## 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).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	Complete all entries in acco	rdance wit	h the instructions to the Form 550	0-SF.	•				
	rt I Annual Report Identi									
For	calendar plan year 2010 or fiscal plan	n year beginning 01/01/20	10	and ending 1	2/31/2	2010				
Α.	This return/report is for:	gle-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan				
В	This return/report is for:	st return/report	final retur	n/report						
	an	amended return/report	short plar	year return/report (less than 12 mo	nths)					
С	Check box if filing under:	rm 5558	automatic	extension		DFVC program				
	ř									
Da		ecial extension (enter descript  On—enter all requested inforr	,				_			
	Name of plan	On—enter all requested inion	паноп		1h	Three-digit	_			
	EYS FOODS, INC. RETIREMENT SA	AVINGS PLAN			15	plan number				
0, 10	ino remember	(VIII.OO ) E. II.				(PN) • 001				
					1c	Effective date of plan				
						12/03/2002				
	Plan sponsor's name and address (e	employer, if for single-employe	r plan)		2b	<b>2b</b> Employer Identification Number				
CASI	EYS FOODS, INC.				20	(EIN) 61-0866969				
130 H	IOLLY HILLS MALL RD				20	Plan sponsor's telephone numbe 606-785-5076	r			
	MAN, KY 41822				2d	Business code (see instructions)				
						812990				
3a	Plan administrator's name and addre	ess (if same as Plan sponsor,	enter "Same	e")	3b	Administrator's EIN				
CASI	EYS FOODS, INC.	130 HOLLÝ HINDMAN,		LL RD	0 -	61-0866969				
					3C	Administrator's telephone number 606-785-5076	r			
4	the name and/or EIN of the plan spo	onsor has changed since the la	ast return/re	port filed for this plan, enter the	4h	EIN	_			
	name, EIN, and the plan number from			pertined for time plant, effect the						
					4c	PN				
5a	Total number of participants at the b	peginning of the plan year			5a	5a   3				
b	Total number of participants at the e	end of the plan year			5b	4	10			
С	Total number of participants with ac-	count balances as of the end	of the plan y	vear (defined benefit plans do not	_		) E			
	complete this item)				5c		35			
	Were all of the plan's assets during	, ,		,		Yes L	۷o			
b	Are you claiming a waiver of the ann	nual examination and report of	f an indeper	ndent qualified public accountant (IQ	PA)	ĭ Yes □ N	J۵			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
Pa	rt III Financial Information						_			
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
-	Total plan assets		7a	422754	4	48704	8			
b	Total plan liabilities				)		0			
C	Net plan assets (subtract line 7b from			422754	4	48704	18			
8	Income, Expenses, and Transfers for		70	(a) Amount		(b) Total				
а	Contributions received or receivable			(a) Amount		(b) Total				
ű		3256		1						
	(2) Participants	tricipants		3						
	(3) Others (including rollovers)			0						
b	Other income (loss)		` '	37771						
С	Total income (add lines 8a(1), 8a(2)					11871	0			
d	Benefits paid (including direct rollove			4000						
	, ,	ovide benefits)								
е	Certain deemed and/or corrective di	stributions (see instructions)	8e	(	)					
f	Administrative service providers (sal	laries, fees, commissions)	8f	6051	1					
g	Other expenses		8g		0					
h	Total expenses (add lines 8d, 8e, 8f	, and 8g)				5441	6			
i	Net income (loss) (subtract line 8h fi	=:				6429	)4			
i	Transfers to (from) the plan (see ins				)					

	Form 5500-SF 2010 Page <b>2-</b>								
ar	t IV Plan Characteristics								
a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara 2E 2F 2G 2J 2K 3D 3H	acteris	tic Co	des in	the instru	ıctio	ns:		
)	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics.	cterist	ic Cod	les in t	he instru	ction	ıs:		
art	V Compliance Questions								
)	During the plan year:		Yes	No		Ar	nount		
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		X	l				
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	1				
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	X						993
f	Has the plan failed to provide any benefit when due under the plan?	10f		X	1				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X					5	50000
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		Χ						
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							
rt	VI Pension Funding Compliance								
Ī	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						Ye	s X	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Ye	s	No
а	(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 instructions, and enter the date of the letter ruling granting the waiver								
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			12b	·				
b	Enter the minimum required contribution for this plan year								
c d	Enter the amount contributed by the employer to the plan for this plan year	of a		12c 12d					
е	negative amount)		-		Yes		No		N/A
rt	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? ..... If "Yes," enter the amount of any plan assets that reverted to the employer this year.....

