

DECEMBER 31, 2010

DAN CALLAGHAN ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN & TRUST
FINANCIAL STATEMENTS AND
SUPPLEMENTAL INFORMATION
DECEMBER 31, 2010

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

INDEPENDENT AUDITORS' REPORT

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

We were engaged to audit the accompanying statement of net assets available for benefits of Dan Callaghan Enterprises, Inc. 401(k) Profit Sharing Plan & Trust (the Plan), as of December 31, 2010 and the related statement of changes in net assets available for benefits for the year ended December 31, 2010, and the supplemental information, as listed in the accompanying table of contents, as of or for the year ended December 31, 2010. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Hartford Life Insurance Company (Hartford), the custodian of the Plan, except for comparing the information with the related information included in the 2010 financial statements and supplemental schedules. 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 schedules as of or for the year ended December 31, 2010. The form and content of the information included in the financial statements and supplemental schedules, 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 statement of net assets available for benefits of Dan Callaghan Enterprises, Inc. 401(k) Profit Sharing Plan & Trust as of December 31, 2009, and in our report dated October 7, 2010, we expressed our opinion that such financial statement presents fairly, in all material respects, the net assets available for benefits of Dan Callaghan Enterprises, Inc. 401(k) Profit Sharing Plan & Trust Plan as of December 31, 2009, in conformity with accounting principles generally accepted in the United States of America.

Christopher, Smith, Leonard,
Bristow + Stanell, P.A.
CHRISTOPHER, SMITH, LEONARD,
BRISTOW & STANELL, P.A.

October 11, 2011
Bradenton, Florida

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

	2010	2009
ASSETS		
Investments (at fair value)	$ 2,705,300	$ 2,346,466
Receivables		
Participants' contributions	-	2,755
Notes receivable from participants	147,306	167,051
TOTAL ASSETS	2,852,606	2,516,272
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,852,606	$ 2,516,272

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

DAN CALLAGHAN ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN & TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2010

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income:	
Net appreciation of investments	$ 214,386
Interest and dividend income	7,427
Total Investment Income	221,813
Interest income on notes receivable from participants	9,467
Participants' contributions	166,437
TOTAL ADDITIONS	397,717
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	61,190
Administrative expenses	193
TOTAL DEDUCTIONS	61,383
NET INCREASE	336,334
NET ASSETS AVAILABLE FOR BENEFITS:	
Net assets - Beginning of year	2,516,272
Net assets - End of year	$ 2,852,606

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

NOTE A - DESCRIPTION OF PLAN

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

General

The Plan is a defined contribution plan covering all eligible employees of Dan Callaghan Enterprises, Inc. (the Company). The Plan was restated on January 1, 2010. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

Employees who are at least twenty-one years of age and have completed one year of service are eligible to participate in the Plan. Employees may elect to begin making contributions into the Plan on the first day of the quarter coinciding with or immediately following eligibility. Employees who have completed 501 hours of service during the Plan year are eligible to receive any Company non-elective contribution.

Contributions

Participants may contribute to the Plan on a pretax basis between 1% and 95% of their annual compensation (subject to IRS limitations). Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified retirement plans (rollovers). The Company, at its discretion, may make non-elective contributions to the Plan. For 2010, no non-elective contributions were made by the Company.

Participants direct the investment of their contributions into various investment options offered by the Plan. The participants may change their investment elections at any time.

Notes Receivable from Participants

Participants are able to obtain loans from the assets of the Plan using their individual account balances as collateral. Participants are limited to only one outstanding Plan loan. Loan amounts cannot exceed the lesser of $50,000 or 50% of the participant's vested account balance and must have a minimum amount of $1,000. Each loan shall bear interest at a rate determined by the Company in accordance with current appropriate standards. Principal and interest is paid ratably through payroll deductions.

NOTE A - DESCRIPTION OF PLAN - CONTINUED

Participant Accounts

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

Vesting

Participants are immediately 100% vested in their voluntary pre-tax 401(k) contributions plus actual earnings thereon. Additionally, participants become fully vested in all of their accounts in the event of disability, death or attaining normal retirement date while employed with the Company.

Vesting in the prior Company match and the discretionary non-elective contributions in participant accounts is based on their years of continuous service as follows:

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

Payment of Benefits

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

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

Forfeitures

The forfeitures for the non-vested portion of the Company's contributions can be used to pay Plan administrative expenses or reduce the Company's non-elective contributions. At December 31, 2010 and 2009, the forfeited non-vested accounts totaled $1,579 and 1,799, respectively.

NOTE A - DESCRIPTION OF PLAN - CONTINUED

Termination

Although it has not expressed any intent to do so, the Company 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 the Plan is terminated by the employer, each participant's benefits become fully vested.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Adoption of New Accounting Standards

In January 2010, the FASB issued ASU No. 2010-06, "Improving Disclosures about Fair Value Measurements" ("ASU 2010-06"), which requires additional disclosure related to the three-level fair value hierarchy. Entities are required to disclose significant transfers in and out of Levels 1 and 2 of the fair value hierarchy. The Plan adopted the amendments in ASU 2010-06 effective January 1, 2010, and has prospectively included the required disclosures in Note D.

