

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security 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 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>☐ a multiemployer plan;</div><div>☒ a single-employer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a DFE (specify) ____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☐ the final return/report;</div><div>☐ an amended return/report;</div><div>☐ a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ☐
D	Check box if filing under: <div><div>☒ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information
1a	Name of plan FLEISCHMANN'S VINEGAR COMPANY 401(K) PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 10/03/2002
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) FLEISCHMANN'S VINEGAR CO., INC. 12604 HIDDEN CREEK WAY CERRITOS, CA 90703
2b	Employer Identification Number (EIN) 41-2057885
2c	Sponsor's telephone number 562-404-4564
2d	Business code (see instructions) 311900

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.	10/11/2010	ANAMARI WESLEY
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") FLEISCHMANN'S VINEGAR CO., INC. 12604 HIDDEN CREEK WAY CERRITOS, CA 90703	3b Administrator's EIN 41-2057885 3c Administrator's telephone number 562-404-4564
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	121
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	99
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	19
d Subtotal. Add lines 6a , 6b , and 6c	6d	118
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	118
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	91
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 3D 2E 2J 2K 2F 2G

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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)

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance 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> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan FLEISCHMANN'S VINEGAR COMPANY 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. FLEISCHMANN'S VINEGAR CO., INC.	D Employer Identification Number (EIN) 41-2057885	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	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.
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1 Coverage Information:

(a) Name of insurance carrier
GREAT WEST LIFE & ANNUITY INSURANCE 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
84-0467907	68322	455217-01	91	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
0	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

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

(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	

(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	

(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	

(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	

(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	

(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	

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.

4 Current value of plan's interest under this contract in the general account at year end **4** 1835263**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** 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. **6d**

Specify nature of costs ▶

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 ▶ GROUP ANNUITY CONTRACT**b** Balance at the end of the previous year **7b** 1552075**c** Additions: (1) Contributions deposited during the year **7c(1)** 242860(2) Dividends and credits **7c(2)** 0(3) Interest credited during the year **7c(3)** 54974(4) Transferred from separate account **7c(4)** 66816(5) Other (specify below) **7c(5)** 39006

▶ LOAN REPAYMENTS

(6) Total additions **7c(6)** 403656**d** Total of balance and additions (add **b** and **c(6)**). **7d** 1955731**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 120382(2) Administration charge made by carrier **7e(2)** 86(3) Transferred to separate account **7e(3)** 0(4) Other (specify below) **7e(4)** 0(5) Total deductions **7e(5)** 120468**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 1835263

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:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
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.	10b	
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 Internal Revenue Service</div> <div>Department of Labor 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

<div>A</div> <div>Name of plan</div> <div>FLEISCHMANN'S VINEGAR COMPANY 401(K) PLAN</div>	<div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>
<div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>FLEISCHMANN'S VINEGAR CO., INC.</div>	<div>D</div> <div>Employer Identification Number (EIN)</div> <div>41-2057885</div>

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

(b)

Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

(b)

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(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)

ADVISED ASSET GROUP

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	974	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREAT WEST LIFE & ANNUITY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	412	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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 (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 (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 (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.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information 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). ► File as an attachment to Form 5500.	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 FLEISCHMANN'S VINEGAR COMPANY 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 FLEISCHMANN'S VINEGAR CO., INC.		
D Employer Identification Number (EIN) 41-2057885		

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	61946	97242
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3558846	5236872
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1552075	1835263
(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	5172867	7169377

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	5172867	7169377
---	-----------	---------	---------

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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	226085	
(B) Participants	2a(1)(B)	468240	
(C) Others (including rollovers)	2a(1)(C)	75442	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		769767

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	4949	
(F) Other	2b(1)(F)	54915	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		59864
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	74220	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		74220
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1233455
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		1237306

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	139410	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		139410
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	1386	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1386
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		140796

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1996510
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		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: DONALD BERKHEIMER

(2) EIN: 95-3187297

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

- 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)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information 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). ▶ File as an attachment to Form 5500.	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 <u>FLEISCHMANN'S VINEGAR COMPANY 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FLEISCHMANN'S VINEGAR CO., INC.</u>	D Employer Identification Number (EIN) <u>41-2057885</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>20-3691708</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

