

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                            |                                                                |                                                                                 |                                            |
|--------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------|
| <b>Part I</b>                                                                              | <b>Annual Report Identification Information</b>                |                                                                                 |                                            |
| For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010 |                                                                |                                                                                 |                                            |
| <b>A</b> This return/report is for:                                                        | <input type="checkbox"/> a multiemployer plan;                 | <input checked="" type="checkbox"/> a multiple-employer plan; or                |                                            |
|                                                                                            | <input type="checkbox"/> a single-employer plan;               | <input type="checkbox"/> a DFE (specify) ____                                   |                                            |
| <b>B</b> This return/report is:                                                            | <input type="checkbox"/> the first return/report;              | <input type="checkbox"/> the final return/report;                               |                                            |
|                                                                                            | <input type="checkbox"/> an amended return/report;             | <input type="checkbox"/> a short plan year return/report (less than 12 months). |                                            |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                 | <input checked="" type="checkbox"/>                            |                                                                                 |                                            |
| <b>D</b> Check box if filing under:                                                        | <input checked="" type="checkbox"/> Form 5558;                 | <input type="checkbox"/> automatic extension;                                   | <input type="checkbox"/> the DFVC program; |
|                                                                                            | <input type="checkbox"/> special extension (enter description) |                                                                                 |                                            |

|                                                                                                                                                                                                                                          |                                                                |              |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------|--|
| <b>Part II</b>                                                                                                                                                                                                                           | <b>Basic Plan Information</b> —enter all requested information |              |  |
| <b>1a</b> Name of plan<br>AMERICAN BAKERS ASSOCIATION RETIREMENT PLAN                                                                                                                                                                    | <b>1b</b> Three-digit plan number (PN) ▶                       | 001          |  |
|                                                                                                                                                                                                                                          | <b>1c</b> Effective date of plan                               | 10/01/1961   |  |
| <b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br><br>AMERICAN BAKERS ASSOCIATION<br><br><br>1300 I ST., N.W., STE. 700W<br>WASHINGTON, DC 20005-7203 | <b>2b</b> Employer Identification Number (EIN)                 | 36-0723070   |  |
|                                                                                                                                                                                                                                          | <b>2c</b> Sponsor's telephone number                           | 202-789-0300 |  |
|                                                                                                                                                                                                                                          | <b>2d</b> Business code (see instructions)                     | 311800       |  |
|                                                                                                                                                                                                                                          |                                                                |              |  |

**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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 07/13/2011 | ROBB MACKIE                                                  |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                        |                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br><b>BOARD OF TRUSTEES ABA RETIREMENT FUND</b><br><br><b>1300 I STREET, N.W. STE 700W</b><br><b>WASHINGTON, DC 20005-7203</b> | <b>3b</b> Administrator's EIN<br><b>52-6119972</b> |
|                                                                                                                                                                                                                        | <b>3c</b> Administrator's telephone number<br><br> |

|                                                                                                                                                                                                                       |                                   |             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------|
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |             |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                               | <b>5</b>                          | <b>2520</b> |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                |                                   |             |
| <b>a</b> Active participants.....                                                                                                                                                                                     | <b>6a</b>                         | <b>293</b>  |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                    | <b>6b</b>                         | <b>670</b>  |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                     | <b>6c</b>                         | <b>1185</b> |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                              | <b>6d</b>                         | <b>2148</b> |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                                                                                             | <b>6e</b>                         | <b>53</b>   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                               | <b>6f</b>                         | <b>2201</b> |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                        | <b>6g</b>                         |             |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                            | <b>6h</b>                         |             |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                  | <b>7</b>                          |             |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
**1B 1G**

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

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

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

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

**b General Schedules**

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

|                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                               |                                         |     |
|-----------------------------------------------------------------------------------------------|-----------------------------------------|-----|
| For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010    |                                         |     |
| <b>A</b> Name of plan<br>AMERICAN BAKERS ASSOCIATION RETIREMENT PLAN                          | <b>B</b> Three-digit plan number (PN) ▶ | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500.<br>AMERICAN BAKERS ASSOCIATION |                                         |     |
| <b>D</b> Employer Identification Number (EIN)<br>36-0723070                                   |                                         |     |

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

**1** Coverage Information:

(a) Name of insurance carrier

AXA EQUITABLE LIFE INSURANCE COMPANY

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 13-5570651 | 62944         | 6016                                  | 699                                                                         | 10/01/2009              | 09/30/2010 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**

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

**4** Current value of plan's interest under this contract in the general account at year end ..... **4** 1551040**5** Current value of plan's interest under this contract in separate accounts at year end ..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier ..... **6b****c** Premiums due but unpaid at the end of the year ..... **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year ..... **7b** 1594913**c** Additions: (1) Contributions deposited during the year ..... **7c(1)** 5389000(2) Dividends and credits ..... **7c(2)**(3) Interest credited during the year ..... **7c(3)** 1068(4) Transferred from separate account ..... **7c(4)**(5) Other (specify below) ..... **7c(5)**(6) Total additions ..... **7c(6)** 5390068**d** Total of balance and additions (add **b** and **c(6)**). .... **7d** 6984981**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)** 5418763(2) Administration charge made by carrier ..... **7e(2)** 15178(3) Transferred to separate account ..... **7e(3)**(4) Other (specify below) ..... **7e(4)** 0(5) Total deductions ..... **7e(5)** 5433941**f** Balance at the end of the current year (subtract **e(5)** from **d**) ..... **7f** 1551040

**Part III Welfare Benefit Contract Information**

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs ▶

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
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| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

▶ **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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>AMERICAN BAKERS ASSOCIATION RETIREMENT PLAN</u>                                                               | <b>B</b> Three-digit plan number (PN) ▶ <u>001</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>AMERICAN BAKERS ASSOCIATION</u>                            | <b>D</b> Employer Identification Number (EIN)<br><u>36-0723070</u>                                                                                      |
| <b>E</b> Type of plan: <input type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input checked="" type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                       |                                   |                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------|
| <b>Part I</b>                                                                                                                                                                                         | <b>Basic Information</b>          |                           |
| <b>1</b> Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2009</u>                                                                                                                     |                                   |                           |
| <b>2</b> Assets:                                                                                                                                                                                      |                                   |                           |
| <b>a</b> Market value .....                                                                                                                                                                           | <b>2a</b> <u>72180814</u>         |                           |
| <b>b</b> Actuarial value .....                                                                                                                                                                        | <b>2b</b> <u>79398896</u>         |                           |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                   |                                   |                           |
|                                                                                                                                                                                                       | <b>(1) Number of participants</b> | <b>(2) Funding Target</b> |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                           | <b>3a</b> <u>703</u>              | <u>55719273</u>           |
| <b>b</b> For terminated vested participants .....                                                                                                                                                     | <b>3b</b> <u>1210</u>             | <u>18781799</u>           |
| <b>c</b> For active participants:                                                                                                                                                                     |                                   |                           |
| <b>(1)</b> Non-vested benefits .....                                                                                                                                                                  | <b>3c(1)</b>                      | <u>698883</u>             |
| <b>(2)</b> Vested benefits .....                                                                                                                                                                      | <b>3c(2)</b>                      | <u>19545124</u>           |
| <b>(3)</b> Total active .....                                                                                                                                                                         | <b>3c(3)</b> <u>607</u>           | <u>20244007</u>           |
| <b>d</b> Total .....                                                                                                                                                                                  | <b>3d</b> <u>2520</u>             | <u>94745079</u>           |
| <b>4</b> If the plan is at-risk, check the box and complete items (a) and (b) .....                                                                                                                   | <input type="checkbox"/>          |                           |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                             | <b>4a</b>                         |                           |
| <b>b</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 ..... | <b>4b</b>                         |                           |
| <b>5</b> Effective interest rate .....                                                                                                                                                                | <b>5</b>                          | <u>6.87</u> %             |
| <b>6</b> Target normal cost .....                                                                                                                                                                     | <b>6</b>                          | <u>1180038</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.

|                                                          |                                        |
|----------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                         | <u>07/12/2011</u>                      |
| Signature of actuary                                     | Date                                   |
| <u>MICHAEL A. ACCARDO, FSA</u>                           | <u>11-05390</u>                        |
| Type or print name of actuary                            | Most recent enrollment number          |
| <u>SIBSON CONSULTING</u>                                 | <u>212-251-5000</u>                    |
| Firm name                                                | Telephone number (including area code) |
| <u>333 WEST 34TH STREET</u><br><u>NEW YORK, NY 10001</u> |                                        |
| 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>-0.88</u> % .....                    | 0                     |                        |
| 11 Prior year's excess contributions to be added to prefunding balance:                           |                       |                        |
| a Excess contributions (Item 38 from prior year) .....                                            |                       | 0                      |
| b Interest on (a) using prior year's effective rate of <u>7.15</u> % .....                        |                       | 0                      |
| c Total available at beginning of current plan year to add to prefunding balance .....            |                       | 0                      |
| d Portion of (c) to be added to prefunding balance.....                                           |                       | 0                      |
| 12 Reduction in balances due to elections or deemed elections.....                                | 0                     | 0                      |
| 13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....              | 0                     | 0                      |

| Part III Funding percentages                                                                                                                                       |    |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| 14 Funding target attainment percentage.....                                                                                                                       | 14 | 83.80 % |
| 15 Adjusted funding target attainment percentage.....                                                                                                              | 15 | 83.80 % |
| 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 | 94.78 % |
| 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<br>(MM-DD-YYYY)                                                          | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 01/15/2010                                                                        | 39235                             |                                 |                          |                                   |                                 |
| 04/15/2010                                                                        | 48306                             |                                 |                          |                                   |                                 |
| 07/15/2010                                                                        | 330492                            |                                 |                          |                                   |                                 |
| 10/15/2010                                                                        | 48306                             |                                 |                          |                                   |                                 |
|                                                                                   | 355891                            |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 | Totals ►                 | 18(b) 822230                      | 18(c)                           |

|                                                                                                                                                                           |         |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|
| 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     | 788146  |
| 20 Quarterly contributions and liquidity shortfalls:                                                                                                                      |         |         |
| a Did the plan have a "funding shortfall" for the prior year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                         |         |         |
| b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 |
| 0                                                                                                                                                                         | 0       | 0       |
|                                                                                                                                                                           |         | (4) 4th |
|                                                                                                                                                                           |         | 0       |