Investment Valuation and Income Recognition

Investments are reported at fair value, except for fully benefit-responsive investment contracts. 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.

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 investment contract at contract value, which approximates fair value. The statement of changes in net assets available for benefits is also prepared on a contract value basis. (See Note E)

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the amounts reported in the financial statements and the accompanying notes. Actual results could differ from these estimates.

Reclassifications

Certain reclassifications have been made to the prior year financial statements in order for them to be in conformity with the current year presentation. The reclassifications had no impact on previously reported net assets available for benefits.

NOTE C - INVESTMENTS

The December 31, 2010, statement of net assets available for benefits, the investment activities included on the statement of changes in net assets available for benefits for the year ended December 31, 2010, and the accompanying notes to the financial statements were prepared from information certified by the Hartford Life Insurance Company (Hartford), the custodian, in accordance with 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 information certified includes total investments of $2,705,300 at December 31, 2010, and related income of $221,813 for the year ended December 31, 2010.

The following presents investments within the Plan that represent 5% or more of the Plan's net assets at:

	December 31,	
Investment	2010	2009
Merrill Lynch Ready Assets	n/a	$ 271,628
Davis New York Venture FD CL R	$ 414,115	$ 467,828
Blackrock Large Cap Core FD R	n/a	$ 206,399
Blackrock Fundamental Growth FD Inc R	n/a	$ 317,868
Blackrock International Value FD R	n/a	$ 169,902
Blackrock Global Allocation FD Inc R	n/a	$ 416,604
Blackrock Governmental Income Portfolio CL R	n/a	$ 208,651

NOTE C - INVESTMENTS - CONTINUED

Investment - Continued	December 31, 2010	2009
American Funds Invest Co. of AM.	$ 253,711	n/a
Massachusetts Investors Tr.	$ 219,428	n/a
PIMCO Total Return R	$ 143,424	n/a
Janus Forty R	$ 243,062	n/a
Thornburg International Value R3	$ 184,431	n/a

During the year, the Plan's investments, (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $214,386.

NOTE D - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to unobservable inputs (Level 3 measurement). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

NOTE D - FAIR VALUE MEASUREMENTS - CONTINUED

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009. In addition, there were no significant transfers between Level 1 and 2 for the year ended December 31, 2010.

The Plan invests in a Hartford funding agreement that includes a fixed investment offering called the fixed income account. The fixed income values are based on the amount allocated to the fixed account plus credited interest per the group funding agreement. The declared interest rate was 3% for 2010. (See Note E).

The Plan invests in a Hartford funding agreement that includes variable investment offerings through pooled separate accounts. These unregistered pooled separate accounts are divided into investment divisions called "sub-accounts". Each sub-account invests in shares of an underlying mutual fund. The shares of the underlying mutual fund are valued at net assets value (NAV) on a daily basis. The mutual funds may also be valued as determined by an independent pricing service, based on methods which include consideration of: yields or prices of securities of comparable quality, coupon, maturity and type, indications as to values from dealers; and general market conditions.

The Hartford is not a direct filing entity and therefore the assets invested in the separate accounts are to be classified by category investment.

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

The Merrill Lynch Ready Assets Trust is valued under the amortized cost method, which approximates fair value. Under this method, investments are valued at cost when purchased and thereafter, a constant proportionate accretion and amortization of any discounts and premiums are recorded until the maturity of the security. The fund seeks to maintain its net asset value per share at $1.00, although there is no assurance that it will be able to do so on a continuing basis.

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

The following tables set forth the level, within the fair value hierarchy, of the Plan's asset values as of December 31, 2010 and 2009 (see definitions at Note B):

NOTE D - FAIR VALUE MEASUREMENTS - CONTINUED

	Assets at Fair Value as of December 31, 2010			
	Totals	Level 1	Level 2	Level 3
Fixed income account	$ 275,581	$ -0-	$ 275,581	$ -0-
Pooled separate accounts				
Mutual funds				
Asset allocation	197,512	145,429	52,083	-0-
Blend funds	992,536	992,536	-0-	-0-
Fixed income	393,850	-0-	393,850	-0-
Growth	489,871	489,871	-0-	-0-
International	298,967	298,967	-0-	-0-
Target date	1,625	-0-	1,625	-0-
Value	55,358	55,358	-0-	-0-
Total mutual funds	2,429,719	1,982,161	447,558	-0-
Total assets	$ 2,705,300	$1,982,161	$ 723,139	$ -0-

