| Form 5500 | Annual Return/Report of Employee Benefit Plan | OMB Nos. 1210-0110 1210-0089 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | 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).<br>▶ **Complete all entries in accordance with the instructions to the Form 5500.** | **2010**<br>**This Form is Open to Public Inspection** |

## Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**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;
- [ ] 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:
- [ ] Form 5558;
- [ ] automatic extension;
- [X] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
AMPLE INDUSTRIES INC. 401(K) PROFIT SHARING PLAN & TRUST

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/1999

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

4000 COMMERCE CENTER DRIVE
FRANKLIN, OH 45005

**2b** Employer Identification Number (EIN) 31-1428862

**2c** Sponsor's telephone number 513-746-9700

**2d** Business code (see instructions) 322200

**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. | 09/26/2011 | ROBERT FAIRCHILD |
| | **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 |

**For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.**

| | |
|---|---|
| **3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>AMPLE INDUSTRIES INC.<br><br>4000 COMMERCE CENTER DRIVE<br>FRANKLIN, OH 45005 | **3b** Administrator's EIN<br>31-1428862<br>**3c** Administrator's telephone number<br>513-746-9700 |

| | | |
|---|---|---|
| **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: | | **4b** EIN |
| **a** Sponsor's name | | **4c** PN |

| | | |
|---|---|---|
| **5** Total number of participants at the beginning of the plan year | **5** | 202 |
| **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** | 207 |
| **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** | 207 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e** | **6f** | 207 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 15 |
| **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 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) | **9b** Plan benefit arrangement (check all that apply) |
|---|---|
| **(1)** [ ] Insurance | **(1)** [ ] Insurance |
| **(2)** [ ] Code section 412(e)(3) insurance contracts | **(2)** [ ] Code section 412(e)(3) insurance contracts |
| **(3)** [X] Trust | **(3)** [X] Trust |
| **(4)** [ ] General assets of the sponsor | **(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** | **b General Schedules** |
|---|---|
| **(1)** [X] **R** (Retirement Plan Information) | **(1)** [X] **H** (Financial Information) |
| **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | **(2)** [ ] **I** (Financial Information – Small Plan) |
| | **(3)** [ ] ___ **A** (Insurance Information) |
| | **(4)** [ ] **C** (Service Provider Information) |
| **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | **(5)** [ ] **D** (DFE/Participating Plan Information) |
| | **(6)** [ ] **G** (Financial Transaction Schedules) |

| SCHEDULE H (Form 5500) | Financial Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | 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).<br>▶ **File as an attachment to Form 5500.** | **2010**<br>**This Form is Open to Public Inspection** |

For calendar plan year 2010 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** Name of plan
AMPLE INDUSTRIES 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
AMPLE INDUSTRIES INC.

**D** Employer Identification Number (EIN)
31-1428862

## 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) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 30581 | 41561 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 253007 | 280820 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **e** Buildings and other property used in plan operation | 1e | | |
| **f** Total assets (add all amounts in lines 1a through 1e) | 1f | 283588 | 322381 |
| **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 | 283588 | 322381 |

## 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) | | |
| **(B)** Participants | 2a(1)(B) | 41216 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 41216 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | 1563 | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 1563 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 7233 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 7233 |
| **(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) | | |
| **(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) | | |
| **(7)** Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| **(8)** Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| **(9)** Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| **(10)** Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 36590 |
| **c** Other income | 2c | | |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 86602 |

## Expenses

| | | | |
|---|---|---|---|
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 47809 | |
| **(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) | | 47809 |
| **f** Corrective distributions (see instructions) | 2f | | |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: **(1)** Professional fees | 2i(1) | | |
| **(2)** Contract administrator fees | 2i(2) | | |
| **(3)** Investment advisory and management fees | 2i(3) | | |
| **(4)** Other | 2i(4) | | |
| **(5)** Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 0 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 47809 |

## Net Income and Reconciliation

| | | | |
|---|---|---|---|
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | 38793 |
| **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)** [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

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

**(1)** Name: CLARK SCHAEFER HACKETT **(2)** EIN: 31-0800053

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| **a** | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** | Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |
| **c** | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| **d** | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| **e** | Was this plan covered by a fidelity bond? | 4e | X | | 100000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| **g** | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| **h** | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| **j** | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

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

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

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

| SCHEDULE R (Form 5500) | Retirement Plan Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | 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).<br>▶ **File as an attachment to Form 5500.** | **2010**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2010 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** Name of plan
AMPLE INDUSTRIES 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
AMPLE INDUSTRIES INC.

