

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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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:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan MIKE-SELL'S POTATO CHIP CO. SALARIED, CLERICAL AND OFFICE EMPLOYEES' PENSION PLAN	1b Three-digit plan number (PN) ►	001	
	1c Effective date of plan	03/01/1961	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) MIKE-SELLS POTATO CHIP COMPANY 333 LEO STREET, P.O. BOX 115 DAYTON, OH 45404-0115	2b Employer Identification Number (EIN) 31-0516359	2c Sponsor's telephone number 937-228-9400	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.	10/12/2010	LARRY W. POUNDS
	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") ADMINISTRATIVE COMMITTEE MIKE-SELLS POTATO CHIP COMPANY 333 LEO STREET, P.O. BOX 115 DAYTON, OH 45404-0115	3b Administrator's EIN 31-1006922 3c Administrator's telephone number 937-228-9400
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
5 Total number of participants at the beginning of the plan year	5 156
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 58
b Retired or separated participants receiving benefits.....	6b 32
c Other retired or separated participants entitled to future benefits.....	6c 59
d Subtotal. Add lines 6a , 6b , and 6c	6d 149
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 3
f Total. Add lines 6d and 6e	6f 152
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1G 1I	
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
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) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

A Name of plan <u>MIKE-SELL'S POTATO CHIP CO. SALARIED, CLERICAL AND OFFICE EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MIKE-SELLS POTATO CHIP COMPANY</u>	D Employer Identification Number (EIN) <u>31-0516359</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>
2	Assets:
a	Market value 2a <u>4123285</u>
b	Actuarial value 2b <u>4535613</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>35</u> <u>3010811</u>
b	For terminated vested participants 3b <u>62</u> <u>1043278</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>0</u>
(2)	Vested benefits 3c(2) <u>1793212</u>
(3)	Total active 3c(3) <u>57</u> <u>1793212</u>
d	Total 3d <u>154</u> <u>5847301</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>6.43</u> %
6	Target normal cost 6 <u>58832</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>07/21/2010</u>
Signature of actuary <u>CHARLES D. MUNSELL, III, EA, MSPA</u>	Date <u>08-04745</u>
Type or print name of actuary <u>NYHART</u>	Most recent enrollment number <u>317-845-3570</u>
Firm name <u>8415 ALLISON POINTE BLVD, SUITE 300 INDIANAPOLIS, IN 46250-4159</u>	Telephone number (including area code)
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	0	0
10 Interest on item 9 using prior year's actual return of <u>-19.00</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		2974
b Interest on (a) using prior year's effective rate of <u>5.99</u> %		178
c Total available at beginning of current plan year to add to prefunding balance		3152
d Portion of (c) to be added to prefunding balance.....		3152
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	3152

Part III Funding percentages		
14 Funding target attainment percentage.....	14	77.51 %
15 Adjusted funding target attainment percentage.....	15	77.51 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	87.53 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/30/2009	65000				
06/05/2009	85000				
09/15/2009	75000				
12/11/2009	80000				
			Totals ►	18(b)	305000
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	294028
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 5.64 %	2nd segment: 6.40 %	3rd segment: 6.56 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	58832
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1314839	237195
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	296027
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	1999
36 Additional cash requirement (item 34 minus item 35).....	36	294028
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	294028
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ 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 MIKE-SELL'S POTATO CHIP CO. SALARIED, CLERICAL AND OFFICE EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MIKE-SELLS POTATO CHIP COMPANY	D Employer Identification Number (EIN) 31-0516359

Part I	Service Provider Information (see instructions)
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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
--

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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)

NYHART

35-0966414

(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?
11 50	NONE	22900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRADY WARE & SCHOENFELD, INC.

35-1476702

(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?
10 50	NONE	8800	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 ☐

(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 <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan MIKE-SELL'S POTATO CHIP CO. SALARIED, CLERICAL AND OFFICE EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 MIKE-SELLS POTATO CHIP COMPANY	D Employer Identification Number (EIN) <u>31-0516359</u>	

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	8526	9150
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	41208	48542
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	4073551	4828650
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	4123285	4886342

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4123285	4886342
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	305000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		305000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	17	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		17
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	161770	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		161770
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		654384
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1121171

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	306451	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	18885	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		325336
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	31700	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1078	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		32778
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		358114

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		763057
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ 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: BRADY WARE & SCHOENFELD, INC.

(2) EIN: 35-1476702

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.).....			
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.			