FLEISCHMANN'S VINEGAR COMPANY 401(K) PLAN

FINANCIAL STATEMENTS

December 31, 2009 and 2008

FLEISCHMANN'S VINEGAR COMPANY 401(K) PLAN
INDEX TO FINANCIAL STATEMENTS AND ADDITIONAL INFORMATION

Report of Independent Accountant	1
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Statement of Net Assets Available for Benefits	2
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Additional Information:	
Schedule of Assets Held for Investment Purposes - December 31, 2009	11

Note - Other schedules required by Section 2520.103-10 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

DONALD G. BERKHEIMER

CERTIFIED PUBLIC ACCOUNTANT

2362 SABLE TREE CIRCLE

TUSTIN, CALIFORNIA 92780-7125

PHONE (714) 838-3688

FAX (714) 482-4400

EMAIL — berkheim@pacbell.net

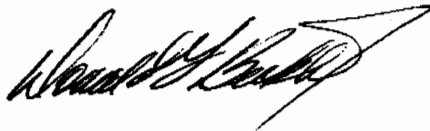
REPORT OF INDEPENDENT ACCOUNTANT

To the Participants and Administrator of the
Fleischmann's Vinegar Company 401(k) Plan

I was engaged to audit the financial statements of Fleischmann's Vinegar Company 401(k) Plan (the Plan) as of December 31, 2009 and 2008 and for the years then ended and the schedule listed in the accompanying index. These financial statements and schedule are the responsibility of the Plan's management. My responsibility is to express an opinion on these financial statements based upon my audit.

As permitted by Section 2520.103-8 of the Department of Labor 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 information summarized in Note 4, which was certified by Great-West Life & Annuity Insurance Company, as custodian, and Orchard Trust Company LLC as trustee of the plan, except for comparing such information with the related information included in the financial statements and schedule. 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 certifications from custodian and trustee as of and for the years ended December 31, 2009 and 2008 that the information provided to the plan administrator 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 schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the trustee, have been audited by me in accordance with generally accepted auditing standards accepted in the United States of America and, in my opinion, are presented in compliance with the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



August 26, 2010

Tustin, California

Fleischmann's Vinegar Company 401(k) Plan

Statement of Net Assets Available for Benefits

	December 31,	
	2009	2008
Assets		
Investments, at fair value:		
Guaranteed investment contract	\$ 1,835,263	\$ 1,552,075
Mutual funds	5,236,872	3,558,846
Loans to participants	97,242	61,946
Total investments	<u>7,169,377</u>	<u>5,172,867</u>
Receivables:		
Employer	12,512	24,925
Total receivables	<u>12,512</u>	<u>24,925</u>
Net assets available for Plan benefits	<u>\$ 7,181,889</u>	<u>\$ 5,197,792</u>

See accompanying notes to financial statements.

Fleischmann's Vinegar Company 401(k) Plan

Statement of Changes in Net Assets Available for Benefits

	December 31,	
	<u>2009</u>	<u>2008</u>
Additions to net assets:		
Investment income:		
Net appreciation in fair value of investments	\$ 1,233,455	
Interest and dividend income	129,264	304,724
Interest on participant loans	<u>4,950</u>	<u>6,360</u>
Total investment income	<u>1,367,669</u>	<u>311,084</u>
Contributions:		
Participant	544,682	544,808
Employer	<u>213,546</u>	<u>245,183</u>
Total contributions	<u>758,228</u>	<u>789,991</u>
Total additions to net assets	<u>2,125,897</u>	<u>1,101,075</u>
Deductions from net assets:		
Benefits paid to participants	140,614	59,373
Net depreciation in fair value of investments		2,312,266
Administrative expenses	<u>1,186</u>	<u>351</u>
Total deductions	<u>141,800</u>	<u>2,371,990</u>
Net increase(decrease) in net assets available for benefits	1,984,097	(1,270,915)
Net assets available for benefits:		
Beginning of year	<u>5,197,792</u>	<u>6,468,707</u>
End of year	<u>\$ 7,181,889</u>	<u>\$ 5,197,792</u>

See accompanying notes to financial statements.

Fleischmann's Vinegar Company 401(k) Plan

Notes to Financial Statements

December 31, 2009 and 2008

Note 1 - DESCRIPTION OF THE PLAN

The following brief description of Fleischmann's Vinegar Company 401(k) Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General

The Plan, established effective October 3, 2002, is a defined contribution plan covering the employees of Fleischmann's Vinegar Company (the "Company" or "Fleischmann's") and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan's fiscal year begins January 1 and ends December 31. The Plan is administered by a committee appointed by the management of Fleischmann's Vinegar Company.