	Assets at Fair Value as of December 31, 2009			
	Totals	Level 1	Level 2	Level 3
Registered investment companies	$ 2,074,838	$ 836,599	$ 1,238,239	$ -0-
Cash and Money Market	271,628	-0-	271,628	-0-
Total	$ 2,346,466	$ 836,599	$ 1,509,867	$ -0-

NOTE E - GUARANTEED INVESTMENT CONTRACT

On January 1, 2010 the Plan entered into a benefit responsive guaranteed investment contract with Hartford. Hartford maintains the contributions in a general account and is subject to the claims of Hartford's general creditors. The account is credited with earnings on the underlying investments and charged for participant withdrawals administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the Statement of Net Assets Available for Benefits at contract value. Contract value, as reported to the Plan by Hartford, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

NOTE E - GUARANTEED INVESTMENT CONTRACT - CONTINUED

There are no reserves against contract value for credit risk of the contract issuer or otherwise. Contract value approximates fair value. The fair value of the investment contract at December 31, 2010 was $274,020. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 3%. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan). (2) changes to the plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events which would limit the plan's ability to transact at contract value with participants are probable of occurring.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

Average yields:

	2010	2009
Based on actual earnings	3%	3%
Based on interest rate credited to participants	3%	3%

NOTE F - TAX STATUS

The Plan has adopted a prototype Plan, which received a determination letter from the Internal Revenue Service (IRS), dated March 31, 2008, which indicates that the Prototype Plan is acceptable under Section 401 of the Internal Revenue Code, (IRC). The Plan has been amended subsequent to this date. However, the plan administrator and the Plan's counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the 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. The Plan administrator has analyzed the 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 taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan's 2008 and subsequent years remain open to inspection by the Internal Revenue Service.

NOTE G - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE H - PARTIES-IN-INTEREST TRANSACTIONS

Dan Callaghan Enterprises, Inc. (The Company) provides accounting and administrative services to the Plan at no charge. The Company also absorbs significant Plan expenses. The Plan's two co-trustees are employees of the Plan Sponsor.

NOTE I - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500 at December 31, 2009:

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

The following is a reconciliation of participant contributions per the financial statements for the year ended December 31, 2010 to Schedule H of Form 5500:

	12/31/10
Participant contributions per the financial statements	$ 166,437
Plus: participant contributions receivable at December 31, 2009	2,755
Participant contributions per Schedule H of Form 5500	$ 169,192

NOTE J - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 11, 2011, which is the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

DAN CALLAGHAN ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN & TRUST
EIN:59-1795428
PLAN NUMBER: 001
SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2010

(a)	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of investment	(d) Cost	(e) Current Value
*	Hartford Life Insurance Company	Fixed Income Account	NA	$ 275,581
	Davis NY Venture R	Mutual Fund	NA	$ 414,115
	American Funds - Investment Co. of America R1	Mutual Fund	NA	253,711
	Janus Forty R	Mutual Fund	NA	243,062
	Massachusetts Investors Tr R2	Mutual Fund	NA	219,428
	Thornburg International Value R3	Mutual Fund	NA	184,431
	PIMCO Total Return R	Mutual Fund	NA	143,424
	Lord Abbett Developing Growth R3	Mutual Fund	NA	131,622
	Janus Balanced R	Mutual Fund	NA	125,720
	MFS Government Securities R2	Mutual Fund	NA	115,971
	Franklin High Income R	Mutual Fund	NA	75,847
	Thornburg Core Growth R3	Mutual Fund	NA	75,559
	Pioneer R	Mutual Fund	NA	73,122
	American Funds - Capital World G/I R1	Mutual Fund	NA	61,738
*	The Hartford Inflation Plus R3	Mutual Fund	NA	54,109
	Mutual Global Discover R	Mutual Fund	NA	52,691
	BlackRock Global Allocation R	Mutual Fund	NA	52,083
	Victory Small Company Opportunity R	Mutual Fund	NA	43,666
	American Century Vista R	Mutual Fund	NA	39,628
	Victory Special Value R	Mutual Fund	NA	32,160
	MFS Total Return R2	Mutual Fund	NA	19,709
	Allianz NFJ Dividend Value R	Mutual Fund	NA	11,500
	Frankling Strategic Income R	Mutual Fund	NA	4,499
	BlackRock LifePath 2040 Investor A	Mutual Fund	NA	1,625
	Pioneer Mid-Cap Value R	Mutual Fund	NA	192
	MFS Research Intenrational R2	Mutual Fund	NA	107
				$2,429,719
	Participant Loans	Interest rates 3.25% - 9.25%	-0-	$ 147,306

* Party-in-interest to the plan

Column (d) is N/A as all investments are participant directed.