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

|                                                                                                                                                                                              |                   |                   |                   |                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|-------------------|----------------------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                   |                   |                   |                                                                |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>% | 2nd segment:<br>% | 3rd segment:<br>% | <input checked="" type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                   |                   |                   | <b>21b</b> 4                                                   |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                   |                   |                   | <b>22</b> 61                                                   |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                   |                   |                   |                                                                |

**Part VI Miscellaneous items**

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

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

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

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                                     |                     |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|
| <b>31</b> Target normal cost, adjusted, if applicable (see instructions).....                                                                                                                       | <b>31</b>           | 1180038            |
| <b>32</b> Amortization installments:                                                                                                                                                                | Outstanding Balance | Installment        |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                               | 15346183            | 2650978            |
| <b>b</b> Waiver amortization installment .....                                                                                                                                                      | 0                   | 0                  |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month <u>06</u> Day <u>14</u> Year <u>2011</u> ) and the waived amount ..... | <b>33</b>           | 3042870            |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33) .....                                                                 | <b>34</b>           | 788146             |
|                                                                                                                                                                                                     | Carryover balance   | Prefunding balance |
| <b>35</b> Balances used to offset funding requirement .....                                                                                                                                         | 0                   | 0                  |
| <b>36</b> Additional cash requirement (item 34 minus item 35).....                                                                                                                                  | <b>36</b>           | 788146             |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....                                                                  | <b>37</b>           | 788146             |
| <b>38</b> Interest-adjusted excess contributions for current year (see instructions).....                                                                                                           | <b>38</b>           |                    |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....                                                                                      | <b>39</b>           | 0                  |
| <b>40</b> Unpaid minimum required contribution for all years .....                                                                                                                                  | <b>40</b>           | 0                  |

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

For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

|                                                                                                                     |                                                                                    |
|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <div>A</div> <div>Name of plan</div> <div>AMERICAN BAKERS ASSOCIATION RETIREMENT PLAN</div>                         | <div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>   |
| <div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>AMERICAN BAKERS ASSOCIATION</div> | <div>D</div> <div>Employer Identification Number (EIN)</div> <div>36-0723070</div> |

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

a

Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....

☒ Yes

☐ No

b

If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b)

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

THOMPSON, SIEGEL & WALMSLEY INC.

54-0854396

(b)

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

(b)

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

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

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

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

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

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

THE COTTONWOOD GROUP, LLC

20-5250908

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 13 50                         | NONE                                                                                                     | 156000                                                                        | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

THOMPSON, SIEGEL & WALMSLEY INC.

54-0854396

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28 51 68 52                   | NONE                                                                                                     | 105592                                                                        | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

STEPTOE & JOHNSON, LLP

52-1349790

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 29 50                         | NONE                                                                                                     | 95931                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

ANNE H.S. FRASER, P.C.

52-1875067

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 29 50                         | NONE                                                                                                     | 89214                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

STATE STREET BANK &amp; TRUST COMPANY

04-1867445

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 19 51                         | NONE                                                                                                     | 65372                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

THE SEGAL COMPANY

06-0839113

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 11 50                         | NONE                                                                                                     | 55000                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

SEGAL ADVISORS, INC.

13-2646110

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 27 51                         | NONE                                                                                                     | 50185                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

STATE STREET GLOBAL ADVISORS

04-1867445

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28 51 52 18<br>19 68 99       | NONE                                                                                                     | 41773                                                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

AMERICAN BAKERS ASSOCIATION

36-0723070

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 15 50                         | PLAN SPONSOR                                                                                             | 38050                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

NOVAK FRANCELLA LLC

61-1436956

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 10 50                         | NONE                                                                                                     | 34732                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

AXA EQUITABLE LIFE INSURANCE CO.

13-5570651

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 15 50                         | NONE                                                                                                     | 18651                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

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

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

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

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

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

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

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

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

**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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                           |                                                                                                                                                                                                                          |                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection.</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

|                                                                                                            |                                                                    |  |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--|
| <b>A</b> Name of plan<br><u>AMERICAN BAKERS ASSOCIATION RETIREMENT PLAN</u>                                | <b>B</b> Three-digit plan number (PN) <u>001</u>                   |  |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>AMERICAN BAKERS ASSOCIATION</u> | <b>D</b> Employer Identification Number (EIN)<br><u>36-0723070</u> |  |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                           |                               |                                                                                                                     |
|-------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>DAILY INTERNATIONAL ALPHA SL ZV69</u>   |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST</u>      |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>04-0025081-189</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1450709</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PASSIVE INTER GOVT CREDIT BOND CMK5</u> |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST</u>      |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>04-0025081-092</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>15715404</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 2000 GROWTH INDEX CMC5</u>      |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST</u>      |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>04-6809843-026</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2762481</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 1000 GROWTH INDEX CM83NON</u>   |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST</u>      |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>90-0337987-124</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13088954</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERM US GOVT BOND INDX CM1E</u>       |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST</u>      |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>04-0025081-144</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5924870</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERM US CREDIT INDX FD CM1F</u>       |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST</u>      |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>04-0025081-148</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2872003</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 2000 GROWTH INDEX SL CMH5</u>   |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST</u>      |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>04-0025081-026</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2582744</u>  |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INTL ALPHA NL FUND ZV69NON  
STATE STREET BANK AND TRUST

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 90-0337987-237 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1553894 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

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

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

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2009</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                        |            |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2009 or fiscal plan year beginning <b>10/01/2009</b> and ending <b>09/30/2010</b> |                                                                        |            |
| <b>A</b> Name of plan<br><b>AMERICAN BAKERS ASSOCIATION RETIREMENT PLAN</b>                              | <b>B</b> Three-digit plan number (PN) ►                                | <b>001</b> |
|                                                                                                          |                                                                        |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>AMERICAN BAKERS ASSOCIATION</b>      | <b>D</b> Employer Identification Number (EIN)<br><br><b>36-0723070</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|----------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                      | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                            | <b>1b(1)</b>    | 1032062               | 87267           |
| <b>(2)</b> Participant contributions .....                                                         | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....                                                                             | <b>1b(3)</b>    | 6259098               | 131700          |
| <b>c</b> General investments:                                                                      |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | 856817                | 900573          |
| <b>(2)</b> U.S. Government securities .....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                            | <b>1c(4)(B)</b> | 17377181              | 17308289        |
| <b>(5)</b> Partnership/joint venture interests .....                                               | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                 | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    | 45429183              | 45951059        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   | 1594913               | 1551040         |
| <b>(15)</b> Other .....                                                                            | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 72549254              | 65929928        |

**Liabilities**

|                                                                           |           |          |          |
|---------------------------------------------------------------------------|-----------|----------|----------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |          |          |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 73318    | 86675    |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |          |          |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 28529429 | 12011217 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 28602747 | 12097892 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 43946507 | 53832036 |
|-----------------------------------------------------------|-----------|----------|----------|

**Part II Income and Expense Statement**

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

**Income****a Contributions:**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 858212     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 858212    |

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

|                                                                                                      |                 |       |       |
|------------------------------------------------------------------------------------------------------|-----------------|-------|-------|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> | 587   |       |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |       |       |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> |       |       |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |       |       |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> |       |       |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> | 43920 |       |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |       | 44507 |

|                                                                                           |                 |        |        |
|-------------------------------------------------------------------------------------------|-----------------|--------|--------|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | <b>2b(2)(A)</b> |        |        |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> | 309919 |        |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> |        |        |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |        | 309919 |

|                 |              |  |  |
|-----------------|--------------|--|--|
| (3) Rents ..... | <b>2b(3)</b> |  |  |
|-----------------|--------------|--|--|

|                                                                                           |                 |          |        |
|-------------------------------------------------------------------------------------------|-----------------|----------|--------|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> | 12541837 |        |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> | 12283548 |        |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | <b>2b(4)(C)</b> |          | 258289 |

|                                                                                                   |          | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|----------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | 2b(5)(A) |            |           |
| (B) Other .....                                                                                   | 2b(5)(B) | 403625     |           |
| (C) Total unrealized appreciation of assets.<br>Add lines 2b(5)(A) and (B).....                   | 2b(5)(C) |            | 403625    |
| (6) Net investment gain (loss) from common/collective trusts .....                                | 2b(6)    |            | 4197758   |
| (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<br>companies (e.g., mutual funds)..... | 2b(10)   |            |           |
| <b>c</b> Other income.....                                                                        | 2c       |            | 10488498  |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | 2d       |            | 16560808  |