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

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

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

SCHEDULE R (Form 5500) 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.
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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 <u>MIKE-SELL'S POTATO CHIP CO. SALARIED, CLERICAL AND OFFICE EMPLOYEES' PENSION 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>MIKE-SELLS POTATO CHIP COMPANY</u>	D Employer Identification Number (EIN) <u>31-0516359</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
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>31-0838515</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 <u>2</u>

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
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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.
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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): _____

**MIKE-SELL'S POTATO CHIP
COMPANY SALARIED, CLERICAL AND
OFFICE EMPLOYEES' PENSION PLAN**

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2009 AND 2008

**MIKE-SELL'S POTATO CHIP COMPANY SALARIED, CLERICAL AND OFFICE
EMPLOYEES' PENSION PLAN**

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YEARS ENDED DECEMBER 31, 2009 AND 2008

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INDEPENDENT AUDITORS' REPORT

1 S Main St Ste 600
Dayton OH 45402-2042
(937) 223-5247
Fax (937) 223-0300

www.bradyware.com

Administrative Committee
**Mike-sell's Potato Chip Company Salaried, Clerical
and Office Employees' Pension Plan**
Dayton, Ohio

We were engaged to audit the accompanying statements of net assets available for benefits of the **Mike-sell's Potato Chip Company Salaried, Clerical and Office Employees' Pension Plan** (the "Plan") as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended, and supplementary information as listed in the accompanying table of contents. These financial statements and supplementary information are the responsibility of the Plan's management.

As permitted by 29 CFR 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 us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note D, which was certified by JPMorgan Chase Bank, NA, the Trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certification from the Trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan administrator by the Trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are 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 us in accordance with auditing standards generally accepted in the United States of America and, in our 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.

Brady Ware & Schoenfeld, Inc.

Dayton, Ohio
September 27, 2010

**MIKE-SELL'S POTATO CHIP COMPANY SALARIED, CLERICAL AND OFFICE
EMPLOYEES' PENSION PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
ASSETS		
Investments at fair market value		
Money market fund	\$ 48,542	\$ 41,208
Equity securities funds	2,573,599	2,138,754
Corporate bond fund	<u>2,255,051</u>	<u>1,934,797</u>
Total investments at fair market value	4,877,192	4,114,759
Receivables		
Interest and dividends receivable	<u>9,150</u>	<u>8,526</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 4,886,342</u>	<u>\$ 4,123,285</u>

**MIKE-SELL'S POTATO CHIP COMPANY SALARIED, CLERICAL AND OFFICE
EMPLOYEES' PENSION PLAN**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment income (loss)		
Interest and dividends	\$ 161,787	\$ 203,819
Net appreciation (depreciation) in market value of investments	<u>654,384</u>	<u>(1,200,805)</u>
Total investment income (loss)	816,171	(996,986)
Contributions - employer	<u>305,000</u>	<u>145,260</u>
Total additions	<u>1,121,171</u>	<u>(851,726)</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to participants	306,451	343,309
Administrative expenses	<u>51,663</u>	<u>43,315</u>
Total deductions	<u>358,114</u>	<u>386,624</u>
NET INCREASE (DECREASE)	763,057	(1,238,350)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>4,123,285</u>	<u>5,361,635</u>
End of year	<u>\$ 4,886,342</u>	<u>\$ 4,123,285</u>

**MIKE-SELL'S POTATO CHIP COMPANY SALARIED, CLERICAL AND OFFICE
EMPLOYEES' PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

NOTE A - DESCRIPTION OF PLAN

The following description of the **Mike-sell's Potato Chip Company Salaried, Clerical and Office Employees' Pension Plan** (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a non-contributory defined benefit plan and covers all salaried, clerical or office employees of Mike-sell's Potato Chip Company and/or employees of Mike-sell's Indiana, Inc., excluding employees who are covered by a collective bargaining agreement (provided retirement benefits were the subject of good faith bargaining) except that the employees of Mike-sell's Indiana, Inc., who are members of Teamsters Union No. 135 in Indianapolis, shall be eligible. An eligible employee shall become a participant on January 1 following date of hire. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

In October 2005, the Plan was amended to freeze service as of December 31, 2005 for the purpose of determining benefit accruals for all participants except those who are members of Teamsters Union No. 135. In March 2006, the Plan was amended to freeze service as of April 30, 2006 for the purpose of determining benefit accruals for all participants who are members of Teamsters Union No. 135 in Indianapolis, Indiana. In March 2007, the Plan was amended to freeze annual compensation as of April 30, 2007 for participants who are not members of Teamsters Union No. 135. Effective December 31, 2007, the Plan was amended to freeze participation. No employee will be eligible to become a participant subsequent to this date. Subsequent to year end and effective June 30, 2010, an amendment was made to the Plan in order to freeze the Indiana Teamsters Union No. 135 employees' benefits.

