## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

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

2009

Inspection

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

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

Pa	art I	<b>Annual Report</b>	Identification Info	rmation							
For	calendar	plan year 2009 or fis	scal plan year beginnin	g 01/01/20	009	and ending	12/31/	2009			
Α .	This retu	rn/report is for:	x single-employer pl	an	multiple-e	mployer plan (not multiemployer)		one-participa	int plan		
						n/report					
		,	an amended return	n/report	short plan	year return/report (less than 12 m	onths)				
_	Chaal, ha	ox if filing under:	Form 5558	[	╡ `	extension	0	DFVC progra	am		
C	спеск вс	ox it filing under:		] Antor dogarin		, exterision		☐ DF vc progra	2111		
			special extension		,						
			rmation—enter all re	equested infor	mation		1 41		T		
	Name of		OWY I I O 404K DETIE	SEMENT OAL	INIOO DI ANI		16	Three-digit plan number			
AIVII I	-000 5	YSTEMS OF KENTU	CKY, LLC 401K RETIF	KEMENT SAV	INGS PLAN			(PN)	001		
							1c	Effective date o	f plan		
								01/01/2			
			dress (employer, if for s	single-employe	er plan)		2b	Employer Identi	fication Number		
AMI I	FOOD S	YSTEMS OF KENTU	CKY, LLC					(EIN) 61-138			
D ()	DOV 757	7					2C	Plan sponsor's 859-98	telephone number		
	BOX 757 S, KY 40						2d		(see instructions)		
								722300			
			d address (if same as			e")	3b	Administrator's			
AMI I	FOOD SY	YSTEMS OF KENTU	CKY, LLC	P.O. BOX 7 PARIS, KY			2-	61-138			
				,			3C	Administrator's 859-98	telephone number		
<b>4</b> 1	f the nam	ne and/or EIN of the p	olan sponsor has chanc	ged since the l	ast return/re	port filed for this plan, enter the	4b	EIN	7 11 10		
			per from the last return			, ,					
								PN			
5a	Total nu	umber of participants	at the beginning of the	plan year			· 5a	4			
			, ,				. 5b	<b>)</b>			
С						ear (defined benefit plans do not	F-		47		
									47		
	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)										
D						ons.)a public accountant (l'			X Yes No		
			•		•	SF and must instead use Form 5					
Pa	rt III	Financial Inform	nation								
7	Plan As	sets and Liabilities				(a) Beginning of Year	(b) End of Ye		of Year		
а	Total pla	an assets			7a	4122	49		724475		
b	Total pla	an liabilities			7b						
С	Net plar	n assets (subtract line	e 7b from line 7a)		7с	4122	49		724475		
8	Income,	, Expenses, and Tran	sfers for this Plan Yea	r		(a) Amount		(b) Total			
а		utions received or rec						. ,			
	<b>(1)</b> Em	ployers			8a(1)	856	98				
	<b>(2)</b> Par	ticipants			8a(2)	1571	56				
	(3) Oth	ers (including rollove	rs)		8a(3)						
b	Other in	ncome (loss)			8b	1058	13				
С	Total in	come (add lines 8a(1)	), 8a(2), 8a(3), and 8b)		8c				348667		
d			t rollovers and insuran	•		264	41				
_	•	,	-C P-02b-02 (			364	+1				
e			ective distributions (see	,			$\dashv$				
f		•	lers (salaries, fees, con	,			$\dashv$				
g		•									
h	Total ex	openses (add lines 8d	l, 8e, 8f, and 8g)		<u>8h</u>				36441		
į		` , `	ne 8h from line 8c)						312226		
j	Transfe	rs to (from) the plan (	see instructions)		8j						