**Expenses**

|                                                                                            |       |         |         |
|--------------------------------------------------------------------------------------------|-------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | 2e(1) | 5416083 |         |
| (2) To insurance carriers for the provision of benefits .....                              | 2e(2) |         |         |
| (3) Other .....                                                                            | 2e(3) |         |         |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                               | 2e(4) |         | 5416083 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | 2f    |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | 2g    |         |         |
| <b>h</b> Interest expense.....                                                             | 2h    |         |         |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | 2i(1) | 275211  |         |
| (2) Contract administrator fees .....                                                      | 2i(2) | 156000  |         |
| (3) Investment advisory and management fees .....                                          | 2i(3) | 262922  |         |
| (4) Other .....                                                                            | 2i(4) | 565063  |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                        | 2i(5) |         | 1259196 |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |         | 6675279 |

**Net Income and Reconciliation**

|                                                                |       |  |         |
|----------------------------------------------------------------|-------|--|---------|
| <b>k</b> Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | 9885529 |
| <b>l</b> 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: **NOVAK FRANCELLA LLC**

(2) EIN: **61-1436956**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

**5b(1)** Name of plan(s)

**5b(2)** EIN(s)

**5b(3)** PN(s)

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

|                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                  | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| A Name of plan<br>AMERICAN BAKERS ASSOCIATION RETIREMENT PLAN                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                 | B Three-digit plan number (PN) ►<br>001                                                         |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>AMERICAN BAKERS ASSOCIATION                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                 | D Employer Identification Number (EIN)<br>36-0723070                                            |
| 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):<br><br>EIN(s): _____<br><br>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 0                                                                                             |
| 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)?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> No |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| Part IV                                                                                                                                                                                                                                                                                                                                                          | ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                      |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                   |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| Schedule R (Form 5500) 2009 v.092308.1                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                 |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

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

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

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

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

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

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

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

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

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

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

Stock: 60.0% Investment-Grade Debt: 38.0% High-Yield Debt: 0.0% Real Estate: 0.0% Other: 2.0%

- 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):

**AMERICAN BAKERS ASSOCIATION  
RETIREMENT PLAN**

FINANCIAL STATEMENTS

SEPTEMBER 30, 2010

**AMERICAN BAKERS ASSOCIATION  
RETIREMENT PLAN**

**FINANCIAL STATEMENTS WITH ADDITIONAL INFORMATION**

**SEPTEMBER 30, 2010 AND 2009**

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## REPORT OF INDEPENDENT AUDITORS

To the Board of Trustees of the  
American Bakers Association Retirement Plan

We have audited the accompanying statements of net assets available for benefits of American Bakers Association Retirement Plan (the Plan) as of September 30, 2010 and 2009, and the related statement of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the American Bakers Association Retirement Plan as of September 30, 2010 and 2009, and the changes in its financial status for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

*Novak Francella LLC*

July 13, 2011

AMERICAN BAKERS ASSOCIATION  
RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

SEPTEMBER 30, 2010 AND 2009

|                                                                                                    | <u>2010</u>                 | <u>2009</u>                 |
|----------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|
| ASSETS                                                                                             |                             |                             |
| INVESTMENTS - at fair value                                                                        | <u>\$ 64,159,921</u>        | <u>\$ 63,663,181</u>        |
| CASH - operating funds                                                                             | <u>1,551,040</u>            | <u>1,590,962</u>            |
| RECEIVABLES                                                                                        |                             |                             |
| Employer contributions - net of allowance for<br>doubtful accounts of \$2,574,063 and \$40,643,904 | 87,267                      | 1,032,062                   |
| Due from employer - reimbursement                                                                  | -                           | 6,024,306                   |
| Accrued interest and dividends                                                                     | 34,950                      | 19,806                      |
| Due from broker - investments sold                                                                 | 5,362                       | 125,866                     |
| Securities lending income                                                                          | <u>3,076</u>                | <u>1,421</u>                |
|                                                                                                    | <u>130,655</u>              | <u>7,203,461</u>            |
| PREPAID EXPENSES                                                                                   | <u>88,312</u>               | <u>87,699</u>               |
| Total assets                                                                                       | <u>65,929,928</u>           | <u>72,545,303</u>           |
| LIABILITIES AND NET ASSETS                                                                         |                             |                             |
| LIABILITIES                                                                                        |                             |                             |
| Due to broker - investments purchased                                                              | 11,217                      | 12,674                      |
| Accounts payable and accrued expenses                                                              | 86,675                      | 73,318                      |
| Asset transfer obligation                                                                          | <u>12,000,000</u>           | <u>28,512,804</u>           |
| Total liabilities                                                                                  | <u>12,097,892</u>           | <u>28,598,796</u>           |
| NET ASSETS AVAILABLE FOR BENEFITS                                                                  | <u><u>\$ 53,832,036</u></u> | <u><u>\$ 43,946,507</u></u> |

See accompanying notes to financial statements.

**AMERICAN BAKERS ASSOCIATION  
RETIREMENT PLAN**

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

YEARS ENDED SEPTEMBER 30, 2010 AND 2009

|                                                                 | <u>2010</u>          | <u>2009</u>          |
|-----------------------------------------------------------------|----------------------|----------------------|
| <b>ADDITIONS</b>                                                |                      |                      |
| Investment income                                               |                      |                      |
| Net appreciation (depreciation) in fair value<br>of investments | \$ 4,859,672         | \$ (896,953)         |
| Interest and dividends                                          | 326,661              | 313,891              |
| Securities lending                                              | 27,765               | 106,934              |
|                                                                 | <u>5,214,098</u>     | <u>(476,128)</u>     |
| Less: investment expenses                                       | (212,737)            | (172,305)            |
|                                                                 | <u>5,001,361</u>     | <u>(648,433)</u>     |
| Contributions                                                   |                      |                      |
| Employer contributions                                          | 858,212              | 1,588,175            |
| Bad debt expense                                                | (77,420)             | (58,000)             |
|                                                                 | <u>780,792</u>       | <u>1,530,175</u>     |
| Settlement income                                               | <u>10,488,498</u>    | <u>-</u>             |
| Total additions                                                 | <u>16,270,651</u>    | <u>881,742</u>       |
| <b>DEDUCTIONS</b>                                               |                      |                      |
| Retirement benefits paid                                        | 5,416,083            | 5,288,751            |
| Professional fees                                               | 481,396              | 491,607              |
| Administrative expenses                                         | 205,169              | 189,620              |
| Pension Benefit Guaranty Insurance                              | 282,474              | 185,236              |
| Net transfer obligation adjustment                              | <u>-</u>             | <u>1,786,227</u>     |
| Total deductions                                                | <u>6,385,122</u>     | <u>7,941,441</u>     |
| NET INCREASE (DECREASE)                                         | 9,885,529            | (7,059,699)          |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>                        |                      |                      |
| Beginning of year                                               | <u>43,946,507</u>    | <u>51,006,206</u>    |
| End of year                                                     | <u>\$ 53,832,036</u> | <u>\$ 43,946,507</u> |

See accompanying notes to financial statements.

**AMERICAN BAKERS ASSOCIATION  
RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS**

SEPTEMBER 30, 2010 AND 2009

**NOTE 1. DESCRIPTION OF PLAN**

The following brief description of the American Bakers Association Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan Document or Summary Plan Description for more complete information.

**General** - The Plan is one to which more than one employer contributes, using a pooled trust, governed by a single Board of Trustees (the Board), and a single Plan Document. The Plan is open to baking and allied company members of the American Bakers Association. It covers classes of collectively bargained employees and other employees designated by each participating employer. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

**Pension Benefits** - Employees with five or more years of covered service are entitled to annual pension benefits beginning at normal retirement age (65). The benefits are calculated based upon a participant's years of credited service, age, average weekly contribution rate and a benefit multiplier. The Plan permits early retirement at ages 55-64. If employees terminate before rendering the minimum years of service, they forfeit the right to receive benefits unless they are subsequently re-employed without loss of vesting and credited service.

Upon retirement, unmarried participants will normally receive a monthly annuity for life and married participants will normally receive payment in the form of a qualified joint and survivor annuity. Optional forms of payment may be elected by the participant, including a joint and survivor benefit payable to a non-spouse beneficiary if the participant is unmarried and a single life annuity if the participant is married. Election of an alternative form of payment by a married participant requires the consent of the participant's spouse.

**Disability Benefits** - Active participants, subject to service requirements as outlined in the Plan Document, who become totally disabled are eligible for disability benefits equal to 3/4 of the normal retirement benefit before age 65. For participants who became disabled on or before June 1, 1991, the disability benefits equal 2/3 of the normal retirement benefit before age 65. At age 65, full normal retirement benefits are payable.

**NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Method of Accounting** - The financial statements are prepared on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America.

## **NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

**Accounting Estimates** - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions. These estimates and assumptions affect the reported amounts of assets, liabilities, and accumulated benefit obligations and the disclosure of contingencies, if any, at the date of the financial statements and additions to and deductions from plan assets and accumulated benefit obligations during the reporting period. Actual results may differ from these estimates.

**Valuation of Investments and Recognition of Income** - Investments are stated at fair value. The fair value of investments is determined by the Plan's investment custodian and is based on quoted market prices when available. The common collective trusts and registered investment funds are valued at their market value on the last business day of the year, as primarily established by the value of the underlying securities.

Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income are recorded on the accrual basis.

**Employer Contributions Receivable** - Contributions from employers are accrued based upon subsequent employer remittance reports, cash receipts and estimated future collections. See Note 3 for discussion of allowances for doubtful accounts.

**Actuarial Present Value of Accumulated Plan Benefits** - Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries vary with the years of credited service. The accumulated plan benefits for active employees are based on years of credited service as of the valuation date. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

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

**Payment of Benefits** - Retirement benefits to participants are recognized upon distribution.

## **NOTE 3. FUNDING POLICY**

Employer contributions, in aggregate, to the Plan are made in actuarially determined amounts sufficient to annually fund the Plan in accordance with the minimum funding requirements of ERISA (the funding requirements). Employers were liable for additional contributions for the years ended September 30, 2010 and 2009.