**D** Employer Identification Number (EIN)
31-1428862

## 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** 0

**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): 16-1470238 _____

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. ..... **3**

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6 a** Enter the minimum required contribution for this plan year ..... **6a**

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

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

**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):

CLARK SCHAEFER HACKETT
STRENGTH IN NUMBERS

## INDEPENDENT AUDITORS' REPORT

Trustees
Ample Industries, Inc. 401(k) Profit Sharing Plan and Trust
Franklin, Ohio

We have audited the accompanying statements of net assets available for benefits of Ample Industries, Inc. 401(k) Profit Sharing Plan and Trust as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Ample Industries, Inc. 401(k) Profit Sharing Plan and Trust as of December 31, 2009 and 2008, and the changes in its net assets available for benefits for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

Our audit was conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule, Schedule H, Line 4i – Schedule of Assets (Held at Year End), referred to as "supplemental information," is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental information is the responsibility of the Plan's management. The supplemental information has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

The accompanying financial statements have been prepared assuming that the Plan will continue as a going concern. As discussed in Note 5 to the financial statements, the Board of Directors of Ample Industries, Inc., the Plan's sponsor, voted in June 2011 to terminate the Plan, which indicates that the Plan is not a going concern. The financial statements do not include any adjustments that might be necessary upon termination.

Clark Schaefer Hackett & Co

Middletown, Ohio
August 23, 2011

160 north breiel blvd.
middletown, oh 45042

www.cshco.com
p. 513.424.5000
f. 513.422.7882

cincinnati | columbus | dayton | middletown | springfield

| Form 5500 | Annual Return/Report of Employee Benefit Plan | OMB Nos. 1210-0110 1210-0089 |
|---|---|---|
| Department of the Treasury Internal Revenue Service. Department of Labor Employee Benefits Security Administration. Pension Benefit Guaranty Corporation | 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. | 2010 This Form is Open to Public Inspection |

## Part I Annual Report Identification Information

or calendar plan year 2010 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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

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

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

Check box if filing under: [ ] Form 5558; [ ] automatic extension; [X] the DFVC program; [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

a Name of plan AMPLE INDUSTRIES INC.
401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▸ 001

1c Effective date of plan 01/01/1999

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

4000 COMMERCE CENTER DRIVE

FRANKLIN OH 45005

2b Employer Identification Number (EIN) 31-1428862

2c Sponsor's telephone number (513)746-9700

2d Business code (see instructions) ~~541990~~ 322200

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

nder penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, atements 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.

| | | | |
|---|---|---|---|
| IGN ERE | Signature of plan administrator | 8/31/2011 Date | ROBERT FAIRCHILD Enter name of individual signing as plan administrator |
| IGN ERE | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| IGN ERE | Signature of DFE | Date | Enter name of individual signing as DFE |

r Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

| | |
|---|---|
| 3 Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>SAME | 3b Administrator's EIN<br>3c Administrator's telephone number |

| | |
|---|---|
| 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:<br>1 Sponsor's name | 4b EIN<br>4c PN |

| | | |
|---|---|---|
| Total number of participants at the beginning of the plan year | 5 | 20 |
| Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d). | | |
| 1 Active participants | 6a | 20 |
| 2 Retired or separated participants receiving benefits | 6b | |
| 3 Other retired or separated participants entitled to future benefits | 6c | |
| 4 Subtotal. Add lines 6a, 6b, and 6c | 6d | 20 |
| 5 Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | 6e | |
| Total. Add lines 6d and 6e | 6f | 20 |
| 7 Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | 6g | 1 |
| 8 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | 6h | |
| Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |