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

DAN CALLAGHAN ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN & TRUST
SCHEDULE H, LINE 4(a) - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
PLAN # 001 EIN# 59-1795428
DECEMBER 31, 2010

	Total That Constitute Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to the Plan	Contributions Not Corrected	Contributions Corrected Outside VCFP	Contributions Pending Correction in VCFP	Total Fully Corrected Under VFCP and PTE 002-51
Check here if Late Participant Loan Repayments are Included: X	$ -0-	$ 8,471	$ -0-	$ -0-

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

Attachment to 2010 Form 5500
Schedule H, line 4a - Schedule of Delinquent Participant Contributions

Plan Name DAN CALLAGHAN ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN TRUST **EIN:** 591795428
Plan Sponsor's Name DAN CALLAGHAN ENTERPRISES INC. **PN:** 001

	Total that Constitute Nonexempt Prohibitied Transactions			
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: [X]	0	0	0	8,741

2010 Fee and Compensation Disclosure Report

This document is intended to assist a plan administrator ("you") in understanding the fees and compensation associated with your plan. If your plan is required to complete a *Form 5500 Schedule C*, this report identifies the different types of reportable compensation paid with respect to the Hartford product utilized by the retirement plan.

As permitted under the Schedule C reporting rules, compensation is disclosed in the attached report as an actual dollar amount, an estimate, or a formula or rate.

- Where it is an actual dollar amount, no further notation is provided.
- Where it is an estimate, we have used a reasonable method to arrive at the estimate and described the method used to arrive at the estimated amount.
- Where a formula or rate is provided, the formula may be disclosed under the Schedule C reporting rules. Alternatively, for purposes of Schedule C or for your fiduciary review of the compensation paid with respect to the plan's product, you may calculate an actual or estimated dollar amount by multiplying the rate by the total assets to which it applies. Thus, much of the compensation information being provided can be expressed in the form of a formula.

Please note that all compensation is being reported for the 2010 calendar year. This report includes compensation actually paid to or by The Hartford within the 2010 calendar year as part of your Hartford product. This report does not include amounts deducted from plan assets and paid to third parties (other than The Hartford). In addition, the report does not include compensation related to investments held by the plan that are not serviced on our recordkeeping system. You should contact your other service providers for reportable compensation information. You may also receive information on the compensation reported here directly from other service providers.

Please note that we have provided suggested service codes with respect to services provided through our Hartford product. These service codes are listed in the 2010 Instructions for Schedule C (Form 5500). Please review with your experienced benefits counsel and other professionals to determine the most appropriate service codes for your plan.

Please contact your Hartford Client Service Team should you require additional information regarding the compensation paid to or by The Hartford with respect to your plan.

Information provided in this document and related materials we provide are not intended to be and shall not be deemed tax advice, tax form preparation services, legal advice or accounting or other professional services. We strongly encourage you to review all Schedule C and other Form 5500 materials with experienced benefits counsel and other professionals.

FORM 5500 SCHEDULE C REPORT
SCHEDULE C, LINE 2(h) AND LINE 3(e) FORMULA DESCRIPTION

DAN CALLAGHAN ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN & TRUST (815144)
PLAN YEAR END: 12/31

For use with lines 2(h), 3(c), 3(d), 3(e)

Recipient: Hartford Life Insurance Company EIN: 06-0974148

Service Codes: 15, 23, 37, 38, 54, 55, 59, 60, 62, 63, 64, 65, 66, 99, 50 (if direct compensation amount reflected below)

1. Direct Compensation **$192.69**

The total amount identified above reflects all fees deducted from plan assets at the plan administrator's direction. Of this amount, our records indicate that Hartford Life Insurance Company received **$192.69** . Please review your records to determine what other service providers (e.g., a reimbursement paid to any plan fiduciary, your employee benefits counsel, plan auditor) received all or any portion of the remaining amount.

Note: Due to system accounting protocols (including 'cash basis' accounting), amounts reported as Direct Compensation and amounts reported as paid to Hartford Life Insurance Company are the net result of aggregating direct compensation after the effects of adjustments processed in 2010, some of which may have pertained to prior years.

2. Indirect Compensation

Float compensation **$4.52**

Bank accounts and investments associated with short-term investment pool, 200 Hopmeadow Road, Simsbury, CT 06089

This is an estimate based on the annual average rate of float (0.1415% for 2010) earned on the bank accounts and investment associated with the short-term investment pool for the 2010 calendar year multiplied by an estimate of the assets related to uncashed checks. This estimate does not include float earned for any other reason (e.g., if amounts remitted to Hartford cannot be immediately invested because they are not in good order). Please review or request a copy of the current float disclosure for more information about the other circumstances in which float is earned.