### NOTE 3. FUNDING POLICY (continued)

For the years ended September 30, 2010 and 2009, quarterly minimum payments were required in accordance with funding requirements. The Plan's actuary computed the additional contribution amounts for each employer at September 30, 2010 and 2009 and these amounts, summarized below, are included in employer contributions receivable on the statement of net assets available for benefits. The summary includes only those contributions receivable as a result of required minimum quarterly payments.

|                             | 2010                  |                |                                | 2009                  |                 |                                |
|-----------------------------|-----------------------|----------------|--------------------------------|-----------------------|-----------------|--------------------------------|
|                             | Receivable -<br>gross | Allowance      | Receivable-Net<br>of Allowance | Receivable -<br>gross | Allowance       | Receivable-Net<br>of Allowance |
| Employer:                   |                       |                |                                |                       |                 |                                |
| American Bakers Association | \$ 14,071             | -              | \$ 14,071                      | \$ 8,000              | -               | \$ 8,000                       |
| Harris Baking Company       | 36,446                | (32,344)       | 4,102                          | 36,846                | (32,344)        | 4,502                          |
| Interstate Brands Company   | -                     | -              | -                              | 38,122,585            | (38,122,585)    | -                              |
| Jenny Lee Bakery            | 2,099,695             | (2,099,695)    | -                              | 2,052,123             | (2,052,123)     | -                              |
| Kettering Baking Company    | 442,024               | (442,024)      | -                              | 436,852               | (436,852)       | -                              |
| Lewis Brothers Bakery       | 30,133                | -              | 30,133                         | 30,133                | -               | 30,133                         |
| Sara Lee                    | -                     | -              | -                              | 821,000               | -               | 821,000                        |
| Total                       | \$ 2,622,369          | \$ (2,574,063) | \$ 48,306                      | \$ 41,507,539         | \$ (40,643,904) | \$ 863,635                     |

All required additional contributions applicable to each Plan year have been recorded as income in the applicable Plan year. All amounts outstanding as of September 30, 2010 and 2009 have been recorded as employer contributions receivable. A provision for doubtful accounts has been established for certain employers declining to pay the additional contribution. The Board will continue to pursue collection of all amounts owed. Any employers refusing to make the additional contributions could be terminated from the Plan. For the year ended September 2009, the Plan borrowed \$92,000 from employer contributions otherwise applicable to the subsequent Plan year, for purposes of meeting the funding requirements.

On June 14, 2011, the Plan was granted a waiver of the minimum funding requirement for the year ending September 30, 2010. The waiver was granted in accordance with Section 412(c) of the Internal Revenue Code and Section 302(c) of Employee Retirement Income Security Act of 1974. The amount granted in the waiver is equal to the contributions that would otherwise be required to reduce the balance in the funding standard account of the Plan to zero as of September 30, 2010.

### NOTE 4. PLAN TERMINATION

The Plan may be completely terminated, or the participation of all participating employers or further contributions by the participating employers may be terminated, by the Board, subject to regulatory approval. In the event the Plan is terminated, various benefit payment priorities (as defined in the Plan Document) will be established and benefits will be paid by priority categories until all assets attributable to each employer are exhausted. 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 Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC's benefit guarantee, while other benefits may not be provided for at all.

**NOTE 5. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS**

Actuarial valuations of the Plan were made by a consulting actuary as of October 1, 2010 and 2009. Information shown in the reports included the following:

|                                                             | Benefit Information Date |                      |
|-------------------------------------------------------------|--------------------------|----------------------|
|                                                             | October 1,               |                      |
|                                                             | 2010                     | 2009                 |
| Actuarial present value of accumulated plan benefits        |                          |                      |
| Vested benefits                                             |                          |                      |
| Participants and beneficiaries currently receiving benefits | \$ 16,194,968            | \$ 50,894,444        |
| Other participants                                          | 18,733,798               | 32,528,945           |
|                                                             | 34,928,766               | 83,423,389           |
| Nonvested benefits                                          | 439,700                  | 592,349              |
| Total actuarial present value of accumulated plan benefits  | <u>\$ 35,368,466</u>     | <u>\$ 84,015,738</u> |

As reported by the actuary, the changes in the actuarial present value of accumulated plan benefits during the years ended September 30, 2010 and 2009 were as follows:

|                                                                           | 2010                 | 2009                 |
|---------------------------------------------------------------------------|----------------------|----------------------|
| Actuarial present value of accumulated plan benefits at beginning of year | <u>\$ 84,015,738</u> | <u>\$ 82,431,450</u> |
| Increase (decrease) during the year attributed to                         |                      |                      |
| Employer take-over by PBGC                                                | (50,315,700)         | -                    |
| Benefits accumulated and experience                                       | 986,434              | 889,008              |
| Increase for interest due to the decrease in the discount period          | 6,098,077            | 5,984,031            |
| Benefits paid                                                             | (5,416,083)          | ( 5,288,751)         |
| Net increase (decrease)                                                   | <u>(48,647,272)</u>  | <u>1,584,288</u>     |
| Actuarial present value of accumulated plan benefits at end of year       | <u>\$ 35,368,466</u> | <u>\$ 84,015,738</u> |

Some of the more significant assumptions used in the valuations as of October 1, 2010 and 2009 were as follows:

- Assumed rate of return on investments - 7.5% for 2010 and 2009.
- Retirement age rates for 2010 and 2009 are age 55-58, 5%; age 59-61, 15%; age 62-64, 25%; age 65, 100%.
- Mortality rates - 1983 Group Annuity Mortality Table.
- Annual administrative expenses - \$600,000 for 2010 and \$600,000 for 2009.

**NOTE 5. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (continued)**

- Actuarial value of assets - Assets are determined by averaging the market value as of the valuation date and the adjusted market values as of the preceding two years. The resulting value is limited to between 90% and 110% of market value of assets.

The above actuarial assumptions and actuarial cost methods are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results. Pension benefits in excess of the net assets of the Plan are dependent upon contributions received under agreements with employers and income from investments.

**NOTE 6. INVESTMENTS**

The Board has engaged Thompson, Siegel & Walmsley, Inc., and State Street Global Advisors (SSGA) to manage the Plan's investments. The Board has the authority to establish limitations with respect to the amount of funds allocated to each investment manager and the investment managers have authority with respect to investing the funds.

The following summary presents the cost and fair value for each of the investment categories. Investments that represent 5% or more of the Plan's net assets available for benefits are separately identified.

|                                                                 | 2010                 |                      | 2009                 |                      |
|-----------------------------------------------------------------|----------------------|----------------------|----------------------|----------------------|
|                                                                 | Cost                 | Fair Value           | Cost                 | Fair Value           |
| Investments at fair value as determined by quoted market price: |                      |                      |                      |                      |
| Common stocks - large cap value                                 | \$ 12,100,221        | \$ 12,584,953        | \$ 11,820,352        | \$ 12,591,441        |
| Common stocks - small cap value                                 | <u>4,612,732</u>     | <u>4,723,337</u>     | <u>4,551,700</u>     | <u>4,785,740</u>     |
|                                                                 | <u>16,712,953</u>    | <u>17,308,290</u>    | <u>16,372,052</u>    | <u>17,377,181</u>    |
| Investments at estimated fair value:                            |                      |                      |                      |                      |
| SSGA common collective trusts:                                  |                      |                      |                      |                      |
| Passive Intermediate Bond                                       |                      |                      |                      |                      |
| Index SL Fund                                                   | 11,485,538           | 15,715,404           | 18,273,013           | 23,203,012           |
| Russell 1000 Growth Index Fund                                  | 8,279,754            | 13,088,954           | 9,438,155            | 13,244,748           |
| Russell 2000 Growth Fund                                        | 2,518,373            | 2,582,744            | 3,786,588            | 3,382,894            |
| Intermediate US Government                                      |                      |                      |                      |                      |
| Index Fund                                                      | 5,644,195            | 5,924,870            | 901,844              | 907,247              |
| Intermediate Credit Index NL Fund                               | 2,668,179            | 2,872,003            | 517,437              | 520,549              |
| Other                                                           | <u>1,068,972</u>     | <u>1,450,709</u>     | <u>1,603,692</u>     | <u>2,097,855</u>     |
|                                                                 | <u>31,665,011</u>    | <u>41,634,684</u>    | <u>34,520,729</u>    | <u>43,356,303</u>    |
| SSGA registered investment companies                            | 4,011,968            | 4,316,374            | 2,094,914            | 2,072,880            |
| Short-term investment funds                                     | <u>900,573</u>       | <u>900,573</u>       | <u>856,817</u>       | <u>856,817</u>       |
|                                                                 | <u>36,577,552</u>    | <u>46,851,631</u>    | <u>37,472,460</u>    | <u>46,286,000</u>    |
| Total                                                           | <u>\$ 53,290,507</u> | <u>\$ 64,159,921</u> | <u>\$ 53,844,512</u> | <u>\$ 63,663,181</u> |

**NOTE 6. INVESTMENTS (continued)**

During the years ended September 30, 2010 and 2009, the Plan's investments, including investments bought, sold, as well as held during the year appreciated (depreciated) in fair value as follows:

|                                                                 | <u>2010</u>         | <u>2009</u>         |
|-----------------------------------------------------------------|---------------------|---------------------|
| Investments at fair value as determined by quoted market price: |                     |                     |
| Common stocks - large cap value                                 | \$ 293,770          | \$( 2,018,313)      |
| Common stocks - small cap value                                 | 347,306             | ( 778,863)          |
| Investments at estimated fair value:                            |                     |                     |
| Common collective trusts                                        | 3,891,910           | ( 1,902,957)        |
| Registered investment companies                                 | <u>326,686</u>      | <u>3,803,180</u>    |
| Total                                                           | <u>\$ 4,859,672</u> | <u>\$( 896,953)</u> |

**NOTE 7. FAIR VALUE MEASUREMENTS**

"Fair Value Measurements and Disclosures" establishes a fair value hierarchy that prioritizes inputs to valuation techniques used to measure fair value. The three levels of the fair value hierarchy are described below:

**Basis of Fair Value Measurement**

Level 1 - Unadjusted quoted prices in active markets for identical assets that are accessible at the measurement date.

