

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	
Part IAnnual Report Identification Information For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009 A This return/report is for: ☒ single-employer plan ☐ multiple-employer plan (not multiemployer) ☐ one-participant plan B This return/report is for: ☐ first return/report ☐ final return/report ☒ an amended return/report ☐ short plan year return/report (less than 12 months) C Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)					
Part II Basic Plan Information—enter all requested information 1a Name of plan HAM & RYE, LLC DEFINED BENEFIT PENSION PLAN 1b Three-digit plan number (PN) ▶ 001 1c Effective date of plan 01/01/2006 2a Plan sponsor's name and address (employer, if for single-employer plan) HAM AND RYE, LLC 4153 GISE STREET PORT TOWNSEND, WA 98368 2b Employer Identification Number (EIN) 91-2161635 2c Plan sponsor's telephone number 360-437-7925 2d Business code (see instructions) 531120 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") HAM AND RYE, LLC 4153 GISE STREET PORT TOWNSEND, WA 98368 3b Administrator's EIN 91-2161635 3c Administrator's telephone number 360-437-7925 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. Sponsor's name 4b EIN 4c PN 5a Total number of participants at the beginning of the plan year 2 5b Total number of participants at the end of the plan year 1 5c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No 6b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.					
Part III Financial Information 7 Plan Assets and Liabilities a Total plan assets 7a296782721803 b Total plan liabilities 7b00 c Net plan assets (subtract line 7b from line 7a) 7c296782721803 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers 8a(1)990000 (2) Participants 8a(2) (3) Others (including rollovers) 8a(3) b Other income (loss) 8b76603 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c1066603 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d639661 e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f1921 g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h641582 i Net income (loss) (subtract line 8h from line 8c) 8i425021 j Transfers to (from) the plan (see instructions) 8j					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF. Form 5500-SF (2009) v.092308					

Part IV Plan Characteristics**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 3B

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

	Yes	No	Amount
10 During the plan year:			
a 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 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?		X	
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	
e 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 Has the plan failed to provide any benefit when due under the plan?		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))..... ☒ Yes ☐ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a 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 _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year.....	12b	
c 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 of a negative amount)	12d	

e 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 ☐ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** 0

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ 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):	13c(2) EIN(s)	13c(3) PN(s)

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 HERE	Filed with authorized/valid electronic signature.	03/10/2010	JONATHAN RYWECK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/10/2010	JONATHAN RYWECK
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
Round off amounts to nearest dollar.	
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan HAM & RYE, LLC DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HAM AND RYE, LLC	D Employer Identification Number (EIN) 91-2161635
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information	
1	Enter the valuation date: Month 01 Day 01 Year 2009	
2	Assets:	
a	Market value	2a 296782
b	Actuarial value	2b 296782
3	Funding target/participant count breakdown	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a 0 0
b	For terminated vested participants	3b 0 0
c	For active participants:	
(1)	Non-vested benefits	3c(1) 0
(2)	Vested benefits	3c(2) 1090817
(3)	Total active	3c(3) 2 1090817
d	Total	3d 2 1090817
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐	
a	Funding target disregarding prescribed at-risk assumptions	4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b
5	Effective interest rate	5 5.80 %
6	Target normal cost	6 206976

Statement by Enrolled Actuary	
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.	
SIGN HERE	
PENELOPE S. BUTLER, ASA, EA, MAAA	02/26/2010
Signature of actuary	Date
INDEPENDENT ACTUARIES, INC.	08-05038
Type or print name of actuary	Most recent enrollment number
SUITE 102 15725 SW GREYSTONE COURT BEAVERTON, OR 97006	503-520-0848
Firm name	Telephone number (including area code)
Address of the firm	
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐	

Part II Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	0	0
10 Interest on item 9 using prior year's actual return of <u>0.00</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>5.85</u> %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance.....		0
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	0

Part III Funding percentages		
14 Funding target attainment percentage.....	14	27.20 %
15 Adjusted funding target attainment percentage.....	15	27.21 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	149.52 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	27.20 %

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/21/2009	440000	0			
01/15/2010	550000	0			
			Totals ►	18(b)	990000
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	935312
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 5.41 %	2nd segment: 6.09 %	3rd segment: 6.41 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	206976
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	728586	122289
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	329265
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	329265
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	935312
38 Interest-adjusted excess contributions for current year (see instructions).....	38	606047
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	
40 Unpaid minimum required contribution for all years	40	0

HAM & RYE, LLC DEFINED BENEFIT PENSION PLAN

EIN: 91-2161635 PN: 001

2009 Form 5500 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Asset Valuation Method	Fair market value.
Valuation Date	First day of plan year.
Yield Curve Selected	24-month average Segmented Yield Curve.
Segment Rate Transition Election	Phase-in elected.
Lookback Month for Determining Segment Interest Rates	4 th month prior to valuation date.

