

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               |
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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual 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: <div><div><input type="checkbox"/> a multiemployer plan;</div><div><input checked="" type="checkbox"/> a single-employer plan;</div><div><input type="checkbox"/> a multiple-employer plan; or</div><div><input type="checkbox"/> a DFE (specify) ____</div></div>                     |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report;</div><div><input type="checkbox"/> the final return/report;</div><div><input type="checkbox"/> an amended return/report;</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months).</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. <input type="checkbox"/>                                                                                                                                                                                                                                |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558;</div><div><input type="checkbox"/> automatic extension;</div><div><input type="checkbox"/> the DFVC program;</div><div><input type="checkbox"/> special extension (enter description)</div></div>                             |

|         |                                                                                                                                                                                                        |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                 |
| 1a      | Name of plan<br>BETTER BAKED FOODS, INC. 401K RETIREMENT PLAN                                                                                                                                          |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                     |
| 1c      | Effective date of plan<br>07/01/1981                                                                                                                                                                   |
| 2a      | Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br>BETTER BAKED FOODS, INC.<br><br>56 SMEDLEY ST.<br>NORTH EAST, PA 16428-1632 |
| 2b      | Employer Identification Number (EIN)<br>16-0978200                                                                                                                                                     |
| 2c      | Sponsor's telephone number<br>814-725-8778                                                                                                                                                             |
| 2d      | Business code (see instructions)<br>424400                                                                                                                                                             |

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. | 07/29/2010 | RICHARD STEELE                                               |
|           | 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                      |

|                                                                                                                                                                        |                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>BETTER BAKED FOODS, INC.<br><br>56 SMEDLEY ST.<br>NORTH EAST, PA 16428-1632 | <b>3b</b> Administrator's EIN<br>16-0978200<br><br><b>3c</b> Administrator's telephone number<br>814-725-8778 |
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|                                                                                                                                                                                                                       |                                   |     |
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| <b>4</b> 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><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                               | <b>5</b>                          | 455 |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                |                                   |     |
| <b>a</b> Active participants.....                                                                                                                                                                                     | <b>6a</b>                         | 390 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                    | <b>6b</b>                         | 0   |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                     | <b>6c</b>                         | 46  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                              | <b>6d</b>                         | 436 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                                                                                             | <b>6e</b>                         | 0   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                               | <b>6f</b>                         | 436 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                        | <b>6g</b>                         | 309 |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                            | <b>6h</b>                         |     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                  | <b>7</b>                          |     |

**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 2K 3D

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

|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> 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**

- (1) ☒ **R** (Retirement Plan Information)  
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  
 (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

- (1) ☒ **H** (Financial Information)  
 (2) ☐ **I** (Financial Information – Small Plan)  
 (3) ☒ 1 **A** (Insurance Information)  
 (4) ☒ **C** (Service Provider Information)  
 (5) ☒ **D** (DFE/Participating Plan Information)  
 (6) ☐ **G** (Financial Transaction Schedules)

|                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                            |                                         |     |
|--------------------------------------------------------------------------------------------|-----------------------------------------|-----|
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009 |                                         |     |
| <b>A</b> Name of plan<br>BETTER BAKED FOODS, INC. 401K RETIREMENT PLAN                     | <b>B</b> Three-digit plan number (PN) ▶ | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500.<br>BETTER BAKED FOODS, INC. |                                         |     |
| <b>D</b> Employer Identification Number (EIN)<br>16-0978200                                |                                         |     |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**1** Coverage Information:

(a) Name of insurance carrier

THE GUARDIAN INSURANCE & ANNUITY COMPANY

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 13-2656036 | 78778         | 605643                                | 309                                                                         | 01/01/2009              | 12/31/2009 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 37743                                | 0                             |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

LESTER A. ARTHUR  
18 CHESTER COMMONS  
MALVERN, PA 19355

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 37743                                         | 0                               | N/A         | 3                     |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|                                                                                                        |          |         |
|--------------------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 1827119 |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 8841653 |

**6 Contracts With Allocated Funds:****a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☐ other ▶

|                                                                                             |              |         |
|---------------------------------------------------------------------------------------------|--------------|---------|
| <b>b</b> Balance at the end of the previous year .....                                      | <b>7b</b>    | 1731399 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                       | <b>7c(1)</b> | 246751  |
| (2) Dividends and credits .....                                                             | <b>7c(2)</b> |         |
| (3) Interest credited during the year .....                                                 | <b>7c(3)</b> | 69197   |
| (4) Transferred from separate account .....                                                 | <b>7c(4)</b> | 40420   |
| (5) Other (specify below) .....                                                             | <b>7c(5)</b> |         |
| ▶                                                                                           |              |         |
| (6) Total additions .....                                                                   | <b>7c(6)</b> | 356368  |
| <b>d</b> Total of balance and additions (add <b>b</b> and <b>c(6)</b> ) .....               | <b>7d</b>    | 2087767 |
| <b>e</b> Deductions:                                                                        |              |         |
| (1) Disbursed from fund to pay benefits or purchase annuities during year .....             | <b>7e(1)</b> | 258581  |
| (2) Administration charge made by carrier .....                                             | <b>7e(2)</b> | 1627    |
| (3) Transferred to separate account .....                                                   | <b>7e(3)</b> | 440     |
| (4) Other (specify below) .....                                                             | <b>7e(4)</b> |         |
| ▶                                                                                           |              |         |
| (5) Total deductions .....                                                                  | <b>7e(5)</b> | 260648  |
| <b>f</b> Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> ) ..... | <b>7f</b>    | 1827119 |