Pension Benefits - Employees with five years of vesting service are entitled to annual retirement benefits, beginning at the normal retirement age of 65, equal generally to the greater of:

- 1.25% of Plan compensation, which represents the highest five consecutive years of pensionable earnings during the last forty-five years of employment, multiplied by years of credited service.
- Credited Service at the participant's normal retirement date multiplied by \$15.

A participant whose employment continues after age 65 may elect to defer payment of benefits to the first day of the month following the month in which employment terminates for any reason other than death. A participant who has attained age 50 and completed at least seven years of service is eligible for early retirement; the accrued retirement benefit is reduced for early retirement. A participant becomes fully vested upon completion of seven years of service. A participant may receive disability payments when he has completed seven years of service and attains age 50.

Participants may elect to receive the value of their accumulated plan benefits as a lump-sum distribution upon retirement or termination, as a life annuity payable monthly from retirement, or as a ten-year certain annuity payable monthly upon retirement and if the participant dies within ten years after benefits commence, a continuing monthly payment to the beneficiary for the remainder of the ten year period. Participants may elect to receive their pension benefits in the form of a joint and survivor annuity.

Death Benefits - Upon death of a vested participant, a death benefit shall be paid to the participant's spouse as long as the participant and spouse had been married for at least one year at the time of death. The amount of the death benefit will equal 50% of the benefit payable as a survivor annuity under the qualified joint and survivor annuity under the Plan.

**MIKE-SELL'S POTATO CHIP COMPANY SALARIED, CLERICAL AND OFFICE
EMPLOYEES' PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The financial statements of the Plan are prepared using the accrual method of accounting.

Financial Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's administrator to make estimates and assumptions that affect the reported amounts of net assets and disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties - Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in establishing assumptions, that the effect of such changes could be material to the financial statements.

Investment Valuation - Investment securities are stated at fair values determined using year end market prices and both realized and unrealized gains and losses are reflected in income. See Note E for discussion of fair value measurements. Security transactions are recorded on the trade date. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. 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 the amounts reported in the Statements of Net Assets Available For Benefits.

Plan Expenses - Administrative expenses of the Plan are paid by the Plan, as provided in the Plan Document. The Plan Sponsor provides accounting and other administrative services to the Plan at no charge.

Receivables - Due to the nature of accounts receivable, management believes that all amounts will be collected; therefore, no allowance for doubtful accounts is considered necessary.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died, and the present employees or their beneficiaries. Benefits under the Plan are calculated using the average of the highest five consecutive participant's annual compensation earned with Mike-sell's Potato Chip Company or Mike-sell's Indiana, Inc.

The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, withdrawal, retirement or disability) between the valuation date and the expected date of payment.

**MIKE-SELL'S POTATO CHIP COMPANY SALARIED, CLERICAL AND OFFICE
EMPLOYEES' PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - continued

The actuarial present value of accumulated benefits as of January 1, 2010 and 2009 and changes in accumulated benefits for the years ended January 1, 2010 and 2009 are summarized as follows:

	<u>January 1, 2010</u>	<u>January 1, 2009</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS		
Vested benefits		
Participants currently receiving benefits	\$ 2,656,421	\$ 2,859,664
Other vested participants	<u>2,464,512</u>	<u>2,321,357</u>
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u>\$ 5,120,933</u>	<u>\$ 5,181,021</u>

The changes in actuarial present value were as follows:

	<u>January 1, 2010</u>	<u>January 1, 2009</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR	<u>\$ 5,181,021</u>	<u>\$ 5,120,080</u>
INCREASE (DECREASE) DURING THE YEAR ATTRIBUTED TO:		
Benefits accumulated	(139,398)	24,203
Assumption changes	8,469	8,682
Benefits paid	(306,451)	(343,309)
Interest	<u>377,292</u>	<u>371,365</u>
NET INCREASE (DECREASE)	<u>(60,088)</u>	<u>60,941</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	<u>\$ 5,120,933</u>	<u>\$ 5,181,021</u>

The significant actuarial assumptions used in the valuations were as follows:

- Investment return at an average rate of 7.50% as of January 1, 2010 and 2009.
- Discount rate of 7.50% as of January 1, 2010 and 2009.
- No projected salary increase as of January 1, 2010. Projected salary increase of 2.50% for members of Teamsters Union No. 135 in Indianapolis, Indiana as of January 1, 2009. Compensation for others after April 30, 2007 not recognized.
- Normal retirement age of 65 or fifth anniversary of plan participation, if later.
- Life expectancy of participants (using the IRS 2010 Combined Static Mortality Table).