Level 2 - Quoted prices in markets that are not considered active or investments for which all significant inputs are observable.

Level 3 - Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

|                                 | <u>Fair Value Measurements at September 30, 2010</u> |                     |                     |                |
|---------------------------------|------------------------------------------------------|---------------------|---------------------|----------------|
|                                 | <u>Total</u>                                         | <u>Level 1</u>      | <u>Level 2</u>      | <u>Level 3</u> |
| Common stocks - large cap value | \$ 12,584,953                                        | \$12,584,953        | \$ -                | \$ -           |
| Common stocks - small cap value | 4,723,337                                            | 4,723,337           | -                   | -              |
| Common collective trusts        |                                                      |                     |                     |                |
| International core equity       | 1,450,709                                            | -                   | 1,450,709           | -              |
| Large cap growth                | 13,088,954                                           | -                   | 13,088,954          | -              |
| Small cap growth                | 2,582,744                                            | -                   | 2,582,744           | -              |
| Fixed income                    | 24,512,277                                           | -                   | 24,512,277          | -              |
| Registered investment companies |                                                      |                     |                     |                |
| International core equity       | 1,553,893                                            | -                   | 1,553,893           | -              |
| Small cap growth                | 2,762,481                                            | -                   | 2,762,481           | -              |
| Short-term investment funds     | <u>900,574</u>                                       | <u>-</u>            | <u>900,574</u>      | <u>-</u>       |
|                                 | <u>\$ 64,159,921</u>                                 | <u>\$17,308,290</u> | <u>\$46,851,632</u> | <u>\$ -</u>    |

**NOTE 7. FAIR VALUE MEASUREMENTS (continued)**

|                                 | Fair Value Measurements at September 30, 2009 |                     |                     |             |
|---------------------------------|-----------------------------------------------|---------------------|---------------------|-------------|
|                                 | Total                                         | Level 1             | Level 2             | Level 3     |
| Common stocks - large cap value | \$ 12,591,441                                 | \$12,591,441        | \$ -                | \$ -        |
| Common stocks - small cap value | 4,785,740                                     | 4,785,740           | -                   | -           |
| Common collective trusts        |                                               |                     |                     |             |
| International core equity       | 2,097,853                                     | -                   | 2,097,853           | -           |
| Large cap growth                | 13,244,748                                    | -                   | 13,244,748          | -           |
| Small cap growth                | 3,382,894                                     | -                   | 3,382,894           | -           |
| Fixed income                    | 24,630,808                                    | -                   | 24,630,808          | -           |
| Registered investment companies |                                               |                     |                     |             |
| International core equity       | 796,623                                       | -                   | 796,623             | -           |
| Small cap growth                | 1,276,257                                     | -                   | 1,276,257           | -           |
| Short-term investment funds     | 856,817                                       | -                   | 856,817             | -           |
|                                 | <u>\$ 63,663,181</u>                          | <u>\$17,377,181</u> | <u>\$46,286,000</u> | <u>\$ -</u> |

**NOTE 8. RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS**

The American Bakers Association, a Plan sponsor, provides certain administrative services to the Plan. These services include allocated salaries and benefits, overhead and other administrative costs. The amounts reimbursed totaled \$38,050, for each of the years ended September 30, 2010 and 2009, respectively, and are included in administrative expenses.

Certain Plan investments are shares of common collective trusts and registered investment companies managed by State Street Global Advisors (SSGA), in which the custodian is a related entity, State Street Bank and Trust Company. SSGA is the investment advisor, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services and custodial fees totaled \$41,773 and \$65,372, for the years ended September 30, 2010 and 2009, respectively.

The transactions identified above are party-in-interest transactions under the ERISA Section 408(b) exemption from the prohibited transaction rules of ERISA.

**NOTE 9. INCOME TAX STATUS**

The Internal Revenue Service has ruled that the Plan is a multiple employer pension plan and is qualified under Section 401 (a) of the Internal Revenue Code and, therefore, is not subject to tax under present income tax laws.

#### **NOTE 10. RISKS AND UNCERTAINTIES**

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and those such changes could materially affect the amounts reported in the statement of net assets available for benefits.

The actuarial present value of accumulated plan benefits is reported, based on certain assumptions pertaining to interest rates; inflation rates; and participant demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

#### **NOTE 11. EMPLOYER TRANSFER**

By agreement with an effective date of August 20, 2005 (the Transfer Agreement), between Sara Lee Corporation (SLC) and the Plan, the parties agreed to transfer accrued benefits, allocable Plan assets, and recordkeeping responsibilities for certain participants to SLC. The effective transfer date was December 31, 2004.

As a result of uncertainties surrounding the structure of the Plan, as explained in more detail in Note 12, SLC and the Plan agreed to transfer assets in accordance with stipulated provisions. During the Plan year ending September 30, 2005, the Plan transferred \$70,728,011 to SLC. In October 2005, the Plan transferred \$170,229. An adjustment of \$2,078,133 was recorded by the Plan during the year ended September 30, 2009 to reflect the accumulated adjustment required under the Transfer Agreement. The adjustment is included in the net transfer obligation adjustment.

After the transfer date, the Plan continued to pay benefits to certain transferred retirees and beneficiaries. Benefit payments to be reimbursed by SLC, for the period from the transfer date to December 31, 2005 amounting to \$5,732,400 had been recorded as a receivable. An adjustment of \$291,906 was recorded by the Plan during the year ended September 30, 2009 to reflect the accumulated adjustment required under the Transfer Agreement. The adjustment is included in the net transfer obligation adjustment. The actuarial present value of accumulated plan benefits as of October 1, 2010 and 2009 have been adjusted by the actuaries to reflect the transfer of accrued benefits for the transferred participants.

#### **NOTE 11. EMPLOYER TRANSFER (continued)**

On March 26, 2011, SLC and the Board entered into a settlement agreement in order to resolve the conflict related to SLC's request for payment under the Transfer Agreement. Under the terms of the settlement agreement, the Trustees agreed to transfer assets totaling \$12,000,000 from the Plan to the SLC Plan. The total asset transfer will occur in two equal payments of \$6,000,000 each. The first payment was made on April 11, 2011 and the second payment is due as soon as practicable after the plan year ending September 30, 2011 and before December 30, 2011. Furthermore, effective as of October 1, 2011, if the Plan's assets do not exceed its liabilities by at least \$6,000,000, then the amount of the Plan's second settlement payment will be reduced to the amount by which the Plan's assets exceed its liabilities as calculated by the Plan's actuaries effective as of October 1, 2011, up to a maximum of \$6,000,000.

As a result of the settlement, all amounts previously recognized as receivables due to the Plan from SLC, as of October 1, 2009, were eliminated and SLC shall not have any obligation to repay the Plan or have the first or second settlement payment reduced by any amount.

#### **NOTE 12. UNCERTAINTY - CONTINGENCY**

During the Plan year ended 2005, Interstate Bakeries Corporation (IBC), one of the Plan's employers, asked that the PBGC reconsider its 1979 Letter stating that the Plan is an association of single employer plans. In connection with bankruptcy proceedings, IBC asserted in a letter to the PBGC that the Plan is a multiple employer plan for all purposes, including termination. The PBGC agreed to review IBC's request concerning the nature of the Plan under an administrative review process.

On August 8, 2006, PBGC determined that the Plan had operated as a multiple employer plan, i.e., that all Plan assets are available to pay the benefits of all participating employers, and that its 1979 Letter was wrong. Giving effect to the 2006 PBGC Letter had the effect of increasing contribution obligations among all of the Plan's employers to cover unfunded IBC liabilities due to the IBC bankruptcy.

One Plan employer commenced litigation in the United States District Court for the District of Columbia against the Plan (*Sara Lee Corp., et al. v. American Bakers Association Retirement Plan, et al., Civil Action No. 60-00819*), in which all claims relating to the effect of the 2006 PBGC letter were heard together.

All claims in the referenced litigation have been finally concluded by a court order of December 1, 2009 as amended by an amended judgment of February 18, 2010. The amended judgment upholds the 2006 PBGC letter finding that the Plan is a multiple employer plan for all purposes on a prospective basis only, leaving the 1979 letter in effect for the period prior to the issuance of the 2006 letter.

## **NOTE 12. UNCERTAINTY - CONTINGENCY (continued)**

### **IBC Bankruptcy/Settlement**

IBC, formerly one of the Plan's largest employers, commenced bankruptcy proceedings in the United States Bankruptcy Court for the Western District of Missouri in September, 2004. IBC continued to pay regular contributions to the Plan throughout the bankruptcy proceedings but declined to pay assessments for additional contributions that were requested by the Board to fund the unfunded liabilities for IBC participants on either a multiple employer or single employer basis. IBC resisted on the grounds that the Plan was a multiple employer plan from which it could withdraw participants without funding all related liabilities, leaving the liabilities in the Plan. The Plan filed a timely claim in the bankruptcy proceeding for payment of amounts necessary to fund IBC's unfunded liabilities for benefits and also filed a claim for administrative expense priority with regard to the Plan's minimum and ongoing funding requirements.