8 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 3D

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) | | 9b Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| (1) | ☐ Insurance | (1) | ☐ Insurance |
| (2) | ☐ Code section 412(e)(3) insurance contracts | (2) | ☐ Code section 412(e)(3) insurance contracts |
| (3) | ☒ Trust | (3) | ☒ Trust |
| (4) | ☐ General assets of the sponsor | (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 | | b General Schedules | |
|---|---|---|---|
| (1) | ☒ R (Retirement Plan Information) | (1) | ☒ H (Financial Information) |
| (2) | ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) | ☐ I (Financial Information – Small Plan) |
| | | (3) | ☐ A (Insurance Information) |
| | | (4) | ☐ C (Service Provider Information) |
| (3) | ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | (5) | ☐ D (DFE/Participating Plan Information) |
| | | (6) | ☐ G (Financial Transaction Schedules) |

# Ample Industries, Inc.
# 401(k) Profit Sharing Plan and Trust

Financial Statements and Supplemental Schedule

December 31, 2009 and 2008

with Independent Auditors' Report

CLARK SCHAEFER HACKETT

STRENGTH IN NUMBERS

## TABLE OF CONTENTS

Independent Auditors' Report ..... 1

Financial Statements

Statements of Net Assets Available for Benefits ..... 2

Statements of Changes in Net Assets Available for Benefits ..... 3

Notes to Financial Statements ..... 4 - 9

Accompanying Information

Schedule H, Line 4i - Schedule of Assets (Held at Year End) ..... 10

CLARK SCHAEFER HACKETT
STRENGTH IN NUMBERS

## INDEPENDENT AUDITORS' REPORT

Trustees
Ample Industries, Inc. 401(k) Profit Sharing Plan and Trust
Franklin, Ohio

We have audited the accompanying statements of net assets available for benefits of Ample Industries, Inc. 401(k) Profit Sharing Plan and Trust as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Ample Industries, Inc. 401(k) Profit Sharing Plan and Trust as of December 31, 2009 and 2008, and the changes in its net assets available for benefits for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

Our audit was conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule, Schedule H, Line 4i – Schedule of Assets (Held at Year End), referred to as "supplemental information," is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental information is the responsibility of the Plan's management. The supplemental information has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

The accompanying financial statements have been prepared assuming that the Plan will continue as a going concern. As discussed in Note 5 to the financial statements, the Board of Directors of Ample Industries, Inc., the Plan's sponsor, voted in June 2011 to terminate the Plan, which indicates that the Plan is not a going concern. The financial statements do not include any adjustments that might be necessary upon termination.

Clark Schaefer Hackett & Co

Middletown, Ohio
August 23, 2011

160 north breiel blvd.
middletown, oh 45042

www.cshco.com
p. 513.424.5000
f. 513.422.7882

cincinnati | columbus | dayton | middletown | springfield

Ample Industries, Inc. 401(k) Profit Sharing Plan and Trust
Statements of Net Assets Available for Benefits
December 31, 2009 and 2008

| | 2009 | 2008 |
|---|---|---|
| Assets | | |
| Investments, at fair value: | | |
| Mutual funds | $ 280,820 | 253,007 |
| Participant loans | 41,561 | 30,581 |
| | 322,381 | 283,588 |
| Qualified nonelective contribution receivable | 107,501 | 99,010 |
| Net assets available for benefits | $ 429,882 | 382,598 |

See accompanying notes to the financial statements.