**MIKE-SELL'S POTATO CHIP COMPANY SALARIED, CLERICAL AND OFFICE
EMPLOYEES' PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - continued

The net increase (decrease) in the actuarial present value of accumulated benefits is the result of benefits paid, discounts for interest, changes in participant mix, actuarial experience gains and losses, and changes in actuarial assumptions.

The foregoing actuarial assumptions are based upon the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors will be applicable in determining the actuarial present value of accumulated plan benefits.

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

Accounting for Uncertainty in Income Taxes - On January 1, 2009, the Plan adopted accounting standards for uncertainties in income taxes. The Sponsor believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the Internal Revenue Code. Accordingly, the adoption of this standard does not have a material impact on the Plan's net assets available for benefits and changes in net assets available for benefits.

Subsequent Events - In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through September 27, 2010, the date the financial statements were available to be issued.

NOTE C - TAX STATUS

The Plan obtained its latest determination letter on February 4, 2002, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter; however, 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.

NOTE D - INVESTMENTS

JPMorgan Chase Bank, NA is the Trustee and investment manager of the Plan. The investment information included in this note, as well as interest and dividend income, has been certified as to its completeness and accuracy by JPMorgan Chase Bank, NA. The following table presents the fair values of investments as of December 31, 2009 and 2008:

	<u>2009</u>		<u>2008</u>
Investments at fair value as determined by quoted market prices			
JP Morgan 100% U.S. Treasury Securities Money Market Fund	\$ 48,542		\$ 41,208
JP Morgan Equity Index Fund	1,828,189	*	1,510,457
JP Morgan Market Expansion Index Fund	497,898	*	423,512
JP Morgan International Equity Index Fund	247,512	*	204,785
JP Morgan Core Bond Fund	<u>2,255,051</u>	*	<u>1,934,797</u>
	<u>\$ 4,877,192</u>		<u>\$ 4,114,759</u>

* Fair values of individual assets represent five percent or more of the Plan's net assets as of December 31, 2009 and 2008.

**MIKE-SELL'S POTATO CHIP COMPANY SALARIED, CLERICAL AND OFFICE
EMPLOYEES' PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

NOTE D - INVESTMENTS - continued

During 2009 and 2008, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	<u>2009</u>	<u>2008</u>
Equity securities funds	\$ 76,724	\$ (1,168,014)
Corporate bond fund	<u>577,660</u>	<u>(32,791)</u>
	<u>\$ 654,384</u>	<u>\$ (1,200,805)</u>

NOTE E - FAIR VALUE MEASUREMENTS

The Plan adopted the accounting standard that defines fair value and establishes a framework for measuring fair value. This framework provides 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 (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under this accounting standard are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

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

Money market fund: Valued at the net asset value (NAV) of shares held by the Plan at year end.

Equity securities funds: Valued at the net asset value (NAV) of shares held by the Plan at year end.

Corporate bond fund: Valued at the net asset value (NAV) of shares held by the Plan at year end.

**MIKE-SELL'S POTATO CHIP COMPANY SALARIED, CLERICAL AND OFFICE
EMPLOYEES' PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

NOTE E - FAIR VALUE MEASUREMENTS - continued

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 fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Money market fund	\$ 48,542	\$ 48,542	\$ -	\$ -
Equity securities funds	2,573,599	2,573,599	-	-
Corporate bond fund	<u>2,255,051</u>	<u>2,255,051</u>	<u>-</u>	<u>-</u>
	<u>\$ 4,877,192</u>	<u>\$ 4,877,192</u>	<u>\$ -</u>	<u>\$ -</u>

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

	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Money market fund	\$ 41,208	\$ 41,208	\$ -	\$ -
Equity securities funds	2,138,754	2,138,754	-	-
Corporate bond fund	<u>1,934,797</u>	<u>1,934,797</u>	<u>-</u>	<u>-</u>
	<u>\$ 4,114,759</u>	<u>\$ 4,114,759</u>	<u>\$ -</u>	<u>\$ -</u>

NOTE F - FUNDING POLICY

The Company's funding policy is to fund pension costs that at a minimum would satisfy the minimum requirements of the Employee Retirement Income Security Act of 1974 (ERISA) and would be deductible under Section 404 of the Internal Revenue Code. Contributions are intended to fund the Plan's normal cost on a current basis. The Plan has met ERISA's minimum funding requirements.