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
 **b** ☐ Dental     
 **c** ☐ Vision     
 **d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
 **f** ☐ Long-term disability     
 **g** ☐ Supplemental unemployment     
 **h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
 **j** ☐ HMO contract     
 **k** ☐ PPO contract     
 **l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve.....                                                                                          | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged.....                                                                                                                           |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |   |
| (A) Commissions.....                                                                                                                              | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs.....                                                                                                         | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes.....                                                                                                                                    | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges.....                                                                                                                  | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention.....                                                                                                                          |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....                                |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves.....                                                                                                                           |                 | <b>9d(2)</b>    |   |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....                                                 |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier.....                                                                                                                                                            | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. .... | <b>10b</b> |  |

Specify nature of costs ▶

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2009                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009 |                                                      |     |
| A Name of plan<br>BETTER BAKED FOODS, INC. 401K RETIREMENT PLAN                            | B Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BETTER BAKED FOODS, INC.         | D Employer Identification Number (EIN)<br>16-0978200 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| THE GUARDIAN INS & ANNUITY CO. INC.                                                                        |
| 13-2656306                                                                                                 |

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation  |
|                                                                                                            |
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                            |

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                            |

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

THE VARGO COMPANY

25-1865585

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 15 37 38                      | THIRD PARTY ADMIN.                                                                                       | 27418                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**(a)** Enter name and EIN or address (see instructions)

STADION MONEY MANAGEMENT, INC.

58-2099805

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 26                            | ADVISOR                                                                                                  | 8848                                                                          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**(a)** Enter name and EIN or address (see instructions)

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|                               |                                                                                                          |                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                    | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**(a)** Enter name and EIN or address (see instructions)

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                                  |                                                                                                                      |                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                          |                                                                                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                        |

**(a)** Enter name and EIN or address (see instructions)

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                                  |                                                                                                                      |                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                          |                                                                                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                        |

**(a)** Enter name and EIN or address (see instructions)

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                                  |                                                                                                                      |                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                          |                                                                                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                        |

**Part I Service Provider Information (continued)**

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
|                                                         |                                         |                                           |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                     |                                                                                                                                                                    |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
|                                                         |                                         |                                           |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                     |                                                                                                                                                                    |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
|                                                         |                                         |                                           |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                     |                                                                                                                                                                    |

|                                                                                 |                                      |                                                                                            |
|---------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------|
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|                                                                                 |                                      |                                                                                            |
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|                                                                                 |                                      |                                                                                            |
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|                                                                                 |                                      |                                                                                            |
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|                                                                                 |                                      |                                                                                            |
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|                                                                                 |                                      |                                                                                            |
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|                                                                                 |                                      |                                                                                            |

**Part III** **Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN;       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN;       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:



**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><u>BETTER BAKED FOODS, INC. 401K RETIREMENT PLAN</u>                                                                                                                                                                                            | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>001</u>                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>BETTER BAKED FOODS, INC.</u>                                                                                                                                                                         | <b>D</b> Employer Identification Number (EIN)<br><br><u>16-0978200</u>                                                                                                                                                                                                       |                                                                                                          |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement                                                                      |                 | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                                                                                                    |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                                                                                      |                 |                       |                 |
| <b>a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Total noninterest-bearing cash .....                                                               | <b>1a</b>       |                       |                 |
| <b>b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Receivables (less allowance for doubtful accounts):                                                |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(1)</b> Employer contributions .....                                                            | <b>1b(1)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(2)</b> Participant contributions .....                                                         | <b>1b(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(3)</b> Other .....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | General investments:                                                                               |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(2)</b> U.S. Government securities .....                                                        | <b>1c(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(A)</b> Preferred .....                                                                         | <b>1c(3)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(B)</b> All other .....                                                                         | <b>1c(3)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(A)</b> Preferred .....                                                                         | <b>1c(4)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(B)</b> Common .....                                                                            | <b>1c(4)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(5)</b> Partnership/joint venture interests .....                                               | <b>1c(5)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(7)</b> Loans (other than to participants) .....                                                | <b>1c(7)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(8)</b> Participant loans .....                                                                 | <b>1c(8)</b>    | 549524                | 567995          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   | 7109789               | 8841654         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   | 1731399               | 1827120         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(15)</b> Other .....                                                                            | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 9390712               | 11236769        |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 0 | 0 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |         |          |
|-----------------------------------------------------------|-----------|---------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 9390712 | 11236769 |
|-----------------------------------------------------------|-----------|---------|----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 258415     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 744629     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    | 0          |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 1003044   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 0          |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 0          |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> | 0          |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 35757      |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 69197      |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 104954    |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> | 0          |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 0          |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            | 0         |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 0          |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 0          |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> | 0          |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> | 0          |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 0         |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            | 1531592   |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            | 0         |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            | 0         |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            | 11706     |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 2651296   |

**Expenses**

|                                                                                            |              |        |        |
|--------------------------------------------------------------------------------------------|--------------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 732798 |        |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |        |        |
| (3) Other .....                                                                            | <b>2e(3)</b> |        |        |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |        | 732798 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |        | 0      |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |        | 45623  |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |        | 0      |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> | 17970  |        |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> | 0      |        |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> | 8848   |        |
| (4) Other .....                                                                            | <b>2i(4)</b> | 0      |        |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |        | 26818  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |        | 805239 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 1846057 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  | 0       |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  | 0       |

**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) ☐ 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 ☐ No

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

(1) Name: KP LYNCH CPA PC

(2) EIN: 20-2059984

**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  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....                 |     | X  |         |
| <b>b</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.)..... |     | X  |         |
| <b>c</b> 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.) .....                                                                                                                            |     | X  |         |
| <b>d</b> 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.).....                                                                                                                  |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |         |
| <b>g</b> 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? .....                                                                                                                                      |     | X  |         |
| <b>h</b> 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? .....                                                                                                                            |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |         |
| <b>j</b> 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.).....                                                                                    |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     | X  |         |
| <b>n</b> 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. ....                                                                                                                        |     |    |         |

- 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)

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                                  |                                                                    |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>BETTER BAKED FOODS, INC. 401K RETIREMENT PLAN</u>                    | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>BETTER BAKED FOODS, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>16-0978200</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

All references to distributions relate only to payments of benefits during the plan year.