In the course of the bankruptcy proceedings, it became clear that there would not be sufficient assets available in the bankruptcy to cover these unfunded liabilities and that IBC would continue to resist making additional contributions to the Plan. The Plan was successful in negotiating fixed values for these claims in connection with the now approved plan of reorganization that the Board believes were the best results available under the circumstances from the debtor regardless of the outcome of the PBGC litigation.

The Plan entered into a settlement agreement with IBC that was approved by the Bankruptcy Court on December 1, 2008, which provided for:

- an administrative priority claim payment of \$800,000 by IBC to the Plan to cover pension costs for the Plan year ending September 30, 2008;
- a general unsecured claim for pre-petition pension liabilities of \$6 million, subject to availability of any funds for unsecured creditors; and
- release or settlement of all claims by all parties except those that relate to the PBGC Letter (see above) and any future PBGC liabilities, that are covered by an IBC agreement with PBGC; and
- unfunded liabilities associated with IBC's participation on a single employer PBGC plan termination basis as of August 8, 2006, (the date of the PBGC Letter prospectively holding the Plan to be a multiple employer plan), were estimated to be at least \$68.5 million as of August 8, 2006. Because the August 8, 2006 PBGC Letter is prospective only, assets contributed by other employers to fund their own single employer plans prior to the August 8, 2006 PBGC Letter would not offset this liability because, under the Amended Judgment, all employer contributions prior to August 8, 2006 could be treated as single employer plans.

#### **NOTE 12. UNCERTAINTY - CONTINGENCY (continued)**

On October 19, 2010, the Plan was notified that PBGC would terminate the IBC portion of the Plan and assume liability for payment of the IBC participants' pensions effective October 20, 2010, but without reimbursing the Plan for pension payments made to IBC participants that were not covered by IBC contributions prior to that date. The Plan continued to pay the IBC pensioner benefits, and the PBGC reimbursed the Plan, until the PBGC fully assumed the payment function to participants beginning with the February 2011 pension payments. The actuarial present value of accumulated plan benefits as of September 30, 2010 has been adjusted to reflect the reduction of the obligation.

#### **NOTE 13. SUBSEQUENT EVENTS**

The Board and management have evaluated subsequent events through July 13, 2011, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards. The financial statements have been adjusted to reflect the significant subsequent events occurring after September 30, 2010. Note 3 reflects the waiver obtained on June 14, 2011 for the minimum funding requirements. Note 11 reflects the settlement with SLC on March 26, 2011. Note 12 reflects the notification that the PBGC would assume liability for the IBC participants' pensions effective October 20, 2010.

## **ADDITIONAL INFORMATION**

**REPORT OF INDEPENDENT AUDITORS ON REQUIRED  
SUPPLEMENTAL SCHEDULES AND ADDITIONAL INFORMATION**

To the Board of Trustees of the  
American Bakers Association  
Retirement Plan

Our audits of the financial statements of American Bakers Association Retirement Plan (the Plan) as of and for the years ended September 30, 2010 and 2009 were performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The accompanying information that appears on pages 16 through 22 is presented for purposes of additional analysis and is not a required part of the basic financial statements. Supplemental information on pages 17 through 22 represents information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended. This information is the responsibility of the Plan's management. The supplemental schedules and additional information have been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

*Novak Francella LLC*

July 13, 2011

AMERICAN BAKERS ASSOCIATION  
RETIREMENT PLAN

SCHEDULES OF PROFESSIONAL FEES AND ADMINISTRATIVE EXPENSES

SEPTEMBER 30, 2010 AND 2009

|                                            | <u>2010</u>       | <u>2009</u>       |
|--------------------------------------------|-------------------|-------------------|
| PROFESSIONAL FEES                          |                   |                   |
| Actuarial fees                             | \$ 55,000         | \$ 55,000         |
| Audit, accounting and payroll audit fees   | 34,732            | 32,959            |
| Investment performance evaluation fees     | 50,185            | 61,576            |
| Legal fees and expenses                    | 185,479           | 186,072           |
| Plan administrator fees                    | <u>156,000</u>    | <u>156,000</u>    |
|                                            | <u>\$ 481,396</u> | <u>\$ 491,607</u> |
| ADMINISTRATIVE EXPENSES                    |                   |                   |
| American Bakers Association reimbursements | \$ 38,050         | \$ 38,050         |
| Insurance                                  | 131,816           | 125,143           |
| Meetings                                   | 4,674             | 6,269             |
| Miscellaneous                              | 11,978            | 2,866             |
| Pension disbursement account fees          | <u>18,651</u>     | <u>17,292</u>     |
|                                            | <u>\$ 205,169</u> | <u>\$ 189,620</u> |

# AMERICAN BAKERS ASSOCIATION RETIREMENT PLAN

## SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

SEPTEMBER 30, 2010

| (a) | (b)                                | (c)                                                                                                       |                       |                          | (d)       | (e)              |
|-----|------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|--------------------------|-----------|------------------|
|     | Issuer, Borrower                   | Description of Investment Including Maturity Date,<br>Rate of Interest, Collateral, Par or Maturity Value |                       |                          | Cost      | Current<br>Value |
|     |                                    | Shares/<br>Type                                                                                           | Interest<br>Principal | Maturity<br>Rate<br>Date |           |                  |
|     |                                    | <u>Common stocks:</u>                                                                                     |                       |                          |           |                  |
|     | Alterra Capital Holdings Ltd       | 3,100                                                                                                     |                       |                          | \$ 79,346 | \$ 61,752        |
|     | Arch Capital Group Ltd             | 1,100                                                                                                     |                       |                          | 88,290    | 92,180           |
|     | AT&T Inc                           | 15,300                                                                                                    |                       |                          | 438,600   | 437,580          |
|     | Aaron S Inc                        | 2,350                                                                                                     |                       |                          | 42,399    | 43,358           |
|     | Acacia Research Acacia Tech        | 3,500                                                                                                     |                       |                          | 51,450    | 61,600           |
|     | Actuant Corp-CL A                  | 2,900                                                                                                     |                       |                          | 63,531    | 66,584           |
|     | Agrium Inc                         | 1,950                                                                                                     |                       |                          | 102,174   | 146,231          |
|     | Amedisys Inc                       | 1,299                                                                                                     |                       |                          | 43,667    | 30,916           |
|     | American Equity Investment Life HL | 3,600                                                                                                     |                       |                          | 36,262    | 36,864           |
|     | American Science & Engineering     | 500                                                                                                       |                       |                          | 33,254    | 36,825           |
|     | Ameriprise Financial Inc           | 4,100                                                                                                     |                       |                          | 118,034   | 194,053          |
|     | Amgen Inc                          | 3,100                                                                                                     |                       |                          | 184,511   | 170,841          |
|     | Andersons Inc                      | 1,900                                                                                                     |                       |                          | 57,386    | 72,010           |
|     | Annaly Capital Management Inc      | 6,800                                                                                                     |                       |                          | 120,842   | 119,680          |
|     | Arris Group Inc                    | 6,200                                                                                                     |                       |                          | 77,431    | 60,574           |
|     | Atlas Air Worldwide Holdings       | 1,300                                                                                                     |                       |                          | 66,123    | 65,390           |
|     | BCE Inc                            | 8,900                                                                                                     |                       |                          | 266,868   | 289,250          |
|     | Best Buy Co Inc                    | 4,600                                                                                                     |                       |                          | 207,007   | 187,818          |
|     | Biomed Realty Trust Inc            | 3,800                                                                                                     |                       |                          | 83,407    | 68,096           |
|     | Boise Inc                          | 9,400                                                                                                     |                       |                          | 58,303    | 61,006           |
|     | Brandywine Realty Trust            | 4,200                                                                                                     |                       |                          | 48,086    | 51,450           |
|     | Bristow Group Inc                  | 1,800                                                                                                     |                       |                          | 51,819    | 64,944           |
|     | CB Richard Ellis Group Inc         | 10,100                                                                                                    |                       |                          | 147,336   | 184,628          |
|     | Cleco Corporation                  | 2,600                                                                                                     |                       |                          | 70,399    | 77,012           |
|     | Capital One Financial Corp         | 6,800                                                                                                     |                       |                          | 245,354   | 268,940          |
|     | Capstead Mortgage Corp             | 4,400                                                                                                     |                       |                          | 56,151    | 47,828           |
|     | Cardtronics Inc                    | 3,200                                                                                                     |                       |                          | 45,108    | 49,376           |
|     | Carter's Inc                       | 2,900                                                                                                     |                       |                          | 68,343    | 76,357           |
|     | Cash America Intl Inc              | 2,100                                                                                                     |                       |                          | 47,602    | 73,500           |
|     | Chemed Corp                        | 1,300                                                                                                     |                       |                          | 72,603    | 74,061           |
|     | Chevron Corp                       | 6,400                                                                                                     |                       |                          | 506,640   | 518,720          |
|     | Chubb Corp                         | 2,300                                                                                                     |                       |                          | 121,683   | 131,077          |
|     | Cinemark Holdings Inc              | 3,700                                                                                                     |                       |                          | 48,882    | 59,570           |
|     | Cisco Systems Inc                  | 5,300                                                                                                     |                       |                          | 127,831   | 116,070          |
|     | City Holding Co                    | 1,500                                                                                                     |                       |                          | 51,715    | 46,005           |
|     | Coinstar Inc                       | 1,300                                                                                                     |                       |                          | 65,999    | 55,887           |