NOTE G - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the Plan provides that the plan administrator shall allocate the assets of the Plan in accordance with Title IV of ERISA.

Under ERISA, certain benefits would be guaranteed by the Pension Benefit Guaranty Corporation (PBGC). Generally, the PBGC guarantees most vested, normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the Plan's termination, subject to a statutory ceiling on the amount of the individual's monthly benefit.

**MIKE-SELL'S POTATO CHIP COMPANY SALARIED, CLERICAL AND OFFICE
EMPLOYEES' PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

NOTE G - PLAN TERMINATION - continued

Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all. Reference should be made to the Plan document for further details.

NOTE H - RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of investment funds managed by JPMorgan Chase Bank, NA. JPMorgan Chase Bank, NA is the Trustee of the Plan and, therefore, these transactions qualify as party-in-interest transactions. Additionally, Nyhart as the Plan actuary and Brady, Ware & Schoenfeld, Inc. as auditors qualify as parties-in-interest. Fees paid during the year for accounting, actuarial, trustee and investment management services rendered by parties-in-interest totaled \$32,778 and \$35,436 for the years ended December 31, 2009 and 2008, respectively.

NOTE I - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the financial statements to the Form 5500:

	<u>2009</u>	<u>2008</u>
Benefit payments per Form 5500	\$ 325,336	\$ 351,188
PBGC premiums included in administrative expenses per financial statements	<u>(18,885)</u>	<u>(7,879)</u>
Benefit payments per financial statements	<u>\$ 306,451</u>	<u>\$ 343,309</u>
Administrative expenses per Form 5500	\$ 32,778	\$ 35,436
PBGC premium included in administrative expenses per financial statements	<u>18,885</u>	<u>7,879</u>
Administrative expenses per financial statements	<u>\$ 51,663</u>	<u>\$ 43,315</u>

**MIKE-SELL'S POTATO CHIP COMPANY SALARIED, CLERICAL AND OFFICE
EMPLOYEES' PENSION PLAN**

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

PLAN'S EMPLOYER IDENTIFICATION NUMBER: EIN # 31-0516359

PLAN NUMBER: 001

DECEMBER 31, 2009

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
Money Market Fund				
*	JP Morgan 100% U.S. Treasury Securities Money Market Fund	U.S. Treasury Plus Money Market Fund, 48,541.550 units	\$ 48,542	\$ 48,542
Equity Securities Funds				
*	JP Morgan Equity Index Fund	Equity index fund, 72,203.368 units	1,142,759	1,828,189
*	JP Morgan Market Expansion Index Fund	Mid-cap blend fund, 57,361.561 units	506,538	497,898
*	JP Morgan International Equity Index Fund	Fixed blend fund, 13,407.986 units	<u>241,558</u>	<u>247,512</u>
			<u>1,890,855</u>	<u>2,573,599</u>
Corporate Bond Fund				
*	JP Morgan Core Bond Fund	Intermediate-term bond fund, 203,340.964 units	<u>2,173,287</u>	<u>2,255,051</u>
			<u>\$ 4,112,684</u>	<u>\$ 4,877,192</u>

*Represents a party-in-interest to the Plan.

Mike-sell's Potato Chip Co. Salaried, Clerical and Office
Employees' Pension Plan
Plan Sponsor EIN: 31-0516359
Plan Number: 001
Schedule SB, line 24 and 25 – Change in Actuarial Assumptions and Methods

Mike-Sell's Potato Chip Company
Actuarial Valuation as of January 1, 2009
Executive Summary

Changes since Prior Valuation

There have been no changes in the plan provisions since the January 1, 2008 actuarial valuation.

Mike-sell's Potato Chip Co. Salaried, Clerical and Office
Employees' Pension Plan
Plan Sponsor EIN: 31-0516359
Plan Number: 001
Schedule SB, line 24 and 25 – Change in Actuarial Assumptions and Methods

Mike-Sell's Potato Chip Company
Actuarial Valuation as of January 1, 2009
Executive Summary

Changes since Prior Valuation

There have been no changes in the plan provisions since the January 1, 2008 actuarial valuation.

Active Participant Schedule

Active participant information grouped based on age and service.