Part IV	Plan Characteristics

SIGN HERE

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3D

D I	II th	e plan provides welfare benefits, enter the applicable welfare featur	re codes from the L	list of Plan Chara	cteris	iic Cod	ies in	ine instruct	ions:		
Part	٧	Compliance Questions									
10	Du	ring the plan year:				Yes	No		Amount		
а	<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						X				
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)							X				
C Was the plan covered by a fidelity bond?										500000	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?											
										4628	
f	Ha	s the plan failed to provide any benefit when due under the plan?			10f		X				
g	Did	the plan have any participant loans? (If "Yes," enter amount as of y	year end.)		10q		X				
		nis is an individual account plan, was there a blackout period? (See 20.101-3.)			10h		X				
i		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i						
Part \		Pension Funding Compliance									
		nis a defined benefit plan subject to minimum funding requirements?							Yes	X No	
12		his a defined contribution plan subject to the minimum funding requ							Yes		
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.		1 412 01 the 00de	01 30	CHOIT	JOZ 01	LINIOA:	□	Ц	
а	If a	waiver of the minimum funding standard for a prior year is being am	nortized in this plar							-	
	granting the waiver										
	b Enter the minimum required contribution for this plan year										
		er the amount contributed by the employer to the plan for this plan y				T	12c				
d	•										
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?							Yes	No	N/A	
Part \	VII	Plan Terminations and Transfers of Assets									
13a	Has	s a resolution to terminate the plan been adopted during the plan year	ar or any prior yea	r?					Yes	X No	
	lf "۱	es," enter the amount of any plan assets that reverted to the emplo	yer this year				13a				
		re all the plan assets distributed to participants or beneficiaries, tran he PBGC?	nsferred to another	plan, or brought ι	ınder 	the co	ntrol		Yes	X No	
	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)										
13c(1) Name of plan(s):						<b>13c(2)</b> EIN(s) <b>13c(3)</b> F			) PN(s)		
Cautio	on:	A penalty for the late or incomplete filing of this return/report v	will be assessed υ	ınless reasonabl	e cau	ise is	establ	ished.			
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I de nedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.									
SIGN Filed with authorized/valid electronic signature. 10/06/2010 LESLIE A. O'BR					YAN						
HERE	JEDE .					individual signing as plan administrator					

Date

Enter name of individual signing as employer or plan sponsor

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee
Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee

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

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

OMB Nos. 1210-0110 1210-0089

## 2009

This Form is Open to Public Inspection

		entification Information							
For	calendar plan year 2009 or fiscal		01/01/2			12/31/200			
Α	This return/report is for:	single-employer plan	∐ multiple-€	employer plan (not multiemployer)		one-participa	nt plan		
В	This return/report is for:	first return/report	final retu	n/report					
		an amended return/report	short plai	n year return/report (less than 12 m	onths)				
С	Check box if filing under:	Form 5558	automatio	extension		DFVC program	m		
		special extension (enter descrip	tion)						
Pa	rt II 📗 Basic Plan Inform	ation—enter all requested infor	mation						
	Name of plan	W	<b>5</b> '		1b	Three-digit			
	_	Kentucky, LLC 401k	Retirem	ent		plan number (PN)	001		
	Savings Plan				1c	Effective date of			
						01/01/2006			
2a	Plan sponsor's name and addres	ss (employer, if for single-employ Kentucky, LLC	er plan)		2b	Employer Identifi			
	Ant rood byscems or	Reneucky, Inc			200	(EIN) 61-138:			
	P.O. Box 757				20	(859) 987-4	elephone number 743		
	P.O. BOX 757				2d	Business code (s	see instructions)		
-	Paris			KY 40362	0.	722300			
3a	Plan administrator's name and a	ddress (if same as Plan sponsor,	enter "Same	≘")	3b	Administrator's E	EIN		
					3c	Administrator's to	elephone number		
					ļ		•		
		sponsor has changed since the from the last return/report. Spon-		port filed for this plan, enter the	4b	EIN			
i	iame, Lin, and the plan itamber	nont the last return/report. Spon	SUI S HAINE		4c	PN			
5a Total number of participants at the beginning of the plan year							46		
b	b Total number of participants at the end of the plan year						47		
C	the state of the s						47		
	complete this item)	5c	\$25						
	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No No No Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								
	under 29 CFR 2520.104-46? (S	ee instructions on waiver eligibilit	y and condit	ons.)			X Yes No		
Гъ			Form 5500-	SF and must instead use Form 5	500.				
	rt III Financial Informat	lion	1		<u>-</u>	- · · · ·			
7	Plan Assets and Liabilities			(a) Beginning of Year	_	(b) End			
a b	•			412,2	± 9	·	724,475		
	•	from line 7a)		412,2	, 0		724 475		
	Income, Expenses, and Transfel		16		± 21	(L) T	724,475		
a	Contributions received or receive	io ioi uno i idili FGAI	1	(a) Amount		(Q)	otal		
					+	, the	otal		
u	(1) Employers		8a(1)	85,6	98		otal		
		able from:	<u> </u>		⊣		otal		
	(2) Participants	able from:	8a(2)	85,6	⊣		otal		
b	(2) Participants	able from:	8a(2) 8a(3) 8b	85,6	56		otal		
b c	(2) Participants	able from: 	8a(2) 8a(3) 8b	85,6 157,1	56		otal 348,667		
b	(2) Participants	able from:	8a(2) 8a(3) 8b 8c	85,6 157,1	13				
b c	(2) Participants	able from:  a(2), 8a(3), and 8b)	8a(2) 8a(3) 8b 8c	85,6 157,1 105,8	13				
b c d	(2) Participants	able from:  a(2), 8a(3), and 8b)  llovers and insurance premiums	8a(2) 8a(3) 8b 8c 8d 8e	85,6 157,1 105,8	13				
b c d	(2) Participants	a(2), 8a(3), and 8b)	8a(2) 8a(3) 8b 8c 8d 8e 8d	85,6 157,1 105,8	13				
b c d	(2) Participants	a(2), 8a(3), and 8b)	8a(2) 8a(3) 8b 8c 8d 8c 8d 8e 8g	85,6 157,1 105,8	13				
b c d e f g	(2) Participants	a(2), 8a(3), and 8b)	8a(2) 8a(3) 8b 8c 8d 8e 8d 8e 8f 8g	85,6 157,1 105,8	13		348,667		

	Form 5500-SF 2009 Page <b>2-</b>						
Par 9a	t:IV   Plan Characteristics  If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char	o at a ri	tio Co	dan in	tha inaterratio		
Эa	2E 2F 2G 2J 2K 3D	acten	stic Co	aes in	the instruction	ons:	
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	tic Cod	des in t	the instructio	ns:	
Part	V Compliance Questions						
10	During the plan year:		Yes	No	А	mount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х			
C	Was the plan covered by a fidelity bond?	10c	х			500,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	Х			4,628	
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	•		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х .			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	plete	Sched	ule SB	(Form	Yes X No	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes X No	
a	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Mon	ctions,	and e				
lf y	vou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	(III		Day	<u>1</u> Y		
_	Enter the minimum required contribution for this plan year.		Г	12b	4 4 4		
	Enter the amount contributed by the employer to the plan for this plan year			12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a		12d	1		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			[	Yes	No N/A	
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?			ntrol		Yes X No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plai	n(s) to	Marin de la constanta de la co			
13c(1) Name of plan(s): 13c(2) EIN(s)							
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	se is	establi	ished.		
Unde SB or	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return.  Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return.  it is true correct, and complete.	ırn/rer	ort, in	cluding	ı, if applicabl	e, a Schedule owledge and	

SIGN HERE Signature of employer/plan sponsor

9/33/10 Dennis V. Swan

Date Enter name of individual signing as plan administrator

9/33/10 Dennis V. Swan

Dennis V. Swan

Enter name of individual signing as employer or plan sponsor