Participation

Employees are eligible for participation after completion of one half year of service. All employees are eligible to participate, except for union employees and non-resident aliens. Service includes any period of service while an employee of Burns Philip, a prior owner of Fleischmann's. Employees must have attained the age of 21 to participate.

Contributions

Subject to certain Internal Revenue Service (IRS) and Plan limitations, participants are allowed to contribute up to 15% of their earnings on a before-tax basis, not to exceed the statutory maximum. Participants age 50 and older are also allowed to contribute a "catch-up" contribution as allowed by law. The Company contributes an amount equal to 100% of the first 3% of the participants contribution contributed by each participant and 50% of the amount contributed by the participant that exceed 3% but are less than 6% of the participants compensation. The Profit Sharing Contribution is discretionary and is contributed to the Plan annually for those employees who have completed 1 year of service and are actively employed at the end of the year.

Vesting

Participants become immediately vested in their employee, employer, and rollover contributions.

Participants' accounts

Separate accounts are maintained for each participant. Each participant's account is credited with the participant's contribution and an allocation of the Company's contributions and Plan earnings or losses. These amounts may be invested in any of the available investment funds, as directed by the participant. Allocations of Plan earnings or losses are based on participant account balances invested in each fund.

Death Benefits

If an active vested participant dies prior to normal retirement, the participant's beneficiary is entitled to the balance in the separate account of the participant.

Contribution Policy

The Company sends the employee and Company contributions to the trustee as soon as possible and no less often than monthly.

Fleischmann's Vinegar Company 401(k) Plan

Notes to Financial Statements

December 31, 2009 and 2008

Note 1 - DESCRIPTION OF THE PLAN (cont.)

Transfers

Participants may transfer contributions and income thereon from one fund to another as defined in the plan document.

Administrative Plan Expenses

Administrative Plan expenses, not including withdrawal or loan fees, are paid by the company on behalf of the Plan. Such expenses for the year were approximately \$4,500 for both years.

Payment of Benefits

Benefits, upon retirement, termination of employment or total disability, are paid in a lump sum distribution or deferred until normal retirement age. Benefits resulting from death are paid in a lump sum distribution to the surviving spouse or beneficiary. There were no benefits for retired and/or terminated employees who had not received their full payment for their vested benefits, but had requested payment prior to year-end as of December 31, 2009 and 2008. The plan also allows for hardship withdrawals, subject to the requirements of the Internal Revenue Code.

Participant Loans

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000, reduced by the highest outstanding loan balance during the previous 12 months, or 50% of their vested balance. The repayment period of the loan may not exceed 5 years, except that the committee may approve a longer repayment period if the loan is for the purchase of your principal residence. The loans are secured by the balance in the participant's account and bear interest at a rate determined by the Committee based on rates for similar loans by other lenders. Principal and interest are paid to the participant's account through payroll deductions, unless another repayment option is approved by the Committee.

Plan Termination

Benefits under this Plan are not insured by the Pension Benefit Guaranty Corporation ("PBGC"). The benefit payable to the participants will be the value of the funds credited to the participant.

Fleischmann's Vinegar Company 401(k) Plan

Notes to Financial Statements

December 31, 2009 and 2008

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual basis of accounting.

On January 1, 2009, the FASB issued the *Accounting Standards Codification* (ASC). The ASC replaced the *Hierarchy of Generally Accepted Accounting Principles* (GAAP), and establishes the Codification as the single source of authoritative US GAAP for interim and annual reports ending after September 15, 2009. The Codification supersedes all existing not-SEC standards. There was no impact on the financial statements as a result of the adoption of the ASC.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual amounts could differ from those estimates.

Investment Valuation

Investments in mutual funds are stated at fair market value, as determined by the custodian, Great-West Life and Annuity Company. The investment in the Guaranteed Investment Contract is stated at cost, which approximates fair value. Participant loans are valued at cost, which approximates fair value. Net appreciation (depreciation) in fair value of investments includes realized and unrealized gains and losses on investments sold or held during the year.

Payment of Benefits

Benefits are recorded when paid.