Ample Industries, Inc. 401(k) Profit Sharing Plan and Trust
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2009 and 2008

| | 2009 | 2008 |
|---|---|---|
| Investment income: | | |
| Interest and dividends from mutual funds | $ 7,233 | 9,440 |
| Net appreciation (depreciation) in fair value of investments | 36,590 | (81,642) |
| Interest from participant loans | 1,563 | 1,438 |
| | 45,386 | (70,764) |
| Contributions: | | |
| Participants | 41,216 | 45,014 |
| Qualified nonelective contributions | 8,491 | 8,413 |
| | 49,707 | 53,427 |
| | 95,093 | (17,337) |
| Benefits paid | 47,809 | 12,928 |
| Net increase (decrease) in net assets | 47,284 | (30,265) |
| Net assets available for benefits: | | |
| Beginning of year | 382,598 | 412,863 |
| End of year | $ 429,882 | 382,598 |

See accompanying notes to the financial statements.

## 1. DESCRIPTION OF PLAN:

The following description of the Ample Industries, Inc. 401(k) Profit Sharing Plan and 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 full-time employees of Ample Industries, Inc. (the "Company") who are 18 years of age or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

### Contributions

Each year, participants may contribute up to 15% of pretax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds as investment options for participants. Additional profit sharing amounts may be contributed by the Company at the option of the Company's board of directors and are invested in a portfolio of investments as directed by the Participants. Contributions are subject to certain limitations.

The Company contributed no profit sharing contributions during 2009 or 2008.

### Participant accounts

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

### Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their account is based on years of continuous service. A participant is 100% vested after seven years of credited service.

### Participant loans

Participants may borrow from their fund accounts up to a maximum equal to the lesser of $50,000 or 50% or their account balance. The loans are secured by the balance in the participant's account and bear interest at rates that range from 5.25% to 7%, which are commensurate with local prevailing rates as determined quarterly by the plan administrator. Principal and interest is paid ratably through monthly payroll deductions.

### Payment of Benefits

On termination of service due to termination of employment, death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, annual installments over a period not to exceed the participant's life expectancy or the joint and last survivor life expectancy of the participant and his or her designated beneficiary, or by the purchase of an annuity contract.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

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

**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 certain reported amounts of assets and liabilities, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

**Investment valuation and income recognition**
Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 4 for discussion of fair value measurements.

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 (depreciation) includes the plan's gains and losses on investments bought and sold as well as held during the year.

**Participant loans**
Participant loans are measured at their unpaid principal balance plus any accrued by 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.

**Operating expenses**
Administrative expenses may be paid by the employer or the Plan, at the Company's discretion. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

**Subsequent events**
The plan has evaluated subsequent events through August 23, 2011, the date the financial statements were available to be issued.

## 3. INVESTMENTS:

The following presents investments that represent 5% or more of the Plan's net assets at December 31:

| | 2009 | 2008 |
|---|---|---|
| BlackRock Basic Value | $ 93,988 | 81,669 |
| BlackRock Government Income | 74,097 | 67,715 |
| BlackRock Corporate Bond Fund | 46,514 | 42,547 |
| BlackRock Global Allocation | 24,801 | 23,612 |
| Participant loans | 41,561 | 30,581 |

During 2009 and 2008, the plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by $36,590 and ($81,642), respectively.

## 4. 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 highest priority to the unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 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; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2009 and 2008.

*Mutual funds:* Valued at the net asset value (NAV) of shares held by the plan at year end.

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

The following tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008:

Assets at Fair Value as of December 31, 2009

| | | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|---|
| Mutual Funds: | | | | | |
| Money market fund | $ | 5,474 | - | - | 5,474 |
| International funds | | 26,333 | - | - | 26,333 |
| Fixed income funds | | 120,611 | - | - | 120,611 |
| Value funds | | 101,774 | - | - | 101,774 |
| Growth funds | | 20,801 | - | - | 20,801 |
| Blended fund | | 5,827 | - | - | 5,827 |
| Total mutual funds | | 280,820 | - | - | 280,820 |
| Participant Loans | | - | - | 41,561 | 41,561 |
| | $ | 280,820 | - | 41,561 | 322,381 |