Compensation paid with respect to Underlying Funds

Investment Option Name	*EIN*	*Fees Received from investment options on your Plan's Menu (rates as of 12/31/10)*	*Total Annual Expenses[2] (as of 12/31/10)*
ALLIANZ NFJ DIVIDEND VALUE R	33-0457728	0.75% x assets	1.31%
AMERICAN CENTURY VISTA R	44-6006315	0.85% x assets	1.51%
AMERICAN FUNDS CP WLD GR INC-R1	95-1411037	1.10% x assets	1.58%
AMERICAN FUNDS INV CO OF AMER R1	95-1426645	1.10% x assets	1.43%
BLACKROCK GLOBAL ALLOCATION R	22-2937779	0.75% x assets	1.48%
BLACKROCK LIFEPATH 2040 A	51-0318674	0.75% x assets	0.94%
COL SELI COMMUNICAT AND INF R	NA[1]	0.50% x assets plus $18/ participant, capped at 0.25% x assets	1.93%
DAVIS NEW YORK VENTURE R	13-2601967	0.60% x assets plus $12/participant	1.24%
FIXED ACCOUNT	NA[1]		0.00%
FRANKLIN HIGH INCOME R	94-1693697	0.60% x assets plus $12/participant	1.11%
FRANKLIN STRATEGIC INCOME R	13-3151768	0.60% x assets plus $12/participant	1.13%

Investment Option Name	*EIN*	*Fees Received from investment options on your Plan's Menu (rates as of 12/31/10)*	*Total Annual Expenses[2] (as of 12/31/10)*
JANUS BALANCED R	84-0592523	0.75% x assets	1.36%
JANUS FORTY R	84-0592523	0.75% x assets	1.41%
LORD ABBETT DEVELOPING GROWTH R3	13-2958970	0.70% x assets	1.28%
MASSACHUSETTS INV TRUST R2	04-1590600	0.85% x assets	1.08%
MFS CORE GROWTH R2	04-3158862	0.87% x assets	1.46%
MFS GOVERNMENT SECURITIES R2	04-3158862	0.85% x assets	1.13%
MFS RESEARCH INTERNATIONAL R2	04-3158862	0.85% x assets	1.49%
MFS TOTAL RETURN R2	04-2468583	0.85% x assets	1.03%
MUTUAL GLOBAL DISCOVERY R	22-2894171	0.60% x assets plus $12/participant	1.53%
PIMCO TOTAL RETURN R	33-0629048	0.65% x assets	1.15%
PIONEER MID-CAP VALUE R	04-3091159	0.75% x assets	1.66%
PIONEER R	04-6013015	0.75% x assets	1.45%
THE HARTFORD INFLATION PLUS R3	22-2937447	0.85% x assets	1.25%
THORNBURG CORE GROWTH R3	06-1158764	0.75% x assets	1.51%
THORNBURG INTERNATIONAL VALUE R3	06-1158764	0.75% x assets	1.45%
VICTORY SMALL CO OPPORTUNITY R	31-6364605	0.65% x assets plus $16/participant	1.65%
VICTORY SPECIAL VALUE R	31-6364605	0.65% x assets plus $16/participant	1.61%

[1] At the time this report was generated this information was not available.

Under the variable investment options available through your plan's group annuity contract or funding agreement, contract values are invested in Hartford Life Insurance Company separate accounts that, in turn, invest in underlying registered investment companies (i.e., mutual funds) and collective investment funds.

The list includes any investment option held by the plan during the 2010 calendar year. To arrive at an estimate of the dollar amount that Hartford received from each investment option, multiply the rate of fees received from each investment option by your plan's year-end balance (or if the investment option was liquidated prior to year end, the balance on the liquidation date) and, if applicable, the per participant fee by the number of participants in the investment option at year end (or the liquidation date if earlier). This will be an estimate because your plan's balance and number of participants will vary over the course of the year, so the year-end balance and number of participants may be higher or lower than the daily balance. In addition, these fees are calculated on a daily basis.

[2] This amount is the sum of the fund's distribution, management and other fees, which are also identified in the fund's prospectus. Please note that affiliates of Hartford Life Insurance Company act as advisor to the Hartford funds. Such affiliates are identified in the fund's prospectus' and receive management fees in the following amounts:

The Hartford Inflation Plus Inv Opt	0.52% x assets

Recipient: Mesirow Financial Investment Management, Inc. EIN: 36-3429599

Annual fee and basis point fee for Mesirow plan fiduciary service **$116.35**
Service code: 27

Payor: Hartford Life Insurance Company EIN: 06-0974148

This is an estimate based on the annual flat fee plus the basis point fee paid to Mesirow divided by the number of plans using this feature.

Annual platform package fee ("Model My Goals") **$44.20**
Service code: 49

Payor: Hartford Life Insurance Company EIN: 06-0974148

This is an estimate based on the annual platform package fee paid to Mesirow divided by the number of plans using this feature.