	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	0	0	0	0	0	0	0	0	0	0
25 to 29	2	1	0	0	0	0	0	0	0	0
30 to 34	3	1	1	0	0	0	0	0	0	0
35 to 39	2	2	1	1	0	0	0	0	0	0
40 to 44	0	1	1	2	1	0	0	0	0	0
45 to 49	2	1	3	2	0	0	0	0	0	0
50 to 54	4	0	1	1	3	0	0	0	0	0
55 to 59	3	1	1	2	3	2	0	1	0	0
60 to 64	0	3	1	0	3	1	2	0	0	0
65 to 69	0	0	0	0	0	0	0	0	0	0
70 & up	0	0	0	0	0	0	0	0	0	0

Retirement Rates

<u>Age</u>	<u>Rate</u>
65	100%

Mortality Rates

Healthy

IRS 2009 Combined Static Mortality

Disabled

IRS 2009 Combined Static Mortality

Lump Sum Mortality

1971 GAM Male Setback 1 year

Disability Rates

50% Male UAW and 50% Female UAW

Withdrawal Rates

Table T-6 less GA51 Male

<u>Age</u>	<u>Rate</u>
20	7.9%
30	7.4%
40	6.1%
50	3.6%

Annual Pay Increases

2.5% for members of Teamsters Union No. 135 in Indianapolis, Indiana, compensation for others after 4/30/07, not recognized

Interest Rates

1st Segment (0-5 years) 2nd Segment (5-20 years) 3rd Segment (20+ years)

Funding
 Lump Sum
 PBGC
 Actuary's Long-Term Rate
 FAS35

5.64%	6.40%	6.56%
3.50%	3.50%	3.50%
6.72%	7.12%	6.36%
7.50%	7.50%	7.50%
7.50%	7.50%	7.50%

Payment Form Election	
Lump Sum	100% for lumps sums less than \$7,500
Annuity	100% unless lump sum is less than \$7,500
Expense and/or Contingency Loading	None
Marital Status and Ages	80% of Participants assumed to be married with wives assumed to be 3 years younger than husbands.
Asset Valuation Method	Smoothed Value of Assets

Eligibility for Participation

An employee of Mike-sell's Potato Chip Company and/or Mike-sell's Indiana, Inc. (including members of Teamsters Union No. 135) whose benefits have not otherwise been the subject of good faith bargaining shall become a participant on the first day of the month following date of hire.

Effective December 31, 2007, the plan was closed to new participants.

Accrual of Benefits

In the case of a participant who is a member of Teamsters Union No. 135 in Indianapolis, Indiana, such participant shall accumulate a benefit payable at normal retirement date based on compensation as of the date of determination of the accrued benefit and benefit service expected to be earned to normal retirement date, multiplied by a fraction the numerator of which is benefit service earned to the date of determination, but not later than April 30, 2006 and the denominator of which is benefit service expected to be earned at normal retirement date. In the case of all other participants, such participant shall accumulate a benefit payable at normal retirement date based on compensation as of the date of determination of the accrued benefit, but in no event will compensation earned after April 30, 2007, be recognized and benefit service expected to be earned to normal retirement date, multiplied by a fraction the numerator of which is benefit service earned to the date of determination, but not later than December 31, 2005, and the denominator of which is benefit service expected to be earned at normal retirement date.

Benefits

Normal Retirement

Eligibility	Age 65 or the fifth anniversary of plan participation, if later
Benefit	Greater of 1.25% of plan compensation times credited service at normal retirement date or \$15 times credited service at normal retirement date.

Early Retirement

Eligibility Age 50 and 7 years of credited service.

Benefit Accrued Benefit reduced 1/180 per month for the 1st 60 months; 1/360 per month for the next 60 months by which the participant's early retirement date precedes his normal retirement date; and reduced actuarially for retirement before age 55.

Late Retirement

Eligibility Participation continues after normal retirement date.

Benefit Greater of accrued retirement benefit commencing as of the first day of the month following his late retirement date based on plan compensation and credited service at such date or accrued benefit as of normal retirement date actuarially increased for delayed commencement.

Death before Retirement

Eligibility Married participant with vested benefit

Benefit Spouse receives a benefit equal to the qualified pre-retirement survivor annuity.

Termination Benefit

Eligibility A participant's Accrued Benefit is 20% vested after 3 years of Credited Service plus 20% per year for each of the next 4 years. A participant is fully vested after 7 years of Credited Service.

Benefit Accrued retirement benefit payable at participant's normal retirement date.

Compensation

Employee's compensation reportable for federal withholding purposes for the calendar year plus any amounts contributed by the employer in accordance with Code Sections 125, 132 or 401(k). The maximum compensation to be taken into account is \$200,000, adjusted in the same manner as the limitations under Code Section 415(d). In the case of any participant who is not a member of Teamsters Union No. 135 in Indianapolis, Indiana, no compensation earned after April 30, 2007, shall be used in the determination of a participant's benefit.