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>13-2656036</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> |          |

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

|                                                                                                                                                                                                                                                         |                                                                                                                         |                             |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                     | <input type="checkbox"/> Yes                                                                                            | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                    |                                                                                                                         |                             |                              |
| <b>5</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the 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. |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year .....                                                                                                                                                                             | <b>6a</b>                                                                                                               |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                              | <b>6b</b>                                                                                                               |                             |                              |
| <b>c</b> 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).....                                                                                                         | <b>6c</b>                                                                                                               |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                           |                                                                                                                         |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                      | <input type="checkbox"/> Yes                                                                                            | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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?..... | <input type="checkbox"/> Yes                                                                                            | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                                |                                   |                                   |                               |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2009  
v.092308.1

**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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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): \_\_\_\_\_

## **FINANCIAL STATEMENTS AND SCHEDULE**

BETTER BAKED FOODS, INC. 401 (K) RETIREMENT PLAN

DECEMBER 31, 2009 AND 2008 AND YEARS THEN ENDED  
WITH REPORT OF INDEPENDENT AUDITOR

# **BETTER BAKED FOODS, INC. 401(K) RETIREMENT PLAN**

## **FINANCIAL STATEMENTS AND SCHEDULE**

DECEMBER 31, 2009 AND 2008 AND YEARS THEN ENDED

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**KP LYNCH,** *CPA PC*

**4329 FOUR ROD ROAD  
EAST AURORA, NEW YORK 14052  
PHONE: 716.655.1110  
FAX: 716.655.2777**

## **REPORT OF INDEPENDENT AUDITOR**

THE BOARD OF DIRECTORS

BETTER BAKED FOODS, INC. 401 (K) RETIREMENT PLAN

I was engaged to audit the accompanying financial statements and supplemental schedule of the Better Baked Foods, Inc. 401(k) Retirement Plan as of December 31, 2009 and 2008 and for the years then ended, as listed in the table of contents. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed me not to perform, and I did not perform, any auditing procedures with respect to the investment information described in Note 4, which was certified by The Guardian Insurance & Annuity Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. I have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that I did not audit, I am unable to, and do not, express an opinion on the accompanying financial statements and schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the investment information certified by the custodian, have been audited by me in accordance with auditing standards generally accepted in the United States and, in my opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*KP Lynch CPA PC*

July 15, 2010

# BETTER BAKED FOODS, INC. 401(k) RETIREMENT PLAN

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

|                                                                                                   | December 31   |              |
|---------------------------------------------------------------------------------------------------|---------------|--------------|
|                                                                                                   | 2009          | 2008         |
| <b>Investments:</b>                                                                               |               |              |
| Guaranteed investment contract, at fair value                                                     | \$ 1,827,120  | \$ 1,575,573 |
| Pooled separate accounts, at fair value                                                           | 8,841,654     | 7,109,789    |
| Participant loans, at fair value                                                                  | 567,995       | 549,524      |
| Total investments                                                                                 | 11,236,769    | 9,234,886    |
| <b>Receivables:</b>                                                                               |               |              |
| Employee contribution receivable                                                                  | 5,673         | 18,984       |
| Employer contribution receivable                                                                  | 1,929         | 6,434        |
|                                                                                                   | 7,602         | 25,418       |
| Net assets available for benefits at fair value                                                   | 11,244,371    | 9,260,304    |
| Adjustment from fair value to contract value for<br>fully benefit-responsive investment contracts | -             | 155,826      |
| Net assets available for benefits                                                                 | \$ 11,244,371 | \$ 9,416,130 |

See accompanying notes.

## BETTER BAKED FOODS, INC. 401(k) RETIREMENT PLAN

### STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

|                                                          | Years ended December 31 |                     |
|----------------------------------------------------------|-------------------------|---------------------|
|                                                          | 2009                    | 2008                |
| <b>Additions:</b>                                        |                         |                     |
| Contributions:                                           |                         |                     |
| Employee contributions                                   | \$ 731,318              | \$ 789,531          |
| Employer contributions                                   | 253,910                 | 274,560             |
| Rollover contributions                                   | -                       | 123,116             |
|                                                          | <u>985,228</u>          | <u>1,187,207</u>    |
| Investment income:                                       |                         |                     |
| Interest income from guaranteed investment contract      | 69,197                  | 65,362              |
| Net investment gain (loss) from pooled separate accounts | 1,531,592               | (2,582,693)         |
| Interest on participant loans                            | 35,757                  | 42,253              |
| Other income                                             | 11,706                  | 4,469               |
|                                                          | <u>1,648,252</u>        | <u>(2,470,609)</u>  |
| <b>Total additions</b>                                   | <u>2,633,480</u>        | <u>(1,283,402)</u>  |
| <b>Deductions:</b>                                       |                         |                     |
| Benefits paid to participants                            | 778,421                 | 582,510             |
| Administrative expenses                                  | 26,818                  | 29,435              |
| <b>Total deductions</b>                                  | <u>805,239</u>          | <u>611,945</u>      |
| Net increase (decrease)                                  | 1,828,241               | (1,895,347)         |
| Net assets available for benefits, beginning of year     | 9,416,130               | 11,311,477          |
| Net assets available for benefits, end of year           | <u>\$ 11,244,371</u>    | <u>\$ 9,416,130</u> |

See accompanying notes.