Note 3 – Investment Assets

The following represents investments greater than or equal to 5 percent of the Plan's net assets available for benefits:

	2009 -----	2008 -----
Great-West Life and Annuity Insurance Company Guaranteed Portfolio fund	\$ 1,835,263	\$ 1,552,075
Oppenheimer Developing Markets Fund	1,112,548	483,272
Oppenheimer Strategic Income Fund	594,981	488,068
Davis New York Venture Fund	437,691	405,191
MFS Value Fund A	426,018	*
American Funds Growth Fund of America	*	277,353
Janus Adviser Balanced Fund	*	333,351
Oppenheimer International Growth Fund	*	267,805

Fleischmann's Vinegar Company 401(k) Plan

Notes to Financial Statements

December 31, 2009 and 2008

Note 3 – Investment Assets (cont.)

During 2009 the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year appreciated in value by \$1,233,455. During 2008 the Plan's investments depreciated in value by \$2,312,266.

Assets of the Plan are invested through a Contract with Great West Life & Annuity Insurance Company. The assets are invested in one of 19 Mutual Funds or a Guaranteed Investment Contract at the discretion of the participant.

Note 4 - Certified Financial Data

The following is a summary of the Plan's financial information and data certified by Great-West Life and Annuity Insurance Company and Orchard Trust Company LLC, for the years ended December 31, 2009 and 2008, as complete and accurate in accordance with Section 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

	2009	2008
	-----	-----
Investment in Guaranteed Investment Contract	\$ 1,835,263	\$ 1,552,075
Investment in Mutual Funds	5,236,872	3,558,846
Participant Loans	97,242	61,946
	-----	-----
Total Assets	\$ 7,169,377	\$ 5,172,867
	=====	=====
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ 1,233,455	\$(2,312,266)
Interest and dividends	129,264	304,724
Interest on participant loans	4,950	6,360

Note 5 - Reconciliation of Financial Statements for Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	2009	2008
	-----	-----
Net assets available for benefits per the financial statements	\$ 7,181,889	\$ 5,197,792
Employer and employee receivable	(12,512)	(24,925)
	-----	-----
Net assets available for benefits per the Form 5500	\$ 7,169,377	\$ 5,172,867
	=====	=====

Fleischmann's Vinegar Company 401(k) Plan

Notes to Financial Statements

December 31, 2009 and 2008

Note 5 - Reconciliation of Financial Statements for Form 5500 (cont.)

The following is a reconciliation of the increase in net assets available for benefits per the financial statements and the Form 5500:

Net increase per the financial statements	\$ 1,984,097	\$ (1,270,915)
Contributions receivable current year	(12,512)	(24,925)
Contribution receivable prior year	24,925	135,093
	-----	-----
Increase in net assets per the Form 5500	\$ 1,996,510	\$ (1,160,747)
	=====	=====

Note 6 – Fair Value Measurements

The Plan classifies and discloses its financial assets and liabilities in one of the following three categories:

Level 1: Valuations based on quoted prices in active markets for identical assets or liabilities that the Foundation has the ability to access. Since valuations are based on quoted prices that are readily and regularly available in an active market, valuation of these produces does not entail a significant degree of judgment.

Level 2: Observable market based inputs or unobservable inputs that are corroborated by market data for identical or similar assets or liabilities in markets that are not active (i.e. markets in which there are few transactions for the asset or liability), or inputs other than quoted prices that are observable for the asset or liability (i.e. interest rates, yield curves and volatilities).

Level 3: Unobservable inputs that are not corroborated by market data. These values are generally estimated based upon methodologies utilizing significant inputs that are generally less observable from objective sources.

Based on the above criteria, the following fair value hierarchy table presents information about the Plan's assets measured at fair value on a recurring basis at December 31, 2009 and 2008.

December 31, 2009	Fair Value Measurements at Reporting Date Using the Above Criteria			
	Total	(Level 1)	(Level 2)	(Level 3)
Guaranteed Investment Contract	\$1,835,263	\$	\$ 1,835,263	\$
Mutual Funds	5,236,872	5,236,872		
Loans to participants	97,242		97,242	
Total	<u>\$7,169,377</u>	<u>\$5,236,872</u>	<u>\$ 1,932,505</u>	<u>\$</u>

December 31, 2008	Fair Value Measurements at Reporting Date Using the Above Criteria			
	Total	(Level 1)	(Level 2)	(Level 3)
Guaranteed Investment Contract	\$1,552,075	\$	\$ 1,552,075	\$
Mutual Funds	3,558,846	3,558,846		
Loans to participants	61,946		61,946	
Total	<u>\$ 5,172,867</u>	<u>\$ 3,558,846</u>	<u>\$ 1,614,021</u>	<u>\$</u>

Fleischmann's Vinegar Company 401(k) Plan

Notes to Financial Statements

December 31, 2009 and 2008

Note 6 – Fair Value Measurements (cont.)