Actuarial Assumptions for Minimum Required Contribution

Segment Interest Rates	First Segment:	5.41%
	Second Segment:	6.09%
	Third Segment:	6.41%
Assumed Form of Payment	Lump sum.	
Lump Sum Payment Assumptions	Greater result of §417(e) applicable mortality and yield curve segments (above) as described in proposed IRS Regulations, and plan factors applying the appropriate yield curve segment to deferral period.	
Assumed Commencement Date	Actives-normal retirement date.	
Weighted Retirement Age	Age 62. Age is weighted on funding target.	
Mortality		
Pre-Retirement	None.	
Post-Retirement	See lump sum payment assumptions (above).	

HAM & RYE, LLC DEFINED BENEFIT PENSION PLAN

EIN: 91-2161635 PN: 001

2009 Form 5500 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Concluded)

Salary Scale	No explicit assumption.
Turnover Rate	No explicit assumption.
Expenses	None.
Future Annual Hours Worked	1,000 or more in each future year.
Changes Since Prior Valuation	None, other than changes in mandated interest and mortality as required under the Pension Protection Act of 2006 (PPA).

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan HAM & RYE, LLC DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HAM AND RYE, LLC	D Employer Identification Number (EIN) 91-2161635	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>			
2 Assets:			
a Market value	2a	296782	
b Actuarial value	2b	296782	
3 Funding target/participant count breakdown	(1) Number of participants		(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	0	0
b For terminated vested participants	3b	0	0
c For active participants:			
(1) Non-vested benefits	3c(1)		0
(2) Vested benefits	3c(2)		1090817
(3) Total active	3c(3)	2	1090817
d Total	3d	2	1090817
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.80%	
6 Target normal cost	6	206976	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary Penelope S. Butler, ASA, EA, MAAA Type or print name of actuary Independent Actuaries, Inc. Firm name Suite 102 15725 SW Greystone Court Beaverton OR 97006 Address of the firm	<u>02/26/2010</u> Date <u>0805038</u> Most recent enrollment number <u>503-520-0848</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	0	0
10 Interest on item 9 using prior year's actual return of <u>0.00</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>5.85</u> %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	0

Part III Funding percentages		
14 Funding target attainment percentage	14	27.20 %
15 Adjusted funding target attainment percentage	15	27.21 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	149.52 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	27.20 %

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/21/2009	440000	0			
01/15/2010	550000	0			
Totals ▶			18(b)	990000	18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	935312
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No		
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No		
c If 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of Quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd

Part V Assumptions used to determine funding target and target normal cost**21** Discount rate:**a** Segment rates:1st segment:
5.41%2nd segment:
6.09%3rd segment:
6.41%☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

62

23 Mortality table(s) (see instructions) ☒ Prescribed - combined☐ Prescribed - separate☐ Substitute**Part VI Miscellaneous items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**27** If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of unpaid minimum required contributions for prior years****28** Unpaid minimum required contribution for all prior years**28**

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....**29**

0

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29).....**30**

0

Part VIII Minimum required contribution for current year**31** Target normal cost, adjusted, if applicable (see instructions).....**31**

206976

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

728586

122289

b Waiver amortization installment.....

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....**34**

329265

Carryover balance

Prefunding balance

Total balance

35 Balances used to offset funding requirement

0

0

0

36 Additional cash requirement (item 34 minus item 35).....**36**

329265

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....**37**

935312

38 Interest-adjusted excess contributions for current year (see instructions).....**38**

606047

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....**39****40** Unpaid minimum required contribution for all years**40**