Assets at Fair Value as of December 31, 2008

| | | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|---|
| Mutual Funds: | | | | | |
| Money market fund | $ | 6,764 | - | - | 6,764 |
| International funds | | 24,965 | - | - | 24,965 |
| Fixed income funds | | 110,262 | - | - | 110,262 |
| Value funds | | 88,623 | - | - | 88,623 |
| Growth funds | | 17,791 | - | - | 17,791 |
| Blended fund | | 4,602 | - | - | 4,602 |
| Total mutual funds | | 253,007 | - | - | 253,007 |
| Participant Loans | | - | - | 30,581 | 30,581 |
| | $ | 253,007 | - | 30,581 | 283,588 |

**Level 3 Gains and Losses**

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2009 and 2008:

| | 2009 | 2008 |
|---|---|---|
| Beginning balance | $ 30,581 | 19,475 |
| Issuances, maturities and settlements, net | 10,980 | 11,106 |
| Ending balance | $ 41,561 | 30,581 |

**5. PLAN TERMINATION:**

The Company has initiated the process to terminate the Plan effective June 30, 2011 and notified all participants of the Plan's termination and the options available to them to receive a distribution of their account balance. The Plan intends to distribute all participant accounts to the participants and/or their designated beneficiary as soon as possible.

## 6. TAX STATUS:

The Plan has adopted the Paychex Prototype Standardized Profit Sharing Plan with DPDA (Prototype Plan) as its Plan Document. The Prototype Plan Sponsor obtained an opinion letter dated March 31, 2008, in which the Internal Revenue Service (IRS) stated that the Prototype Plan, as amended and then designed, was in compliance with the applicable requirements of the IRC. The Plan has not received a determination letter specific to the Plan itself.

The Company has determined that certain administrative failures have occurred with respect to the Plan which could jeopardize the Plan's qualification under the IRC and filed a Voluntary Compliance Program (VCP) application with the IRS pursuant to Revenue Procedure 2008-50 on July 18, 2011 and intends to file a Delinquent Filers Voluntary Compliance Program (DFVCP) application with the U.S. Department of Labor to correct these administrative failures. See note 8 for a summary of the administrative failures and the planned corrective actions and actions already taken to correct these errors.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The Company has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2009, there were 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 Company believes it is no longer subject to income tax examinations for years prior to 2002.

## 7. RISKS AND UNCERTAINTIES

The plan invests in various investment securities. Investment securities are exposed to various risk such as interest rate risk, 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 participant's account balances and the amounts reported in the statement of new asset available for benefits.

## 8. CORRECTION OF PLAN ADMINISTRATIVE FAILURES

The Company failed to notify all eligible employees of their right to make elective contributions to the plan (affected employees hereafter referred to as "Excluded Participants"). To correct this failure, the Company calculated a Qualified Nonelective Contribution (QNEC) totaling $107,821 which includes an amount representing an estimate of contributions that would have been made by the Excluded Participants had they been notified of their right to make contributions and exercised that right, and an additional amount representing lost earnings on those estimated contributions calculated through June 29, 2011. $107,501 and $99,010 is recorded in the accompanying statements of net assets available for benefits as a contribution receivable representing the accumulated QNEC for Excluded Participants through December 31, 2009 and 2008, respectively. $8,491 and $8,413 is recorded in the accompanying statements of changes in net assets available for benefits as contribution income and represents the QNEC incurred for Excluded Participants during the years ended December 31, 2009 and 2008, respectively.

The Company also determined that certain distributions from the Plan were made to participants in 2010 who were ineligible to receive such distributions. To correct this failure, the Company calculated a QNEC equal to the amount of earnings that would have been credited to each affected participant's account up to the date of the correction (June 29, 2011). This QNEC is not reflected in the accompanying financial statements since the distributions for which it relates were made in 2010 and will be reflected in the Plan's 2010 financial statements.

On June 6, 2011, the Company submitted checks for both QNEC's mentioned above to the Plan's third party administrator to be deposited in the Plan's investment account and allocated to the individual participant accounts of the affected participants.