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

FINANCIAL STATEMENTS AND
SUPPLEMENTAL INFORMATION

DECEMBER 31, 2010

DAN CALLAGHAN ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN & TRUST
FINANCIAL STATEMENTS AND
SUPPLEMENTAL INFORMATION
DECEMBER 31, 2010

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

INDEPENDENT AUDITORS' REPORT

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

We were engaged to audit the accompanying statement of net assets available for benefits of Dan Callaghan Enterprises, Inc. 401(k) Profit Sharing Plan & Trust (the Plan), as of December 31, 2010 and the related statement of changes in net assets available for benefits for the year ended December 31, 2010, and the supplemental information, as listed in the accompanying table of contents, as of or for the year ended December 31, 2010. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Hartford Life Insurance Company (Hartford), the custodian of the Plan, except for comparing the information with the related information included in the 2010 financial statements and supplemental schedules. 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 schedules as of or for the year ended December 31, 2010. The form and content of the information included in the financial statements and supplemental schedules, 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 statement of net assets available for benefits of Dan Callaghan Enterprises, Inc. 401(k) Profit Sharing Plan & Trust as of December 31, 2009, and in our report dated October 7, 2010, we expressed our opinion that such financial statement presents fairly, in all material respects, the net assets available for benefits of Dan Callaghan Enterprises, Inc. 401(k) Profit Sharing Plan & Trust Plan as of December 31, 2009, in conformity with accounting principles generally accepted in the United States of America.

Christopher, Smith, Leonard,
Bristow + Stanell, P.A.
CHRISTOPHER, SMITH, LEONARD,
BRISTOW & STANELL, P.A.

October 11, 2011
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DAN CALLAGHAN ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN & TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31,

	2010	2009
ASSETS		
Investments (at fair value)	$ 2,705,300	$ 2,346,466
Receivables		
Participants' contributions	-	2,755
Notes receivable from participants	147,306	167,051
TOTAL ASSETS	2,852,606	2,516,272
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,852,606	$ 2,516,272

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

DAN CALLAGHAN ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN & TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2010

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income:	
Net appreciation of investments	$ 214,386
Interest and dividend income	7,427
Total Investment Income	221,813
Interest income on notes receivable from participants	9,467
Participants' contributions	166,437
TOTAL ADDITIONS	397,717
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	61,190
Administrative expenses	193
TOTAL DEDUCTIONS	61,383
NET INCREASE	336,334
NET ASSETS AVAILABLE FOR BENEFITS:	
Net assets - Beginning of year	2,516,272
Net assets - End of year	$ 2,852,606

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

NOTE A - DESCRIPTION OF PLAN

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

General

The Plan is a defined contribution plan covering all eligible employees of Dan Callaghan Enterprises, Inc. (the Company). The Plan was restated on January 1, 2010. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

Employees who are at least twenty-one years of age and have completed one year of service are eligible to participate in the Plan. Employees may elect to begin making contributions into the Plan on the first day of the quarter coinciding with or immediately following eligibility. Employees who have completed 501 hours of service during the Plan year are eligible to receive any Company non-elective contribution.

Contributions

Participants may contribute to the Plan on a pretax basis between 1% and 95% of their annual compensation (subject to IRS limitations). Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified retirement plans (rollovers). The Company, at its discretion, may make non-elective contributions to the Plan. For 2010, no non-elective contributions were made by the Company.

Participants direct the investment of their contributions into various investment options offered by the Plan. The participants may change their investment elections at any time.

Notes Receivable from Participants

Participants are able to obtain loans from the assets of the Plan using their individual account balances as collateral. Participants are limited to only one outstanding Plan loan. Loan amounts cannot exceed the lesser of $50,000 or 50% of the participant's vested account balance and must have a minimum amount of $1,000. Each loan shall bear interest at a rate determined by the Company in accordance with current appropriate standards. Principal and interest is paid ratably through payroll deductions.

NOTE A - DESCRIPTION OF PLAN - CONTINUED

Participant Accounts

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

Vesting

Participants are immediately 100% vested in their voluntary pre-tax 401(k) contributions plus actual earnings thereon. Additionally, participants become fully vested in all of their accounts in the event of disability, death or attaining normal retirement date while employed with the Company.

Vesting in the prior Company match and the discretionary non-elective contributions in participant accounts is based on their years of continuous service as follows:

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

Payment of Benefits

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

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

Forfeitures

The forfeitures for the non-vested portion of the Company's contributions can be used to pay Plan administrative expenses or reduce the Company's non-elective contributions. At December 31, 2010 and 2009, the forfeited non-vested accounts totaled $1,579 and 1,799, respectively.

NOTE A - DESCRIPTION OF PLAN - CONTINUED

Termination

Although it has not expressed any intent to do so, the Company 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 the Plan is terminated by the employer, each participant's benefits become fully vested.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Adoption of New Accounting Standards

In January 2010, the FASB issued ASU No. 2010-06, "Improving Disclosures about Fair Value Measurements" ("ASU 2010-06"), which requires additional disclosure related to the three-level fair value hierarchy. Entities are required to disclose significant transfers in and out of Levels 1 and 2 of the fair value hierarchy. The Plan adopted the amendments in ASU 2010-06 effective January 1, 2010, and has prospectively included the required disclosures in Note D.