# **BETTER BAKED FOODS, INC. 401(K) RETIREMENT PLAN**

## **NOTES TO FINANCIAL STATEMENTS**

DECEMBER 31, 2009 AND 2008

### **1. DESCRIPTION OF PLAN**

The Better Baked Foods, Inc. 401(k) Retirement Plan (the Plan) is a defined contribution plan covering substantially all employees of Better Baked Foods, Inc., Better Results, Inc., Better Baked Foods of Erie, LLC and NE Foods, Inc. (the Companies). The Plan was established July 1, 1981 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The following description of the Plan only provides general information. Participants should refer to the Plan agreement or the Summary Plan Description for a more complete description of the Plan's provisions.

### **PARTICIPATION**

Employees of the Companies who have attained age 21 and have completed three months of service are eligible to make elective deferrals and receive discretionary employer matching contributions. Employees who have attained age 21 and have completed one year of service, as defined, are eligible to receive discretionary profit sharing contributions. The plan entry dates are the first of each month during the year.

### **CONTRIBUTIONS**

Participants may elect to defer a specified percentage of compensation, as defined, not to exceed Internal Revenue Code limitations. The Companies may make discretionary matching contributions. For 2009 and 2008, the Companies matched 50% of the participants' elective deferrals for the first 5% of their compensation, and matched 20% of deferrals on the next 5% of compensation.

In addition, the Companies may make discretionary profit sharing contributions to all participants who are employed on the last day of the Plan year and have completed 1,000 hours of service during the Plan year. These contributions are allocated based on participant earnings, as defined in the Plan. There were no discretionary allocations in 2009 or 2008.

Participants allocate and direct contributions made on their behalf among several investment options offered by the Plan.

## BETTER BAKED FOODS, INC. 401(K) RETIREMENT PLAN

### NOTES TO FINANCIAL STATEMENTS (CONTINUED)

#### 1. DESCRIPTION OF PLAN (CONTINUED)

##### VESTING

Participants are immediately vested in their elective deferral contributions. The vesting percentage in the Companies' contributions is shown in the following schedule:

| <b>Vesting Service<br/>(whole years)</b> | <b><u>Vesting<br/>Percentage</u></b> |
|------------------------------------------|--------------------------------------|
| Less than 2                              | 0%                                   |
| 2                                        | 25%                                  |
| 3                                        | 50%                                  |
| 4                                        | 75%                                  |
| 5 or more                                | 100%                                 |

##### FORFEITURES

Participants who leave the Companies with less than five years of service forfeit the non-vested portion of the Companies' contributions. Forfeitures are available to reduce expenses associated with the Plan's administration or offset future Company contributions. At December 31, 2009, the Plan has approximately \$44,000 of unallocated forfeitures.

##### PARTICIPANT LOANS

Participants may obtain loans up to the lesser of \$50,000 (reduced by the highest outstanding loan balance the previous year less any current outstanding loan balance), or 50% of the participants' non-forfeitable accrued benefit. In addition, participants may only have one loan outstanding, with a five year maximum term. Loans are subject to a minimum of \$1,000, and bear interest at a rate based upon prevailing market rates.

##### PLAN TERMINATION

The Companies intend to continue the Plan indefinitely, but reserve the right to terminate the Plan at any time subject to the provisions of ERISA. In the event of termination, participants will become fully vested in their accrued benefits.

## **BETTER BAKED FOODS, INC. 401(K) RETIREMENT PLAN**

### **NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

#### **2. SIGNIFICANT ACCOUNTING POLICIES**

##### **BASIS OF ACCOUNTING**

The accounting records are maintained on the accrual basis.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

The adjustment from fair value to contract value for the investment contract is based on the contract value as reported to the Plan by Guardian Insurance & Annuity Company (Guardian). Contract value represents contributions made under the contract, plus interest at the contract rate, less funds used to pay Plan benefits and the insurance company's administrative expenses.

##### **VALUATION OF INVESTMENTS**

The Plan's investments are recorded at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. See Note 3 for further discussion of fair value measurements.

##### **USE OF ESTIMATES**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the amounts and disclosures reported in the financial statements. Actual results may differ from management's estimates and assumptions.

##### **SUBSEQUENT EVENTS**

The Plan has evaluated subsequent events through the audit report date, the date the financial statements were available to be issued.

## BETTER BAKED FOODS, INC. 401(K) RETIREMENT PLAN

### NOTES TO FINANCIAL STATEMENTS (CONTINUED)

#### 3. FAIR VALUE MEASUREMENTS

Effective January 1, 2008, the Plan adopted Financial Accounting Standards Board (FASB) Accounting Standards Codification 820 *Fair Value Measurements* (ASC 820). ASC 820 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities and the lowest priority to unobservable inputs. The financial instruments' fair value measurement level is based on the lowest level of any input that is significant to the fair value measurement. The three levels of the fair value hierarchy under 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 - Other significant observable inputs (including quoted prices in active markets for similar financial instruments), or other inputs that are observable or can be corroborated by observable market data.
- Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurements.