In addition, information about Level 3 assets measured at fair value on a recurring basis must be reported. Both observable and unobservable inputs may be used to determine the fair value of positions that the Foundation has classified within the Level 3 category. As a result, the unrealized gains and losses for assets and liabilities within the Level 3 category presented in the tables below may include changes in fair value that were attributable to both observable (i.e. changes in market interest rates) and unobservable (i.e. changes in unobservable long-dated volatilities) inputs.

Changes in Level 3 assets measured at fair value on a recurring basis for the year ended December 31, 2009 and 2008 are as follows:

	<u>2009</u>	<u>2008</u>
Beginning Balance 1/1	\$ 61,946	\$ 104,866
Realized and unrealized Gains	0	0
Purchases, sales, issuances, settlements	<u>35,296</u>	<u>(42,920)</u>
Ending Balance 12/31	<u>\$ 97,242</u>	<u>\$ 61,946</u>

Note 7 – Related Party Transactions

Certain investments of the Plan are shares of mutual funds managed by Great-West Life & Annuity Insurance Company, a related party to Orchard Trust Company LLC, the trustee. These transactions qualify as party-in-interest transactions permitted by the Department of Labor's Rules and Regulations and are exempt under Section 408(b)(8) of the Internal Revenue Code.

Note 8 - Tax Status of the Plan

The Plan has adopted a Prototype Non-Standardized Profit Sharing Plan provided by Great-West Life & Annuity Company who received a favorable opinion letter on the prototype plan. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan adopted the provisions of FASB Interpretation No. 48 (FIN 48), *Accounting for Uncertainty in Income Taxes* (FASB ASC 740-10), on January 1, 2009. Management has determined that the Plan has no material uncertain tax positions that would require recognition under FIN 48. The federal tax returns for 2006 to 2009 are subject to examination by the IRS.

Note 9 – Risks and Uncertainties

The Plan provides for various investment options in mutual funds and money market funds. Investment securities are exposed to various risks, such as significant world events, interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statement of Net Assets Available for Plan Benefits.

Fleischmann's Vinegar Company 401(k) Plan

Notes to Financial Statements

December 31, 2009 and 2008

Note 10 – Forfeitures

During 2009 there were forfeitures in the amount of \$33,595. The Company intends to reduce future company contributions by these forfeitures.

Note 11 – Subsequent Events

Management evaluated subsequent events through August 26, 2010, the date the financial statements were available to be issued. Events or transactions occurring after December 31, 2009, but prior to August 26, 2010, that provided additional evidence about conditions that existed at December 31, 2009 have been recognized in the financial statements for the year ended December 31, 2009. Events or transactions that provided evidence about conditions that did not exist at December 31, 2009, but arose before the financial statements were available to be issued have not been recognized in the financial statements for the year ended December 31, 2009.

Fleischmann's Vinegar Company 401(k) Plan
Schedule H, line 4i -- Schedule of Assets (Held At End of Year)
December 31, 2009