Investment Valuation and Income Recognition

Investments are reported at fair value, except for fully benefit-responsive investment contracts. 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.

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 investment contract at contract value, which approximates fair value. The statement of changes in net assets available for benefits is also prepared on a contract value basis. (See Note E)

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the amounts reported in the financial statements and the accompanying notes. Actual results could differ from these estimates.

Reclassifications

Certain reclassifications have been made to the prior year financial statements in order for them to be in conformity with the current year presentation. The reclassifications had no impact on previously reported net assets available for benefits.

NOTE C - INVESTMENTS

The December 31, 2010, statement of net assets available for benefits, the investment activities included on the statement of changes in net assets available for benefits for the year ended December 31, 2010, and the accompanying notes to the financial statements were prepared from information certified by the Hartford Life Insurance Company (Hartford), the custodian, in accordance with 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 information certified includes total investments of $2,705,300 at December 31, 2010, and related income of $221,813 for the year ended December 31, 2010.

The following presents investments within the Plan that represent 5% or more of the Plan's net assets at:

	December 31,	
Investment	2010	2009
Merrill Lynch Ready Assets	n/a	$ 271,628
Davis New York Venture FD CL R	$ 414,115	$ 467,828
Blackrock Large Cap Core FD R	n/a	$ 206,399
Blackrock Fundamental Growth FD Inc R	n/a	$ 317,868
Blackrock International Value FD R	n/a	$ 169,902
Blackrock Global Allocation FD Inc R	n/a	$ 416,604
Blackrock Governmental Income Portfolio CL R	n/a	$ 208,651

NOTE C - INVESTMENTS - CONTINUED

Investment - Continued	December 31, 2010	2009
American Funds Invest Co. of AM.	$ 253,711	n/a
Massachusetts Investors Tr.	$ 219,428	n/a
PIMCO Total Return R	$ 143,424	n/a
Janus Forty R	$ 243,062	n/a
Thornburg International Value R3	$ 184,431	n/a

During the year, the Plan's investments, (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $214,386.

NOTE D - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to unobservable inputs (Level 3 measurement). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

NOTE D - FAIR VALUE MEASUREMENTS - CONTINUED

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009. In addition, there were no significant transfers between Level 1 and 2 for the year ended December 31, 2010.

The Plan invests in a Hartford funding agreement that includes a fixed investment offering called the fixed income account. The fixed income values are based on the amount allocated to the fixed account plus credited interest per the group funding agreement. The declared interest rate was 3% for 2010. (See Note E).

The Plan invests in a Hartford funding agreement that includes variable investment offerings through pooled separate accounts. These unregistered pooled separate accounts are divided into investment divisions called "sub-accounts". Each sub-account invests in shares of an underlying mutual fund. The shares of the underlying mutual fund are valued at net assets value (NAV) on a daily basis. The mutual funds may also be valued as determined by an independent pricing service, based on methods which include consideration of: yields or prices of securities of comparable quality, coupon, maturity and type, indications as to values from dealers; and general market conditions.

The Hartford is not a direct filing entity and therefore the assets invested in the separate accounts are to be classified by category investment.

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

The Merrill Lynch Ready Assets Trust is valued under the amortized cost method, which approximates fair value. Under this method, investments are valued at cost when purchased and thereafter, a constant proportionate accretion and amortization of any discounts and premiums are recorded until the maturity of the security. The fund seeks to maintain its net asset value per share at $1.00, although there is no assurance that it will be able to do so on a continuing basis.

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

The following tables set forth the level, within the fair value hierarchy, of the Plan's asset values as of December 31, 2010 and 2009 (see definitions at Note B):

NOTE D - FAIR VALUE MEASUREMENTS - CONTINUED

	Assets at Fair Value as of December 31, 2010			
	Totals	Level 1	Level 2	Level 3
Fixed income account	$ 275,581	$ -0-	$ 275,581	$ -0-
Pooled separate accounts				
Mutual funds				
Asset allocation	197,512	145,429	52,083	-0-
Blend funds	992,536	992,536	-0-	-0-
Fixed income	393,850	-0-	393,850	-0-
Growth	489,871	489,871	-0-	-0-
International	298,967	298,967	-0-	-0-
Target date	1,625	-0-	1,625	-0-
Value	55,358	55,358	-0-	-0-
Total mutual funds	2,429,719	1,982,161	447,558	-0-
Total assets	$ 2,705,300	$1,982,161	$ 723,139	$ -0-

	Assets at Fair Value as of December 31, 2009			
	Totals	Level 1	Level 2	Level 3
Registered investment companies	$ 2,074,838	$ 836,599	$ 1,238,239	$ -0-
Cash and Money Market	271,628	-0-	271,628	-0-
Total	$ 2,346,466	$ 836,599	$ 1,509,867	$ -0-