Credited Service

For Vesting

A year of vesting service is credited for each plan year in which a participant is credited with 1,000 hours of service.

For Benefit Accrual

A year of benefit service is credited for each plan year in which a participant is credited with 1,000 hours of service. In the case of a participant who is not a member of Teamsters Union No. 135 in Indianapolis, Indiana, no benefit service shall be credited to a participant after December 31, 2005. In the case of a participant who is a member of Teamsters Union No. 135 in Indianapolis, Indiana, no benefit service shall be credited to a participant after April 30, 2006.

Employee Contributions

Participants shall not be required or permitted to make contributions under the Plan.

Payment Forms

Normal Form

A single life annuity with a guarantee of 10 years for single participants. The normal retirement benefit shall be payable to married participants in the form of an actuarially equivalent qualified joint and 50% survivor annuity.

Optional Forms

Life annuity, 5 or 15 Year Certain and Life Annuity, Lump Sum (limited to \$7,500), 50%, 66.67%, 75% and 100% Joint and Survivor Annuity and benefits payable in equal installments for 5, 10, 15 or 20 years guaranteed.

Development of Shortfall Amortization Charge

The shortfall amortization charge is a payment toward the underfunding of the plan. Shortfalls in the funding of the plan are generally amortized over seven years.

	January 1, 2009
<i>1. Funding target</i>	\$5,847,301
<i>2. Adjusted plan assets</i>	
(a) Actuarial assets	\$4,535,614
(b) Funding standard carryover balance	0
(c) Prefunding balance	3,152
(d) Adjusted assets: (a)-(b)-(c)	\$4,532,462
<i>3. Funding shortfall: (1)-(2)(d)</i>	\$1,314,839
<i>4. Current shortfall amortization installments</i>	
(a) Annual installments	
(i) 2008	\$128,409
(ii) 2007	0
(iii) 2006	0
(iv) 2005	0
(v) 2004	0
(vi) 2003	0
(b) Total annual installments	\$128,409

The funding shortfall is simply the difference between the funding target and the asset value adjusted for any credit balances.

New shortfall amounts are calculated annually based upon the experience of the plan and other plan changes.

Development of Shortfall Amortization Charge (continued)

	January 1, 2009
(c) Present value of installments to be made	
(i) 2009	\$128,409
(ii) 2010	121,553
(iii) 2011	115,064
(iv) 2012	108,921
(v) 2013	103,106
(vi) 2014	94,165
(d) Total present value of installments	\$671,218
5. Exemption from new shortfall amortization base	
(a) Target liability percentage	100%
(b) Shortfall funding target: (1) x (a)	\$5,847,301
(c) Possible prefunding balance	\$3,152
(d) Exempt? [(2)(a)-(c)] > = (b)	No
6. Shortfall amortization base	
(a) New current year base: (3)-(4)(d) or 0	\$643,621
(b) New 7-year installment amount	108,786
7. Shortfall amortization charge: (4)(b)-(6)(b)	\$237,195

Payments are calculated each year in order to amortize the costs. The payments include both an interest and principal portion.

PPA features a transition period in order to soften the impact of compliance. However, if a plan was funded poorly in the past, it may not be able to take advantage of the transition period.

SCHEDULE SB, Line 22 – DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

Mike-sell's Potato Chip Company
Mike-sell's Potato Chip Co. Salaried, Clerical and Office
Employees' Pension Plan
Plan Year Ending December 31, 2009

EIN: 31-0516359
Plan No.: 001

All Participants are assumed to retire age 65

**MIKE-SELL'S POTATO CHIP COMPANY SALARIED, CLERICAL AND OFFICE
EMPLOYEES' PENSION PLAN**

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

PLAN'S EMPLOYER IDENTIFICATION NUMBER: EIN # 31-0516359

PLAN NUMBER: 001

DECEMBER 31, 2009

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
Money Market Fund				
*	JP Morgan 100% U.S. Treasury Securities Money Market Fund	U.S. Treasury Plus Money Market Fund, 48,541.550 units	<u>\$ 48,542</u>	<u>\$ 48,542</u>
Equity Securities Funds				
*	JP Morgan Equity Index Fund	Equity index fund, 72,203.368 units	1,142,759	1,828,189
*	JP Morgan Market Expansion Index Fund	Mid-cap blend fund, 57,361.561 units	506,538	497,898
*	JP Morgan International Equity Index Fund	Fixed blend fund, 13,407.986 units	<u>241,558</u>	<u>247,512</u>
			<u>1,890,855</u>	<u>2,573,599</u>
Corporate Bond Fund				
*	JP Morgan Core Bond Fund	Intermediate-term bond fund, 203,340.964 units	<u>2,173,287</u>	<u>2,255,051</u>
			<u>\$ 4,112,684</u>	<u>\$ 4,877,192</u>

*Represents a party-in-interest to the Plan.