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment	(e) Current Value
Guaranteed Investment Contract:			
*	Orchard Trust Company	Guaranteed Portfolio Fund, guaranteed by the assets of Great-West Life and Annuity Insurance Company, currently paying 3.8%.	\$ 1,835,263
Mutual Funds:			
*	Great-West Life & Annuity Insurance Company	Alger MidCap Growth Institutional Fund Inst'l	288,911
*	Great-West Life & Annuity Insurance Company	American Funds Growth Fund of America R3	238,590
*	Great-West Life & Annuity Insurance Company	BlackRock Core Bond Total Return II Inv A	37,718
*	Great-West Life & Annuity Insurance Company	Davis New York Venture Fund A	437,691
*	Great-West Life & Annuity Insurance Company	Evergreen Special Values Fund A	201,550
*	Great-West Life & Annuity Insurance Company	Janus Adviser Balanced Fund S	333,221
*	Great-West Life & Annuity Insurance Company	JP Morgan Mid Cap Value Fund A	244,648
*	Great-West Life & Annuity Insurance Company	Lord Abbett Small-Cap Value Fund A	161,178
*	Great-West Life & Annuity Insurance Company	Maxim S & P 500	134,814
*	Great-West Life & Annuity Insurance Company	MFS Value Fund A	426,018
*	Great-West Life & Annuity Insurance Company	Oakmark Equity and Income Fund II	195,387
*	Great-West Life & Annuity Insurance Company	Oppenheimer Developing Market Fund A	1,112,548
*	Great-West Life & Annuity Insurance Company	Oppenheimer International Growth Fund A	377,936
*	Great-West Life & Annuity Insurance Company	Oppenheimer Strategic Income Fund A	594,981
*	Great-West Life & Annuity Insurance Company	Pioneer Oak Ridge Small Cap Growth Fund A	65,521
*	Great-West Life & Annuity Insurance Company	Russell LifePoints 2010 Strategy R3	3,408
*	Great-West Life & Annuity Insurance Company	Russell LifePoints 2020 Strategy R3	101,959
*	Great-West Life & Annuity Insurance Company	Russell LifePoints 2030 Strategy R3	137,740
*	Great-West Life & Annuity Insurance Company	Russell LifePoints 2040 Strategy R3	143,053
Participant Loans:			
*	Participant Loans	Participant Loans, various maturities, interest rates, 4.25% - 10.00%, balances collateralized by participant's accounts	97,242
		Total	<u>\$ 7,169,377</u>

* Investments with a party in interest

See accompanying notes to financial statements.

ASSETS HELD FOR INVESTMENT PURPOSES

GA

Fleischmann's Vinegar Company 401(K) Plan
01-JAN-09 to 31-DEC-09

31-JAN-10 22:11:35

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1RJLDX			3,356.93	3,408.28
1RLLDX			108,666.28	101,959.04
1RRLDX			175,565.00	137,740.46
1RXLDX			178,405.92	143,052.99
1ODMAX			1,024,233.23	1,112,548.07
1OIGAX			360,227.96	377,935.68
1ESPAX			259,787.80	201,550.41
1LRSCX			147,372.47	161,178.09
1ORIGX			67,149.47	65,521.25
1ALMRX			277,463.18	288,910.68
1JAMCX			253,950.65	244,648.11
195AFGF			238,827.04	238,590.44
1NYVTX			450,776.75	437,691.46
194MX5			120,611.77	134,814.05
1MEIAX			448,378.26	426,017.61
1JABRX1			290,790.63	333,220.70
1OARBX			172,782.98	195,386.63
1BCBAX			35,742.91	37,717.38
1OPSIX			623,276.47	594,980.60
1PORT		3.000	1,692,580.12	1,801,668.13
			6,929,945.82	7,038,540.06
PARTICIPANT LOANS	VARIOUS	4.250-10.000	96,961.14	97,242.38
FORFEITURES			33,532.99	33,594.61

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 41-2057885

LEGEND

INVESTMENT OPTION:

1RJLDX	Russell LifePoints 2010 Strategy R3	1RLLDX	Russell LifePoints 2020 Strategy R3
1RRLDX	Russell LifePoints 2030 Strategy R3	1RXLDX	Russell LifePoints 2040 Strategy R3
1ODMAX	Oppenheimer Developing Market, A	1OIGAX	Oppenheimer International Growth Fund A
1ESPAX	Evergreen Special Values Fund A	1LRSCX	Lord Abbett Small-Cap Value Fund
1ORIGX	Pioneer Oak Ridge Small Cap Growth A	1ALMRX	Alger Mid Cap Growth Fund Inst'l
1JAMCX	JP Morgan Mid Cap Value Fund A	195AFGF	American Funds Growth Fund of Amer R3
1NYVTX	Davis NY Venture A	194MX5	Maxim S & P 500
1MEIAX	MFS Value Fund - A	1JABRX1	Janus Balanced Fund S
1OARBX	Oakmark Equity & Income II	1BCBAX	BlackRock Total Return II Inv A
1OPSIX	Oppenheimer Strategic Income A	1PORT	Key Guaranteed Portfolio Fund

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year