0

HAM & RYE, LLC DEFINED BENEFIT PENSION PLAN

EIN: 91-2161635 PN: 001

2009 Form 5500 Schedule SB, Part V – Summary of Plan Provisions

1. Effective Date
January 1, 2006.
Latest Amendment: #3A, effective January 1, 2007.
2. Plan Year
January 1 to December 31.
3. Plan Eligibility
 - Eligible Employees
All employees except those whose retirement benefits are subject to collective bargaining and certain non-resident aliens with no US income.
 - Requirements
Later of attainment of age 21 and completion of 2 years of service.
 - Entry date
January 1 or July 1 coinciding with or next following completion of eligibility requirements.
4. Years of Service
 - Eligibility
12-Month period commencing on employee's date of hire during which the employee is credited with at least 1,000 hours.
 - Vesting
Plan year during which employee is credited with at least 1,000 hours of service.
 - Benefit
Plan year during which the participant is credited with at least 1,000 hours of service.
5. Normal Retirement
 - Eligibility
The first day of the month coincident with or following the later of the participant's 62nd birthday or the 5th anniversary of plan entry.
 - Benefit
\$3,250 multiplied by years of benefit service as a participant after January 1, 2008, up to a maximum of \$5,800.
 - Fresh Start Date
December 31, 2008, with wearaway.
 - Fresh Start Benefit
Accrued benefit as of fresh start date under the normal retirement benefit formula as of that date.
6. Early Retirement
Not provided.

HAM & RYE, LLC DEFINED BENEFIT PENSION PLAN

EIN: 91-2161635 PN: 001

2009 Form 5500 Schedule SB, Part V – Summary of Plan Provisions

(Continued)

7. Late Retirement

Eligibility	Defer commencement of benefit beyond normal retirement date.
Benefit	Greater of prior year's accrued benefit actuarially increased for deferred commencement and benefit calculated under normal retirement formula, using additional years of compensation and benefit service, if applicable.

8. Disability Benefit

Not provided.

9. Death Benefit

Eligibility	Death of participant prior to termination of employment.
Benefit	Present value of accrued benefit.

10. Termination Benefit

Eligibility	Termination of employment for reasons other than retirement or death.
Benefit	100% of the participant's accrued benefit.

11. Compensation

Limits	Historical limits prior to 2002; \$200,000 in 2002; increased as indexed; \$245,000 for plan years beginning in or after 2009.
Plan	\$415 compensation.
Average Monthly	Plan compensation averaged over the three consecutive calendar years that produce the highest average.

12. Accrued Benefit

A participant's normal retirement benefit calculated using years of benefit service and average monthly compensation as of the date of calculation.

13. Normal Form of Benefit

Single life annuity.

14. Optional Forms of Benefit

Lump sum, joint & survivor annuity (50%, 75%, 100%).

HAM & RYE, LLC DEFINED BENEFIT PENSION PLAN

EIN: 91-2161635 PN: 001

2009 Form 5500 Schedule SB, Part V – Summary of Plan Provisions

(Concluded)

15. Actuarial Equivalent

Interest	5.5% pre- and post-retirement.
Mortality	Pre-retirement: None. Post-retirement: 1994 Group Annuity Reserve, projected to 2002, blended 50% Male / 50% Female.
§417(e)	Stability period is plan year; lookback month is third month preceding plan year.

16. Top-Heavy Provisions

In the event the plan becomes top-heavy, certain provisions will apply. Generally, a plan is top-heavy if more than 60% of the total present value of accrued benefit and account balances are held for key employees, as defined in the Internal Revenue Code.

Minimum Accrual	Each non-key participant shall receive 2% of top-heavy monthly compensation for each year of top-heavy service, up to 10 years.
Top-Heavy Compensation	Plan compensation averaged over the five consecutive plan years that produce the highest average, excluding compensation in a year during which the plan is not top-heavy.
Vesting	The regular vesting schedule meets the minimum requirements.
Status	Plan is top-heavy.

17. Changes Since Last Report

Normal retirement benefit formula changed and fresh start date established.

HAM & RYE, LLC DEFINED BENEFIT PENSION PLAN**EIN: 91-2161635 PN: 001**

2009 Form 5500 Schedule SB, Line 32 – Schedule of Amortization Bases**Existing Amortization Shortfall Bases**

Year of Origin	Installment Amount	<u>First Segment Rate</u>		<u>Second Segment Rate</u>		Present Value
		# of Payments	Interest Rate	# of Payments	Interest Rate	
2008	0	5	5.41%	1	6.09%	0
Total Existing:	0					0

Current Year Amortization Shortfall Base

Year of Origin	Installment Amount	<u>First Segment Rate</u>		<u>Second Segment Rate</u>		Present Value
		# of Payments	Interest Rate	# of Payments	Interest Rate	
2009	122,289	5	5.41%	2	6.09%	728,586
Total:	122,289					728,586

HAM & RYE, LLC DEFINED BENEFIT PENSION PLAN

EIN: 91-2161635 PN: 001

2009 Form 5500 Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Average retirement age is weighted on the Funding Target. Weighted average retirement is 62.