| (a) | (b)                                  | (c)                                                                                                       |                               |                  | (d)       | (e)              |
|-----|--------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------|------------------|-----------|------------------|
|     | Issuer, Borrower                     | Description of Investment Including Maturity Date,<br>Rate of Interest, Collateral, Par or Maturity Value |                               |                  | Cost      | Current<br>Value |
|     |                                      | Shares/<br>Type                                                                                           | Interest<br>Principal<br>Rate | Maturity<br>Date |           |                  |
|     |                                      | <u>Common stocks (continued):</u>                                                                         |                               |                  |           |                  |
|     | Columbia Banking System Inc          | 3,300                                                                                                     |                               |                  | \$ 70,281 | \$ 64,845        |
|     | Comerica Inc                         | 4,500                                                                                                     |                               |                  | 182,271   | 167,175          |
|     | Corinthian Colleges Inc              | 3,000                                                                                                     |                               |                  | 36,096    | 21,060           |
|     | Comtech Telecommunications           | 1,900                                                                                                     |                               |                  | 50,366    | 51,965           |
|     | Cummins Inc                          | 1,100                                                                                                     |                               |                  | 56,976    | 99,638           |
|     | Curtiss Wright Corp                  | 1,600                                                                                                     |                               |                  | 25,979    | 48,480           |
|     | Darden Restaurants Inc               | 2,900                                                                                                     |                               |                  | 125,088   | 124,062          |
|     | Deere & Co                           | 4,600                                                                                                     |                               |                  | 252,069   | 320,988          |
|     | Devon Energy Corporation             | 1,000                                                                                                     |                               |                  | 66,819    | 64,740           |
|     | Disney Walt Co                       | 5,500                                                                                                     |                               |                  | 136,374   | 182,105          |
|     | DreamWorks Animation SKG             | 5,500                                                                                                     |                               |                  | 213,670   | 175,505          |
|     | EMC Corp                             | 7,400                                                                                                     |                               |                  | 122,770   | 150,294          |
|     | EOG Resources Inc                    | 2,500                                                                                                     |                               |                  | 229,066   | 232,425          |
|     | Enersys                              | 2,750                                                                                                     |                               |                  | 61,858    | 68,668           |
|     | Euronet Worldwide Inc                | 3,000                                                                                                     |                               |                  | 48,748    | 53,970           |
|     | Exxon Mobil Corp                     | 1,000                                                                                                     |                               |                  | 70,562    | 61,790           |
|     | FTI Consulting Inc                   | 700                                                                                                       |                               |                  | 24,212    | 24,283           |
|     | First Cash Financial Services Inc    | 1,800                                                                                                     |                               |                  | 27,263    | 49,950           |
|     | Force Protection Inc                 | 9,050                                                                                                     |                               |                  | 63,721    | 45,612           |
|     | Ford Motor Co                        | 5,900                                                                                                     |                               |                  | 45,409    | 72,216           |
|     | Freeport McMoran Copper & Gold       | 1,000                                                                                                     |                               |                  | 40,181    | 85,390           |
|     | General Dynamics Corp                | 2,800                                                                                                     |                               |                  | 195,091   | 175,868          |
|     | General Electric Co                  | 34,900                                                                                                    |                               |                  | 581,765   | 567,125          |
|     | Global Cash Access Holdings          | 2,760                                                                                                     |                               |                  | 20,624    | 11,261           |
|     | GMX Resources Inc                    | 4,100                                                                                                     |                               |                  | 86,749    | 19,926           |
|     | Goldman Sachs Group Inc              | 2,200                                                                                                     |                               |                  | 319,071   | 318,076          |
|     | Gymboree Corp                        | 1,100                                                                                                     |                               |                  | 45,518    | 45,694           |
|     | Hawaiian Holdings Inc                | 8,500                                                                                                     |                               |                  | 63,976    | 50,915           |
|     | Health Mgmt Associates Inc           | 8,600                                                                                                     |                               |                  | 47,544    | 65,876           |
|     | Healthspring Inc                     | 3,100                                                                                                     |                               |                  | 47,699    | 80,104           |
|     | Hertz Global Holdings Inc            | 10,500                                                                                                    |                               |                  | 131,961   | 111,195          |
|     | Hewlett Packard Co                   | 7,900                                                                                                     |                               |                  | 308,429   | 332,353          |
|     | Hillenbrand Inc                      | 2,700                                                                                                     |                               |                  | 58,506    | 58,077           |
|     | Holly Corp                           | 2,000                                                                                                     |                               |                  | 75,192    | 57,500           |
|     | Horace Mann Educators Corp           | 3,600                                                                                                     |                               |                  | 69,398    | 64,008           |
|     | Horsehead Holding Corp               | 4,900                                                                                                     |                               |                  | 53,958    | 48,363           |
|     | Hospira Inc                          | 2,400                                                                                                     |                               |                  | 127,086   | 136,824          |
|     | IberiaBank Corp                      | 1,300                                                                                                     |                               |                  | 61,882    | 64,974           |
|     | ITT Corp                             | 5,200                                                                                                     |                               |                  | 268,636   | 243,516          |
|     | Intel Corp                           | 4,700                                                                                                     |                               |                  | 91,779    | 90,381           |
|     | International Business Machines Corp | 2,300                                                                                                     |                               |                  | 290,298   | 308,522          |
|     | International Paper Co               | 4,300                                                                                                     |                               |                  | 104,923   | 93,525           |
|     | JP Morgan Chase & Co                 | 13,200                                                                                                    |                               |                  | 570,072   | 502,524          |

| (a) | (b)                          | (c)                                                                                                       |                      |                  | (d)              | (e)              |
|-----|------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------|------------------|------------------|------------------|
|     | Issuer, Borrower             | Description of Investment Including Maturity Date,<br>Rate of Interest, Collateral, Par or Maturity Value |                      |                  | Cost             | Current<br>Value |
|     |                              | Type                                                                                                      | Shares/<br>Principal | Interest<br>Rate | Maturity<br>Date |                  |
|     |                              | <u>Common stocks (continued):</u>                                                                         |                      |                  |                  |                  |
|     | Johnson & Johnson            |                                                                                                           | 7,500                |                  | \$ 450,042       | \$ 464,700       |
|     | Jos A Bank Clothiers Inc     |                                                                                                           | 1,200                |                  | 21,499           | 51,132           |
|     | Kansas City Southern         |                                                                                                           | 3,300                |                  | 127,203          | 123,453          |
|     | Kirkland's Inc               |                                                                                                           | 2,100                |                  | 24,684           | 29,106           |
|     | LSB Industries Inc           |                                                                                                           | 2,840                |                  | 46,747           | 52,739           |
|     | Lasalle Hotel Properties     |                                                                                                           | 3,100                |                  | 71,978           | 72,509           |
|     | Lowe's Co Inc                |                                                                                                           | 6,100                |                  | 133,109          | 135,969          |
|     | MGIC Investment Corp         |                                                                                                           | 7,000                |                  | 66,392           | 64,610           |
|     | Marshall & Ilsley Corp       |                                                                                                           | 19,600               |                  | 170,647          | 137,984          |
|     | Merck & Co Inc               |                                                                                                           | 8,700                |                  | 323,229          | 320,247          |
|     | MetLife Inc                  |                                                                                                           | 6,000                |                  | 233,939          | 230,700          |
|     | Multi Fineline Electronix In |                                                                                                           | 1,600                |                  | 42,016           | 35,184           |
|     | Mylan Inc                    |                                                                                                           | 7,000                |                  | 105,680          | 131,670          |
|     | National Oilwell Varco Inc   |                                                                                                           | 2,200                |                  | 94,389           | 97,834           |
|     | Net1 UEPS Technologies Inc   |                                                                                                           | 3,700                |                  | 79,391           | 42,772           |
|     | Newpark Resources Inc        |                                                                                                           | 6,200                |                  | 50,315           | 52,080           |
|     | Occidental Petroleum Corp    |                                                                                                           | 4,000                |                  | 280,099          | 313,200          |
|     | Ocwen Financial Corp         |                                                                                                           | 6,300                |                  | 65,054           | 63,882           |
|     | Old Dominion Freight Line    |                                                                                                           | 2,850                |                  | 67,392           | 72,447           |
|     | Olin Corp                    |                                                                                                           | 2,400                |                  | 48,790           | 48,384           |
|     | Omega Healthcare Investors   |                                                                                                           | 3,200                |                  | 47,746           | 71,840           |
|     | Oracle Corp                  |                                                                                                           | 5,300                |                  | 109,657          | 142,305          |
|     | Orbital Sciences Corp        |                                                                                                           | 3,836                |                  | 58,992           | 58,691           |
|     | Orion Marine Group Inc       |                                                                                                           | 2,500                |                  | 43,229           | 31,025           |
|     | PDL Biopharma Inc            |                                                                                                           | 4,800                |                  | 34,416           | 25,248           |
|     | PG& E Corp                   |                                                                                                           | 2,700                |                  | 113,880          | 122,634          |
|     | PS Business Parks Inc        |                                                                                                           | 1,100                |                  | 50,074           | 62,227           |
|     | Pantry Inc                   |                                                                                                           | 1,550                |                  | 34,710           | 37,371           |
|     | PetroHawk Energy Corp        |                                                                                                           | 3,100                |                  | 78,830           | 50,034           |
|     | Pfizer Inc                   |                                                                                                           | 33,500               |                  | 539,949          | 575,195          |
|     | Plantronics Inc              |                                                                                                           | 1,900                |                  | 62,056           | 64,182           |
|     | Questcor Pharmaceuticals     |                                                                                                           | 6,375                |                  | 42,173           | 63,240           |
|     | RF Micro Devices Inc         |                                                                                                           | 10,000               |                  | 50,651           | 61,400           |
|     | Ralcorp Holdings Inc         |                                                                                                           | 2,000                |                  | 120,214          | 116,960          |
|     | Rayonier Inc                 |                                                                                                           | 2,600                |                  | 117,441          | 130,312          |
|     | Reynolds American Inc        |                                                                                                           | 4,800                |                  | 241,895          | 285,072          |
|     | Royal Gold Inc               |                                                                                                           | 800                  |                  | 18,400           | 39,872           |
|     | SVB Financial Group          |                                                                                                           | 1,700                |                  | 83,259           | 71,944           |
|     | SXC Health Solutions Corp    |                                                                                                           | 1,800                |                  | 17,377           | 65,646           |
|     | Schulman (A.) Inc            |                                                                                                           | 3,100                |                  | 63,979           | 62,465           |
|     | Schweitzer-Mauduit Intl Inc  |                                                                                                           | 1,042                |                  | 44,570           | 60,759           |
|     | Shuffle Master Inc           |                                                                                                           | 6,100                |                  | 56,122           | 51,301           |
|     | Shutterfly Inc               |                                                                                                           | 2,300                |                  | 41,707           | 59,777           |