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

- Pooled separate accounts – The Plan's units of participation are reported at their net unit value, based on the quoted net asset values of underlying securities, adjusted for investment management expenses.
- Guaranteed investment contracts – Fair value is determined by Guardian by adjusting contract value based upon current interest rates of similar class contracts. The adjustment reflects the amount the Plan would receive under the terms of the contract in the event of withdrawal as of the reporting date.
- Participant loans – Valued at their outstanding principal balance, which approximates fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

## BETTER BAKED FOODS, INC. 401(K) RETIREMENT PLAN

### NOTES TO FINANCIAL STATEMENTS (CONTINUED)

#### 3. FAIR VALUE MEASUREMENTS (CONTINUED)

Fair value information for investments held at December 31, 2009 is as follows:

|                                 | Level 1     | Level 2             | Level 3             | Total                |
|---------------------------------|-------------|---------------------|---------------------|----------------------|
| Pooled separate accounts:       |             |                     |                     |                      |
| Large cap                       | \$ -        | \$ 2,077,567        | \$ -                | \$ 2,077,567         |
| Mid cap                         | -           | 529,460             | -                   | 529,460              |
| Small cap                       | -           | 264,566             | -                   | 264,566              |
| International                   | -           | 699,436             | -                   | 699,436              |
| Lifestyle / Balanced            | -           | 1,348,703           | -                   | 1,348,703            |
| Sector                          | -           | 949,504             | -                   | 949,504              |
| Fixed income                    | -           | 2,221,106           | -                   | 2,221,106            |
| Short term                      | -           | 751,312             | -                   | 751,312              |
| Guaranteed investment contracts | -           | -                   | 1,827,120           | 1,827,120            |
| Participant loans               | -           | -                   | 567,995             | 567,995              |
| Total assets at fair value      | <u>\$ -</u> | <u>\$ 8,841,654</u> | <u>\$ 2,395,115</u> | <u>\$ 11,236,769</u> |

Fair value information for investments held at December 31, 2008 is as follows:

|                                 | Level 1     | Level 2             | Level 3             | Total               |
|---------------------------------|-------------|---------------------|---------------------|---------------------|
| Pooled separate accounts:       |             |                     |                     |                     |
| Large cap                       | \$ -        | \$ 1,587,869        | \$ -                | \$ 1,587,869        |
| Mid cap                         | -           | 359,139             | -                   | 359,139             |
| Small cap                       | -           | 178,893             | -                   | 178,893             |
| International                   | -           | 497,108             | -                   | 497,108             |
| Lifestyle / Balanced            | -           | 1,050,100           | -                   | 1,050,100           |
| Sector                          | -           | 676,207             | -                   | 676,207             |
| Fixed income                    | -           | 1,378,607           | -                   | 1,378,607           |
| Short term                      | -           | 1,381,866           | -                   | 1,381,866           |
| Guaranteed investment contracts | -           | -                   | 1,575,573           | 1,575,573           |
| Participant loans               | -           | -                   | 549,524             | 549,524             |
| Total assets at fair value      | <u>\$ -</u> | <u>\$ 7,109,789</u> | <u>\$ 2,125,097</u> | <u>\$ 9,234,886</u> |

## BETTER BAKED FOODS, INC. 401(K) RETIREMENT PLAN

### NOTES TO FINANCIAL STATEMENTS (CONTINUED)

#### 3. FAIR VALUE MEASUREMENTS (CONTINUED)

The following is a summary of changes in fair value of the Plan's Level 3 assets for the years ended December 31, 2009 and 2008:

|                                                  | <b>Guaranteed<br/>Investment<br/>Contracts</b> | <b>Participant<br/>Loans</b> |
|--------------------------------------------------|------------------------------------------------|------------------------------|
| Balance, January 1, 2008                         | \$ 1,462,109                                   | \$ 552,731                   |
| Unrealized gains (losses)                        | (118,336)                                      | -                            |
| Purchases, sales, issuances and settlements, net | 231,800                                        | (3,207)                      |
| Balance, December 31, 2008                       | \$ 1,575,573                                   | \$ 549,524                   |
| Unrealized gains (losses)                        | 155,826                                        | -                            |
| Purchases, sales, issuances and settlements, net | 95,721                                         | 18,471                       |
| Balance, December 31, 2009                       | \$ 1,827,120                                   | \$ 567,995                   |

#### 4. INVESTMENTS

Except for the adjustment from fair value to contract value, participant loans and related interest income, all investment information disclosed in the accompanying financial statements and schedule, including investments held at December 31, 2009 and 2008, and net investment gain (loss) from pooled separate accounts and interest income on guaranteed investment contract for the years then ended, were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Guardian Insurance & Annuity Company, the custodian of the Plan.

The Companies have entered into a group annuity insurance contract with Guardian. Guardian maintains the Plan's original deposits in a general fund to which it adds interest based on an experience interest rate (as defined in the contract) calculated annually, subject to a 3.00% minimum. The contract provided for an interest rate of 3.80% and 3.90% during 2009 and 2008, respectively, and will provide for a crediting interest rate of 3.50% during 2010. The interest rates are subject to change on an annual basis.

Certain events, such as the premature termination of the contract by the Plan or the termination of the Plan, would limit the Plan's ability to transact at contract value with Guardian. The Plan administrator believes the occurrence of such events that would also limit the Plan's ability to transact at contract value with Plan participants is not probable. In May 2010, the Plan liquidated its contract with Guardian. This liquidation was transacted at contract value.

## BETTER BAKED FOODS, INC. 401(K) RETIREMENT PLAN

### NOTES TO FINANCIAL STATEMENTS (CONTINUED)

#### 4. INVESTMENTS (CONTINUED)

The fair value of individual investments that represent 5% or more of the Plan's net assets as of December 31, 2009 or 2008 are as follows:

|                                       | <u>2009</u>  | <u>2008</u>  |
|---------------------------------------|--------------|--------------|
| Guardian Fixed Rate Investment Option | \$ 1,827,120 | \$ 1,575,573 |
| RS Money Market Fund                  | 708,993      | 1,007,144    |
| Janus Balanced Fund                   | 977,331      | 760,138      |
| MFS Utilities Fund                    | 881,378      | 626,275      |
| MFS Government Securities Fund        | ****         | 586,195      |
| Participant Loans                     | 567,995      | 549,524      |

\*\*\*\* - Investment is less than 5% at respective date

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, 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 participants' account balances and the amounts reported in the statement of net assets available for benefits.