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control

of the PBGC?..... 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> PN(s)
		İ
		I
		1
		1

Yes

Yes X No

### 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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	Filed with authorized/valid electronic signature.	10/17/2011	EDGARDO SAADE				
HERE	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				

PAGE 02/06

OMB Nos, 1210-0110

1210-0089

# Form 5500-SF

Department of the Tressury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

This form is required to be filed under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

2010 This Form is Open to Public Inspection

	haton Benefit Guaranty Corporation Complete all entries in accord	ance with	the instructions to the Form 5500	)-5t.						
Part   Annual Report Identification Information  For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010										
	V single employer plan	nployer plan (not multiemployer)		one-participan						
	his return/report is for:	mumple-er final return			Olie-barrolbon	., p.:				
Вт	this return report is ion.		year return/report (less than 12 mor	nthe\						
				iu io j	DEVC program	n				
C	Meck box ii liling dider.	automatic	extension		T Di vo piografi	.,				
	special extension (enter description					· · · · · · · · · · · · · · · · · · ·				
	rt II. Basic Plan Information—enter all requested informa	ition		1h	Three-digit					
1a	Name of plan CASEYS FOODS, INC. RETIREMENT				plan number					
	SAVINGS PLAN				(PN) ▶	001.				
	OWALINGO THIM			1¢	Effective date of 12/03/2002					
2a	Plan sponsor's name and address (employer, if for single-employer CASEYS FOODS, TNC.	plan)	· · · · · · · · · · · · · · · · · · ·	2b	Employer Identifi					
	CASEYS FOODS, INC.			20	(EIN) 61 - 0860 Plan sponsor's te					
				<i></i> _	(606) 785-5	076				
	130 HOLLY HILLS MALL RD		KY 41.822	2d	2d Business code (see instructions 812990					
3a	HINDMAN Plan administrator's name and address (if same as Plan sponsor, er	iter "Same		3b	Administrator's E	IN				
	SAME			3с	Administrator's to	elephone number				
4 1	the name and/or EIN of the plan sponsor has changed since the las	st return/re)	port filed for this plan, enter the	4b	EIN					
7	name, EIN, and the plan number from the last return/report. Sponsor	r's name		40	PN					
	at the state of the plan year	1-7-11		5a		39				
	5a Total number of participants at the beginning of the plan year					40				
D	b Total number of participants at the end of the plan year  C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not									
	complete this item)			5c		35				
6a	63 Were all of the plan's assets during the plan year invested in eligible assets? (See Instructions.)									
b										
	under 29 CFR 2520.104-46? (See instructions on walver eligibility and conditions.)  If you answered "No" to either 6g or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
Pa	nt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End					
а	Total plan assets	7a	422,71	-		487,048				
b	Total plan flabilities	7b		0		487,048				
C	Net plan assets (subtract line 7b from line 7a)	7c	422,75	24						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		<u>(B) 1</u>	otal				
а	Contributions received or receivable from: (1) Employers	8a(1)	32,5	51						
	(2) Participants	8a(2)_	48,3	78	Para San					
	(3) Others (including rollovers)	8a(3)		<u> </u>						
b	Other Income (loss)	. 8b	37,7	71						
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				118,710				
d	Benefits paid (Including direct rollovers and insurance promiums to provide benefits)	. 8d	48,3	65						
	Certain deemed and/or corrective distributions (see instructions)	8e		o i	*.*					
e f	Administrative service providers (salaries, fees, commissions)		6,0	51						
g	Other expenses			0 :	<u> </u>					
9 h						54,416				
i	Net Income (loss) (subtract line 8h from line 8c)		Alexander (1964) The Garage Francisco	*:-		64,29				
j	Transfers to (from) the plan (see Instructions)			0						
		ana for Ener	FRANCE			Form 5500-SF (2010)				

Page 2 Form 5500-SF 2010 Plan Characteristics Part IV If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 3D ЗΗ 2G 2J 2K 2Ε If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: **Compliance Questions** Part V Yes No Amount 10 During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in Χ 29 CFR 2510.3-1027 (See Instructions and DOL's Voluntary Fiduciary Correction Program) ..... 10a Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported Х 10b on line 10a.)..... 10c Х Was the plan covered by a fidelity bond?..... Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud 10d Х 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 993 Х 10e instructions.) Has the plan failed to provide any benefit when due under the plan? x 10f Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... 10g 50,000 Х h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h Х 2520.101-3.) ..... 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..... 101 **Pension Funding Compliance** Part VI Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERIŞA?.. 12 (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 instructions, and enter the date of the letter ruling granting the waiver. ...... Month \_ If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b b Enter the minimum required contribution for this plan year..... 12c Enter the amount contributed by the employer to the plan for this plan year..... Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d negative amount) N/A Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Plan Terminations and Transfers of Assets Part VII Yes X Νô 13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? ..... If "Yes," enter the amount of any plan assets that reverted to the employer this year...... Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes X No of the PBGC?..... 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(3) PN(s) 13c(2) EIN(s) 13c(1) Name of plan(<u>s):</u> 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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and bellef, it is true, correct, and complete. SIGN Enter name of individual signing as plan administrator Date HERE Signature of plan administrator SIGN Enter name of individual signing as employer or plan sponsor Date HERE Signature of employer/plan sponsor