NOTE E - GUARANTEED INVESTMENT CONTRACT

On January 1, 2010 the Plan entered into a benefit responsive guaranteed investment contract with Hartford. Hartford maintains the contributions in a general account and is subject to the claims of Hartford's general creditors. The account is credited with earnings on the underlying investments and charged for participant withdrawals administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the Statement of Net Assets Available for Benefits at contract value. Contract value, as reported to the Plan by Hartford, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

NOTE E - GUARANTEED INVESTMENT CONTRACT - CONTINUED

There are no reserves against contract value for credit risk of the contract issuer or otherwise. Contract value approximates fair value. The fair value of the investment contract at December 31, 2010 was $274,020. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 3%. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan). (2) changes to the plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events which would limit the plan's ability to transact at contract value with participants are probable of occurring.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

Average yields:

	2010	2009
Based on actual earnings	3%	3%
Based on interest rate credited to participants	3%	3%

NOTE F - TAX STATUS

The Plan has adopted a prototype Plan, which received a determination letter from the Internal Revenue Service (IRS), dated March 31, 2008, which indicates that the Prototype Plan is acceptable under Section 401 of the Internal Revenue Code, (IRC). The Plan has been amended subsequent to this date. However, the plan administrator and the Plan's counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the 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. The Plan administrator has analyzed the 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 taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan's 2008 and subsequent years remain open to inspection by the Internal Revenue Service.

NOTE G - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE H - PARTIES-IN-INTEREST TRANSACTIONS

Dan Callaghan Enterprises, Inc. (The Company) provides accounting and administrative services to the Plan at no charge. The Company also absorbs significant Plan expenses. The Plan's two co-trustees are employees of the Plan Sponsor.

NOTE I - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500 at December 31, 2009:

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

The following is a reconciliation of participant contributions per the financial statements for the year ended December 31, 2010 to Schedule H of Form 5500:

	12/31/10
Participant contributions per the financial statements	$ 166,437
Plus: participant contributions receivable at December 31, 2009	2,755
Participant contributions per Schedule H of Form 5500	$ 169,192

NOTE J - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 11, 2011, which is the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

DAN CALLAGHAN ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN & TRUST
EIN:59-1795428
PLAN NUMBER: 001
SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2010

(a)	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of investment	(d) Cost	(e) Current Value
*	Hartford Life Insurance Company	Fixed Income Account	NA	$ 275,581
	Davis NY Venture R	Mutual Fund	NA	$ 414,115
	American Funds - Investment Co. of America R1	Mutual Fund	NA	253,711
	Janus Forty R	Mutual Fund	NA	243,062
	Massachusetts Investors Tr R2	Mutual Fund	NA	219,428
	Thornburg International Value R3	Mutual Fund	NA	184,431
	PIMCO Total Return R	Mutual Fund	NA	143,424
	Lord Abbett Developing Growth R3	Mutual Fund	NA	131,622
	Janus Balanced R	Mutual Fund	NA	125,720
	MFS Government Securities R2	Mutual Fund	NA	115,971
	Franklin High Income R	Mutual Fund	NA	75,847
	Thornburg Core Growth R3	Mutual Fund	NA	75,559
	Pioneer R	Mutual Fund	NA	73,122
	American Funds - Capital World G/I R1	Mutual Fund	NA	61,738
*	The Hartford Inflation Plus R3	Mutual Fund	NA	54,109
	Mutual Global Discover R	Mutual Fund	NA	52,691
	BlackRock Global Allocation R	Mutual Fund	NA	52,083
	Victory Small Company Opportunity R	Mutual Fund	NA	43,666
	American Century Vista R	Mutual Fund	NA	39,628
	Victory Special Value R	Mutual Fund	NA	32,160
	MFS Total Return R2	Mutual Fund	NA	19,709
	Allianz NFJ Dividend Value R	Mutual Fund	NA	11,500
	Frankling Strategic Income R	Mutual Fund	NA	4,499
	BlackRock LifePath 2040 Investor A	Mutual Fund	NA	1,625
	Pioneer Mid-Cap Value R	Mutual Fund	NA	192
	MFS Research Intenrational R2	Mutual Fund	NA	107
				$2,429,719
	Participant Loans	Interest rates 3.25% - 9.25%	-0-	$ 147,306

* Party-in-interest to the plan

Column (d) is N/A as all investments are participant directed.

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

DAN CALLAGHAN ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN & TRUST
SCHEDULE H, LINE 4(a) - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
PLAN # 001 EIN# 59-1795428
DECEMBER 31, 2010

	Total That Constitute Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to the Plan	Contributions Not Corrected	Contributions Corrected Outside VCFP	Contributions Pending Correction in VCFP	Total Fully Corrected Under VFCP and PTE 002-51
Check here if Late Participant Loan Repayments are Included: X	$ -0-	$ 8,471	$ -0-	$ -0-

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