#### 5. PARTY-IN-INTEREST TRANSACTIONS

Certain of the Plan's investments are held in pooled separate accounts and a guaranteed investment contract managed by Guardian, the custodian of the Plan. Therefore, these transactions and account balances qualify as party-in-interest.

All legal and accounting services were provided at the expense of the Companies. Expenses paid from Plan assets consist primarily of investment advisory, loan initiation, withdrawal, and recordkeeping fees. Fees paid were based upon customary and reasonable rates for such services.

## BETTER BAKED FOODS, INC. 401(K) RETIREMENT PLAN

### NOTES TO FINANCIAL STATEMENTS (CONTINUED)

#### 6. TAX STATUS

The Plan has received an opinion letter from the Internal Revenue Service dated March 31, 2008, stating that the written form of the underlying prototype plan document is qualified under Section 401(a) of the Internal Revenue Code (the "Code"), and that any employer adopting this form of the Plan will be considered to have a plan qualified under Section 401(a) of the Code. Therefore, the related trust is exempt from taxation. Subsequent to the issuance of this opinion letter, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan Sponsor has indicated that it will take the necessary steps to maintain the Plan's qualified status.

#### 7. RECONCILIATION TO FORM 5500

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

|                                                              | <u>2009</u>          | <u>2008</u>         |
|--------------------------------------------------------------|----------------------|---------------------|
| Net assets available per the financial statements            | \$ 11,244,371        | \$ 9,416,130        |
| Less: contributions receivable at December 31, 2009 and 2008 | (7,602)              | (25,418)            |
| Net assets available per the Form 5500                       | <u>\$ 11,236,769</u> | <u>\$ 9,390,712</u> |

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

|                                                       | <u>2009</u>         | <u>2008</u>         |
|-------------------------------------------------------|---------------------|---------------------|
| Contributions per the financial statements            | \$ 985,228          | \$ 1,187,207        |
| Adjust: contributions receivable at December 31, 2009 | (7,602)             | -                   |
| Adjust: contributions receivable at December 31, 2008 | 25,418              | (25,418)            |
| Adjust: contributions receivable at December 31, 2007 | -                   | 1,608               |
| Contributions per the Form 5500                       | <u>\$ 1,003,044</u> | <u>\$ 1,163,397</u> |

Contributions on the Form 5500 are recorded on the cash basis.

# **SUPPLEMENTAL SCHEDULE**

**BETTER BAKED FOODS, INC. 401(k) RETIREMENT PLAN**

EIN: 16-0978200      PLAN NUMBER: 001

SCHEDULE H, LINE 4(l) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2009

| Identity of Issuer                              | Security Description                               | Fair Value           |
|-------------------------------------------------|----------------------------------------------------|----------------------|
| <b>* Guardian Insurance and Annuity Company</b> |                                                    |                      |
| Guaranteed investment contract                  | Fixed Rate Investment Option                       | \$ 1,827,120         |
| <b>* Guardian Insurance and Annuity Company</b> |                                                    |                      |
| Pooled Separate Account                         | Fidelity Equity Income Fund                        | 43,929               |
| Pooled Separate Account                         | Fidelity High Income Fund                          | 129,831              |
| Pooled Separate Account                         | Fidelity Overseas Fund                             | 12,101               |
| Pooled Separate Account                         | Fidelity Small Cap Fund                            | 67,185               |
| Pooled Separate Account                         | Fidelity Value Strategy Fund                       | 117,207              |
| Pooled Separate Account                         | American Century Value Fund                        | 265,365              |
| Pooled Separate Account                         | American Century Strategic Allocation Conservative | 82,417               |
| Pooled Separate Account                         | American Century Strategic Allocation Moderate     | 178,082              |
| Pooled Separate Account                         | American Century Strategic Allocation Aggressive   | 79,912               |
| Pooled Separate Account                         | American Century Equity Income Fund                | 203,791              |
| Pooled Separate Account                         | American Century Real Estate Fund                  | 68,126               |
| Pooled Separate Account                         | American Century Inflation Adjusted Bond Fund      | 306,336              |
| Pooled Separate Account                         | American Century Ultra Advisor Fund                | 18,863               |
| Pooled Separate Account                         | AIM Constellation Fund                             | 186,046              |
| Pooled Separate Account                         | AIM Basic Value Fund                               | 7,437                |
| Pooled Separate Account                         | Dreyfus S&P 500 Index Fund                         | 214,931              |
| Pooled Separate Account                         | Dreyfus Appreciation Fund                          | 39,048               |
| Pooled Separate Account                         | Dreyfus Intermediate Term Income Fund              | 201,352              |
| Pooled Separate Account                         | Dreyfus International Value Fund                   | 17,519               |