Additionally, the Plan did not file Form 5500's since the 2001 tax year or engage qualified public accountants to audit the Plan's financial statements for years in which an audit was required. The Company is in the process of entering the DFVCP program and intends to include Form 5500's for tax years 2002 through 2009 and audited financial statements of the Plan for tax years 2007 through 2009 as part of the DFVCP filing.

## 9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets per the financial statements to Form 5500 as of December 31, 2009 and 2008:

| | 2009 | 2008 |
|---|---|---|
| Net assets per financial statements | $ 429,882 | 382,598 |
| Qualified nonelective contribution receivable | (107,501) | (99,010) |
| Net assets per Form 5500 | $ 322,381 | 283,588 |

The following is a reconciliation of contributions per the financial statements to Form 5500 for the years ending December 31, 2009 and 2008:

| | 2009 | 2008 |
|---|---|---|
| Contributions per financial statements | $ 49,707 | 53,427 |
| Qualified nonelective contribution | (8,491) | (8,413) |
| Contributions per 5500 | $ 41,216 | 45,014 |

## 10. PARTY-IN-INTEREST TRANSACTIONS

The Plan's investments include mutual funds managed by Blackrock Funds, a related party of Merrill Lynch, the Plan's custodian. Transactions in these investments qualify as party-in-interest transactions.

Ample Industries, Inc. 401(k) Profit Sharing Plan and Trust
EIN 31-1428862 Plan 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2009

| (a) | (b) Identity of Issue | (c) Shares | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Mutual Funds: | | | |
| * | BlackRock Government Income | 6,368.1582 | ** | 74,097 |
| * | BlackRock Corporate Bond Fund | 4,422.7335 | ** | 46,514 |
| * | BlackRock Basic Value | 4,664.5282 | ** | 93,988 |
| * | BlackRock Capital Appreciation | 1,104.8360 | ** | 16,594 |
| * | BlackRock Global Allocation | 1,409.0636 | ** | 24,801 |
| * | BlackRock International | 482.2085 | ** | 1,532 |
| * | BlackRock Large Cap Value | 595.4962 | ** | 7,786 |
| * | BlackRock Small Cap Growth | 230.1874 | ** | 4,207 |
| * | BlackRock Value Opportunities | 810.6316 | ** | 5,827 |
| * | BlackRock Ready Assets Prime Money | 5,474.0300 | ** | 5,474 |
| | | | | 280,820 |
| * | Participant Loans (interest rates 5.25 - 7.0%) | - | $ - | 41,561 |
| | | | | $ 322,381 |

* Known to be party-in-interest

** Cost of asset is not required to be disclosed as investment is participant directed.

Ample Industries, Inc. 401(k) Profit Sharing Plan and Trust
EIN 31-1428862 Plan 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2009

| (a) | (b) Identity of Issue | (c) Shares | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Mutual Funds: | | | |
| * | BlackRock Government Income | 6,368.1582 | ** | 74,097 |
| * | BlackRock Corporate Bond Fund | 4,422.7335 | ** | 46,514 |
| * | BlackRock Basic Value | 4,664.5282 | ** | 93,988 |
| * | BlackRock Capital Appreciation | 1,104.8360 | ** | 16,594 |
| * | BlackRock Global Allocation | 1,409.0636 | ** | 24,801 |
| * | BlackRock International | 482.2085 | ** | 1,532 |
| * | BlackRock Large Cap Value | 595.4962 | ** | 7,786 |
| * | BlackRock Small Cap Growth | 230.1874 | ** | 4,207 |
| * | BlackRock Value Opportunities | 810.6316 | ** | 5,827 |
| * | BlackRock Ready Assets Prime Money | 5,474.0300 | ** | 5,474 |
| | | | | 280,820 |
| * | Participant Loans (interest rates 5.25 - 7.0%) | - | $ - | 41,561 |
| | | | | $ 322,381 |

* Known to be party-in-interest

** Cost of asset is not required to be disclosed as investment is participant directed.