SCHEDULE SB – STATEMENT BY ENROLLED ACTUARY

Mike-sell's Potato Chip Company
Mike-sell's Potato Chip Co. Salaried, Clerical and Office
Employees' Pension Plan
Plan Year Ending December 31, 2009

EIN: 31-0516359
Plan No.: 001

To the best of our knowledge the information supplied in the attached Schedule SB is complete and accurate. In our opinion, the assumptions are reasonably related to the experience of the plan and to reasonable expectations, and in combination represent our best estimate of anticipated experience under the plan.

The information on which this Schedule SB is based has been reconciled and reviewed for reasonableness and we are not aware of any material inadequacy in employee census or asset values which have been furnished by the employer and the trustee, respectively. Our review was not performed at the source, and we therefore do not accept responsibility for the accuracy or completeness of the data.

Since the last valuation there have been no changes in principal eligibility or benefit provisions.

The actuarial assumptions used to measure the plan's liabilities have been changed from those used last year. Specifically, the funding interest rate has been changed to comply with the Pension Protection Act. This change does not require IRS approval.

Effective January 1, 2009, the plan's asset method has been changed. Specifically, asset valuation method has been changed to recognize gains and losses over 3 years subject to a 10% corridor.

To the best of our knowledge, no event has occurred after the last valuation date which will have a significant impact on the results the next valuation

Nyhart



Charles D. Munsell, III, EA, MSPA
Enrolled Actuary No. 08-04745

July 21, 2010

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2009**This Form is Open to Public
Inspection**

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

▶ Round off amounts to nearest dollar.

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

A Name of plan

Salaried, Clerical & Office Ees' Pension Plan

B Three-digit
plan number (PN) ▶

001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

Mike-sells Potato Chip Company

D Employer Identification Number (EIN)

31-0516359

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500**Part I Basic Information****1** Enter the valuation date: Month 1 Day 1 Year 2009**2** Assets:**a** Market value..... **2a** 4,123,285**b** Actuarial value..... **2b** 4,535,613**3** Funding target/participant count breakdown

(1) Number of participants

(2) Funding Target

a For retired participants and beneficiaries receiving payment..... **3a** 35 3,010,811**b** For terminated vested participants..... **3b** 62 1,043,278**c** For active participants:(1) Non-vested benefits..... **3c(1)** 0(2) Vested benefits..... **3c(2)** 1,793,212(3) Total active..... **3c(3)** 57 1,793,212**d** Total..... **3d** 154 5,847,301**4** If the plan is at-risk, check the box and complete items (a) and (b) ☐**a** Funding target disregarding prescribed at-risk assumptions..... **4a****b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor..... **4b****5** Effective interest rate..... **5** 6.43 %**6** Target normal cost..... **6** 58,832**Statement by Enrolled Actuary**

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

**SIGN
HERE**

Signature of actuary

Charles D. Munsell, III, EA, MSPA

Type or print name of actuary

Nyhart

8415 Allison Pointe Blvd, Suite 300

Indianapolis

IN 46250-4159

Address of the firm

07/21/2010

Date

08-04745

Most recent enrollment number

(317) 845-3570

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	0	0
10 Interest on item 9 using prior year's actual return of <u>(19.00)%</u>		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		2,974
b Interest on (a) using prior year's effective rate of <u>5.99 %</u>		178
c Total available at beginning of current plan year to add to prefunding balance		3,152
d Portion of (c) to be added to prefunding balance		3,152
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	3,152

Part III Funding percentages

14 Funding target attainment percentage	14	77.51 %
15 Adjusted funding target attainment percentage	15	77.51 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	87.53 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/30/2009	65,000	.			
06/05/2009	85,000				
09/15/2009	75,000				
12/11/2009	80,000				
Totals ▶			18(b)	305,000	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	294,028

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 5.64 %	2nd segment: 6.40 %	3rd segment: 6.56 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	58,832
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1,314,839	237,195
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	296,027
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	1,999
36 Additional cash requirement (item 34 minus item 35)	36	294,028
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	294,028
38 Interest-adjusted excess contributions for current year (see instructions)	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0