| Pooled Separate Account                         | Dreyfus Active MidCap Fund                         | 9,052                |
| Pooled Separate Account                         | RS Large Cap Alpha Fund                            | 271,146              |
| Pooled Separate Account                         | RS Investment Quality Bond Fund                    | 41,110               |
| Pooled Separate Account                         | RS Money Market Fund                               | 708,993              |
| Pooled Separate Account                         | Janus Balanced Fund                                | 977,331              |
| Pooled Separate Account                         | Janus Adviser Worldwide Fund                       | 246,493              |
| Pooled Separate Account                         | Janus Overseas Fund                                | 102,849              |
| Pooled Separate Account                         | Janus Forty Fund                                   | 114,761              |
| Pooled Separate Account                         | Perkins Mid Cap Value Fund                         | 26,457               |
| Pooled Separate Account                         | MFS Massachusetts Investors Growth Fund            | 277,723              |
| Pooled Separate Account                         | MFS Government Securities Fund                     | 509,470              |
| Pooled Separate Account                         | MFS Mid Cap Growth Fund                            | 203,910              |
| Pooled Separate Account                         | MFS Utilities Fund                                 | 881,378              |
| Pooled Separate Account                         | SSgA Russell 2000 Index Fund                       | 84,170               |
| Pooled Separate Account                         | SSgA S&P 500 Index Fund                            | 256,693              |
| Pooled Separate Account                         | SSgA S&P Mid Cap Index Fund                        | 22,153               |
| Pooled Separate Account                         | SSgA EAFE Index Fund                               | 84,691               |
| Pooled Separate Account                         | SSgA Short Term Investment Fund                    | 42,319               |
| Pooled Separate Account                         | SSgA Bond Market Index Fund                        | 331,131              |
| Pooled Separate Account                         | Franklin Growth Fund                               | 36,139               |
| Pooled Separate Account                         | Templeton Foreign Fund                             | 14,819               |
| Pooled Separate Account                         | Delaware VIP Diversified Income Fund               | 45,027               |
| Pooled Separate Account                         | Delaware VIP Long Term Diversified Income Fund     | 1,251                |
| Pooled Separate Account                         | Delaware VIP Emerging Markets Fund                 | 197,560              |
| Pooled Separate Account                         | Goldman Sachs Short Duration Government Fund       | 35,189               |
| Pooled Separate Account                         | Goldman Sachs Mid Cap Value Fund                   | 73,261               |
| Pooled Separate Account                         | Goldman Sachs Small Cap Value Fund                 | 58,072               |
| Pooled Separate Account                         | T. Rowe Price Equity Income Fund                   | 44,974               |
| Pooled Separate Account                         | T. Rowe Price Growth Stock Fund                    | 66,971               |
| Pooled Separate Account                         | T. Rowe Price Mid Cap Value Fund                   | 51,969               |
| Pooled Separate Account                         | T. Rowe Price Retirement Income Fund               | 2,766                |
| Pooled Separate Account                         | T. Rowe Price Retirement 2010 Fund                 | 16,185               |
| Pooled Separate Account                         | T. Rowe Price Retirement 2020 Fund                 | 1,652                |
| Pooled Separate Account                         | T. Rowe Price Retirement 2030 Fund                 | 8,898                |
| Pooled Separate Account                         | T. Rowe Price Retirement 2040 Fund                 | 1,460                |
| Pooled Separate Account                         | JP Morgan MidCap Growth Fund                       | 25,451               |
| Pooled Separate Account                         | JP Morgan Small Cap Equity Fund                    | 38,262               |
| Pooled Separate Account                         | Davis New York Venture Fund                        | 79,210               |
| Pooled Separate Account                         | Columbia Small Cap Value Fund                      | 16,877               |
| Pooled Separate Account                         | BlackRock Global Allocation Fund                   | 23,404               |
| Pooled Separate Account                         | BlackRock Equity Dividend Fund                     | 154,331              |
| Pooled Separate Account                         | PIMCO Total Return Fund                            | 408,068              |
| Pooled Separate Account                         | PIMCO Short Term Bond Fund                         | 8,550                |
|                                                 |                                                    | <u>8,841,654</u>     |
| <b>* Participant Loans</b>                      |                                                    |                      |
|                                                 | Interest rates from 4.25% - 9.25%                  | 567,995              |
|                                                 |                                                    | <u>\$ 11,236,769</u> |

