## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

	art I Annual Report Identification Information						
For	calendar plan year 2009 or fiscal plan year beginning 01/01/2009	9	and ending 1	2/31/2	2009		
Α	This return/report is for:	multiple-e	mployer plan (not multiemployer)	one-participant plan			
	This return/report is for: first return/report	final retur	n/report				
	an amended return/report	short plan	year return/report (less than 12 mo	nths)			
_	Check box if filing under:	•	extension	,	DFVC program		
C	special extension (enter descriptio		CATORION		_ Bi vo piogram		
D-							
	art II Basic Plan Information—enter all requested information	ation		1h	Three-digit		
	Name of plan PLY LITE FOODS CORPORATION 401(K) RETIREMENT PLAN			ID	plan number		
Olivii	ET ETTE TOODS CONTINUE 40 (N) RETIREMENT TEAM				(PN) • 001		
		1c	Effective date of plan				
					11/01/1995		
	Plan sponsor's name and address (employer, if for single-employer PLY LITE FOODS CORPORATION	plan)		2b	Employer Identification Number		
SIIVIF	PLY LITE FOODS CORPORATION			20	(EIN) 11-3051149 Plan sponsor's telephone number		
	ALL DRIVE				631-543-9600		
COM	IMACK, NY 11725			2d	Business code (see instructions)		
20	Discontinuity of the control of the		"	26	311300		
	Plan administrator's name and address (if same as Plan sponsor, er PLY LITE FOODS CORPORATION 74 MALL DRI		F)	30	Administrator's EIN 11-3051149		
	COMMACK,	NY 11725		3c	Administrator's telephone number		
					631-543-9600		
	If the name and/or EIN of the plan sponsor has changed since the las name, EIN, and the plan number from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN		
	name, Env, and the plan number from the last return/report. Sponso	i S Hairie		4c	PN		
5a	Total number of participants at the beginning of the plan year			5a	13		
b	Total number of participants at the end of the plan year			5b	12		
С	Total number of participants with account balances as of the end of			0.0			
	complete this item)			5c	12		
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		X Yes No		
b	, ,				X Yes ☐ No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo						
Pa	art III Financial Information	21111 0000	or and mast moteda ase I offi oo	<del> </del>			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year		
а	Total plan assets	7a	229177	7	274182		
b	Total plan liabilities	7b	(	)	0		
С	Net plan assets (subtract line 7b from line 7a)	7c	229177	7	274182		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
а	Contributions received or receivable from:				V.,		
	(1) Employers	8a(1)	(	)			
	(2) Participants	8a(2)	1454	1			
	(3) Others (including rollovers)	8a(3)	(	)			
b	Other income (loss)	8b	43684	1			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			45138		
d	Benefits paid (including direct rollovers and insurance premiums	0.4	(				
_	to provide benefits)  Certain deemed and/or corrective distributions (see instructions)	8d					
e f	,	8e					
ī	Administrative service providers (salaries, fees, commissions)	8f	133				
g	Other expenses (add lines 2d, 2c, 2f, and 2g)	8g			133		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				133		
:	, , , , , , , , , , , , , , , , , , , ,	8h					
i :	Net income (loss) (subtract line 8h from line 8c)  Transfers to (from) the plan (see instructions)	8i 8j			45005		

D ( IV/	DI	<b>O</b> L	
Part IV	Plan	Characi	reristics

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	II th	e plan provides welfare benefits, enter the applicable welfare featur	re codes from the L	List of Plan Chara	cteris	iic Co	des in	tne instructi	ons:
Part	٧	Compliance Questions							
10	Du	ring the plan year:				Yes	No		Amount
а		Vas there a failure to transmit to the plan any participant contributions within the time period described 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					X		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)				10b		X		
С	Was the plan covered by a fidelity bond?				10c	X			3500
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?						X		
	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)						X		
f	Ha	Has the plan failed to provide any benefit when due under the plan?					X		
g	Did	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				Χ			31681
		f this is an individual account plan, was there a blackout period? (See instructions and 29 CFR					X		
i		10h was answered "Yes," check the box if you either provided the required notice or one of the xceptions to providing the notice applied under 29 CFR 2520.101-3							
Part \	VI	Pension Funding Compliance							
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))								
12	ls t	his a defined contribution plan subject to the minimum funding requ	irements of section	n 412 of the Code	or se	ction 3	302 of	ERISA?	Yes X No
	•	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.	,						
	<b>a</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
If y	ou	completed line 12a, complete lines 3, 9, and 10 of Schedule MB	3 (Form 5500), and	I skip to line 13.				I	
	Enter the minimum required contribution for this plan year						12b		
		er the amount contributed by the employer to the plan for this plan y					12c		
	negative amount)					-	12d		<b>□</b> □
	Will the minimum funding amount reported on line 12d be met by the funding deadline?							Yes	No X N/A
Part \		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?				I	X Yes No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year						13a		0
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
	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.)								
13	13c(1) Name of plan(s):					<b>13c(2)</b> EIN(s)			<b>13c(3)</b> PN(s)
Cautio	on:	A penalty for the late or incomplete filing of this return/report w	will be assessed ι	ınless reasonabl	e cau	ıse 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	F	led with authorized/valid electronic signature. 10/14/2010 SALVATORE ASARO							
HERE		Signature of plan administrator Date Enter name of individual signing as plan administrator				nistrator			

Date

Enter name of individual signing as employer or plan sponsor