\* Indicates party-in-interest to the Plan.



RPT-955

FORM 5500

AS OF 2009/12/31

070 10:52

PLAN 6-05643 Better Baked Foods, Inc.401(k) Plan &amp; Trust

## ANNUAL RETURN/REPORT OF EMPLOYEE BENEFITS PLANS

5500 PLAN PLAN YEAR 20090101 20091231

PLAN #: 001 16-0978200

## PART IV SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

| (B)<br>IDENTITY OF ISSUE        | (C)<br>DESCRIPTION OF INVESTMENT                         | (D)<br>COST  | (E)<br>CURRENT VALUE |
|---------------------------------|----------------------------------------------------------|--------------|----------------------|
| AIM Basic Value Fund            | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS            | 7,526.09     | 7,437.39             |
| AIM Constellation Fund          | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS            | 199,519.93   | 186,046.40           |
| Am Cen Strat Alloc: Con Invstr  | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS            | 76,347.60    | 82,417.07            |
| Am Cen Strat Alloc: Mod Invstr  | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS            | 158,070.19   | 178,081.78           |
| Am Cen Strat Alloc: Agg Invstr  | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS            | 68,055.08    | 79,911.60            |
| Amer Cent Inflation Adj Bond    | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS            | 287,895.16   | 306,336.14           |
| American Century: Value Fund    | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS            | 229,942.40   | 265,364.78           |
| American Century Equity Income  | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS            | 203,090.60   | 203,791.04           |
| American Century Real Estate    | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS            | 83,504.98    | 68,125.58            |
| American Century: Ultra A       | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS            | 19,184.68    | 18,862.83            |
| BlackRock Equity Dividend Fund  | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS            | 155,504.63   | 154,330.79           |
| BlackRock Global Allocation     | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS            | 23,580.70    | 23,403.71            |
| Columbia SmallCap Value I Fund  | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS            | 16,888.92    | 16,877.35            |
| Davis NY Venture Fund           | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS            | 62,615.78    | 79,209.68            |
| Delaware VIP Diversified Inc    | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS            | 42,431.67    | 45,027.44            |
| Delaware VIP Emerging Markets   | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS            | 155,477.36   | 197,560.24           |
| Delaware VIP Lmt'd-Term Div Inc | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS            | 1,099.71     | 1,251.34             |
| Dreyfus Active Midcap Fund      | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS            | 9,308.74     | 9,051.75             |
| Dreyfus Appreciation Fund       | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS            | 39,076.35    | 39,048.00            |
| Dreyfus Intern Term Income      | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS            | 164,859.07   | 201,351.84           |
| Dreyfus International Value     | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS            | 16,713.59    | 17,519.20            |
| Dreyfus S&P 500 Index Fund      | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS            | 206,764.52   | 214,930.71           |
| Fidelity Equity Income Fund     | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS            | 35,161.97    | 43,928.48            |
| Fidelity High Income Advantage  | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS            | 111,901.53   | 129,830.50           |
| Fidelity Overseas Fund          | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS            | 12,204.88    | 12,101.06            |
| Fidelity Small Cap Fund         | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS            | 60,091.46    | 67,184.90            |
| Fidelity Value Strategies Fund  | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS            | 84,837.49    | 117,206.94           |
| Fixed Rate Option               | VALUE OF FUNDS HELD IN INSURANCE COMPANY GENERAL ACCOUNT | 1,553,536.33 | 1,827,119.33         |
| Franklin Growth Fund            | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS            | 31,583.74    | 36,139.17            |
| Goldman Sachs Mid Cap Value     | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS            | 72,355.23    | 73,261.33            |
| Goldman Sachs Short-Dur Gov't   | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS            | 34,192.45    | 35,188.63            |
| Goldman Sachs Small Cap Value   | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS            | 57,755.62    | 58,072.38            |
| JPMorgan Mid Cap Growth Fund    | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS            | 27,723.64    | 25,451.44            |
| JPMorgan Small Cap Equity Fund  | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS            | 33,485.81    | 38,262.28            |
| Janus Balanced Fund             | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS            | 737,927.49   | 977,331.09           |
| Janus Forty Fund                | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS            | 122,461.37   | 114,760.90           |
| Janus Overseas Fund             | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS            | 100,726.91   | 102,848.50           |
| Janus Worldwide Fund            | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS            | 225,334.27   | 246,492.89           |
| MFS Government Securities Fund  | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS            | 444,631.14   | 509,470.11           |
| MFS Mass Investors Growth       | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS            | 250,260.77   | 277,723.30           |
| MFS Mid Cap Growth Fund         | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS            | 237,787.47   | 203,910.18           |
| MFS Utilities Fund              | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS            | 634,428.76   | 881,377.44           |
| PIMCO Short-Term Fund           | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS            | 8,549.48     | 8,550.00             |
| PIMCO Total Return Fund         | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS            | 394,715.19   | 408,067.88           |



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FORM 5500

AS OF 2009/12/31

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PLAN 6-05643 Better Baked Foods, Inc. 401(k) Plan &amp; Trust

## ANNUAL RETURN/REPORT OF EMPLOYEE BENEFITS PLANS

5500 PLAN PLAN YEAR 20090101 20091231

PLAN #: 001 16-0978200

## PART IV SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

| (B)<br>IDENTITY OF ISSUE       | (C)<br>DESCRIPTION OF INVESTMENT              | (D)<br>COST | (E)<br>CURRENT VALUE |
|--------------------------------|-----------------------------------------------|-------------|----------------------|
| Perkins MidCap Value Fund      | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 24,570.76   | 26,457.25            |
| RS Investment Quality Bond     | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 36,498.04   | 41,110.39            |
| RS Large Cap Alpha Fund        | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 230,808.19  | 271,146.10           |
| RS Money Market Fund           | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 673,237.46  | 708,993.25           |
| SSgA Int'l Index SL Fund       | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 82,796.01   | 84,690.55            |
| SSgA Russell SC Index SL Fund  | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 81,278.98   | 84,170.36            |
| SSgA S&P 500 Index SL Fund     | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 249,460.62  | 256,693.07           |
| SSgA S&P MC Index SL Fund      | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 20,569.20   | 22,152.95            |
| SSgA Short Term Investmnt Fund | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 42,505.32   | 42,319.24            |
| SSgA U.S. Bond Index SL Fund   | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 305,428.76  | 331,130.67           |
| T. Rowe Price Equity Income    | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 45,765.37   | 44,973.69            |
| T. Rowe Price Growth Stock     | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 66,578.81   | 66,971.37            |
| T. Rowe Price Mid Cap Value    | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 47,307.34   | 51,968.50            |
| T.Rowe Price Retirement Income | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 2,413.42    | 2,765.93             |
| T.Rowe Price Retirement 2010   | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 12,612.61   | 16,184.71            |
| T.Rowe Price Retirement 2020   | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 1,416.95    | 1,652.37             |
| T.Rowe Price Retirement 2030   | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 7,679.30    | 8,898.31             |
| T.Rowe Price Retirement 2040   | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 1,430.22    | 1,459.61             |
| Templeton Foreign Fund         | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 13,685.07   | 14,819.11            |



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FORM 5500

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PLAN 6-05643 Better Baked Foods, Inc.401(k) Plan & Trust

ANNUAL RETURN/REPORT OF EMPLOYEE BENEFITS PLANS

5500 PLAN PLAN YEAR 20090101 20091231

SCHEDULE H, LINE 4J

SCHEDULE OF REPORTABLE TRANSACTIONS

Better Baked Foods, Inc. BEGINNING PLAN BALANCE \$8,841,188.21 ALL TRANSACTIONS OVER \$442,059.40

| DATE | (A) IDENTITY OF<br>PARTY INVOLVED | (B) DESC<br>OF ASSET | (C) PURCHASE<br>PRICE | (D) SELLING<br>PRICE | (G) COST OF<br>ASSET | (H) VALUE OF<br>ASSET | (I) NET<br>GAIN/LOSS |
|------|-----------------------------------|----------------------|-----------------------|----------------------|----------------------|-----------------------|----------------------|
|------|-----------------------------------|----------------------|-----------------------|----------------------|----------------------|-----------------------|----------------------|

\*\* NO REPO TABL TRANSACTION \*\*