| (a) | (b)                                     | (c)                                                                                                       | (d)               | (e)               |
|-----|-----------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------|-------------------|
|     | Issuer, Borrower                        | Description of Investment Including Maturity Date,<br>Rate of Interest, Collateral, Par or Maturity Value | Cost              | Current<br>Value  |
|     |                                         | Shares/<br>Type    Principal    Interest<br>Rate    Maturity<br>Date                                      |                   |                   |
|     |                                         | <u>Common stocks (continued):</u>                                                                         |                   |                   |
|     | Solutia Inc                             | 3,000                                                                                                     | \$ 34,360         | \$ 48,060         |
|     | Southern Co                             | 5,300                                                                                                     | 177,503           | 197,372           |
|     | Southwest Gas Corp                      | 1,800                                                                                                     | 46,242            | 60,462            |
|     | Standard Microsystems Corp              | 2,550                                                                                                     | 50,801            | 58,166            |
|     | Sterling Bancshares Inc                 | 10,900                                                                                                    | 85,198            | 58,533            |
|     | Suntrust Banks Inc                      | 2,550                                                                                                     | 45,167            | 65,867            |
|     | Syniverse Holdings Inc                  | 1,600                                                                                                     | 24,252            | 36,272            |
|     | Target Corp                             | 5,000                                                                                                     | 261,498           | 267,200           |
|     | Team Inc                                | 1,700                                                                                                     | 52,800            | 29,257            |
|     | Telecommunication Systems Inc           | 6,900                                                                                                     | 47,935            | 26,979            |
|     | Tennant Co                              | 1,900                                                                                                     | 65,706            | 58,710            |
|     | Thompson Creek Metals Co Inc            | 5,400                                                                                                     | 45,138            | 58,212            |
|     | Tower Group Inc                         | 2,500                                                                                                     | 67,466            | 58,375            |
|     | True Religion Apparel Inc               | 2,700                                                                                                     | 60,001            | 57,618            |
|     | Unilever NV                             | 4,500                                                                                                     | 140,137           | 134,460           |
|     | Unisource Energy Corp Co                | 1,700                                                                                                     | 55,770            | 56,831            |
|     | United States Steel Corp                | 4,000                                                                                                     | 187,944           | 175,360           |
|     | United Technologies Corp                | 3,700                                                                                                     | 214,946           | 263,551           |
|     | UnitedHealth Group Inc                  | 6,400                                                                                                     | 192,685           | 224,704           |
|     | Valassis Communications Inc             | 1,700                                                                                                     | 58,500            | 57,613            |
|     | ValueClick Inc                          | 5,200                                                                                                     | 60,985            | 68,016            |
|     | Venoco Inc                              | 3,100                                                                                                     | 36,572            | 60,853            |
|     | Wellpoint Inc                           | 2,800                                                                                                     | 165,281           | 158,592           |
|     | Wells Fargo & Co                        | 9,800                                                                                                     | 269,321           | 246,274           |
|     | Wintrust Financial Corp                 | 2,100                                                                                                     | 80,611            | 68,061            |
|     | World Acceptance Corp                   | 1,200                                                                                                     | 47,844            | 52,992            |
|     | Total common stocks                     |                                                                                                           | <u>16,712,953</u> | <u>17,308,290</u> |
|     |                                         | <u>Common collective trusts:</u>                                                                          |                   |                   |
|     | Daily Active International SL           | 75,123                                                                                                    | 1,068,972         | 1,450,709         |
|     | Russell 1000 Growth Index               | 432,807                                                                                                   | 8,279,754         | 13,088,954        |
|     | Intermediate US Government Index Fund   | 263,468                                                                                                   | 5,644,195         | 5,924,870         |
|     | Intermediate Credit Index NL            | 116,417                                                                                                   | 2,668,179         | 2,872,003         |
|     | Passive Intermediate Bond Index SL Fund | 732,824                                                                                                   | 11,485,538        | 15,715,404        |
|     | Russell 2000 Growth Fund                | 198,902                                                                                                   | 2,518,373         | 2,582,744         |
|     | Total common collective trusts          |                                                                                                           | <u>31,665,011</u> | <u>41,634,684</u> |
|     |                                         | <u>Registered investment companies:</u>                                                                   |                   |                   |
|     | SSGA Russell 2000 Growth CTF            | 167,504                                                                                                   | 2,508,319         | 2,762,481         |
|     | Daily International Alpha NL            | 80,467                                                                                                    | 1,503,649         | 1,553,893         |
|     | Total registered investment companies   |                                                                                                           | <u>4,011,968</u>  | <u>4,316,374</u>  |

| (a)                               | (b) | (c)                                                                                                       | (d)              | (e)                                       |
|-----------------------------------|-----|-----------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------|
| Issuer, Borrower                  |     | Description of Investment Including Maturity Date,<br>Rate of Interest, Collateral, Par or Maturity Value |                  | Current<br>Value                          |
|                                   |     | Shares/<br>Principal                                                                                      | Interest<br>Rate |                                           |
|                                   |     | Type                                                                                                      | Maturity<br>Date |                                           |
|                                   |     | <u>Short-term investment funds:</u>                                                                       |                  |                                           |
| Government STIF 18                |     | 331,911                                                                                                   |                  | \$ 331,911 \$ 331,911                     |
| State Street Bank and Trust STIF  |     | 568,662                                                                                                   |                  | <u>568,662</u> <u>568,662</u>             |
| Total short-term investment funds |     |                                                                                                           |                  | <u>900,573</u> <u>900,573</u>             |
| Total investments                 |     |                                                                                                           |                  | <u>\$ 53,290,506</u> <u>\$ 64,159,921</u> |

# AMERICAN BAKERS ASSOCIATION RETIREMENT PLAN

## SCHEDULE OF REPORTABLE (5%) TRANSACTIONS

YEAR ENDED SEPTEMBER 30, 2010

| (a) | (b)                                             | (c)               | (d)              | (g)              | (h)                          | (i)                   |
|-----|-------------------------------------------------|-------------------|------------------|------------------|------------------------------|-----------------------|
|     | Description                                     | Purchase<br>Price | Selling<br>Price | Cost of<br>Asset | Current<br>Value<br>of Asset | Net Gain<br>or (Loss) |
|     | Government STIF 18                              | \$ 4,987,305      | N/A              | N/A              | \$ 4,987,305                 | N/A                   |
|     | Government STIF 18                              | N/A               | \$ 5,303,767     | \$ 5,303,767     | 5,303,767                    | \$ -                  |
|     | State Street Bank and Trust STIF                | 3,842,783         | N/A              | N/A              | 3,842,783                    | N/A                   |
|     | State Street Bank and Trust STIF                | N/A               | 3,482,564        | 3,482,564        | 3,482,564                    | -                     |
|     | SSGA Intermediate US Government<br>Index Fund   | 5,456,583         | N/A              | N/A              | 5,456,583                    | N/A                   |
|     | SSGA Intermediate US Government<br>Index Fund   | N/A               | 730,236          | 714,232          | 730,236                      | 16,004                |
|     | SSGA Intermediate Credit Index Fund             | 2,762,312         | N/A              | N/A              | 2,762,312                    | N/A                   |
|     | SSGA Intermediate Credit Index Fund             | N/A               | 633,033          | 611,570          | 633,033                      | 21,463                |
|     | SSGA Passive Intermediate Bond<br>Index SL Fund | 5,212             | N/A              | N/A              | 5,212                        | N/A                   |
|     | SSGA Passive Intermediate Bond<br>Index SL Fund | N/A               | 8,847,581        | 6,792,686        | 8,847,581                    | 2,054,895             |

**Attachment to the 2009 Schedule SB of Form 5500**  
**Schedule SB, Part V – Summary of Plan Provisions**  
**American Bakers Association Retirement Plan**  
**EIN 36-0723070 / PN 001**

This subsection summarizes the major provisions of the plan as included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

|                             |                                                                                                                                                                                                                                                              |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PLAN STATUS: ONGOING</b> |                                                                                                                                                                                                                                                              |
| <b>Normal retirement:</b>   |                                                                                                                                                                                                                                                              |
| Age requirement:            | 65                                                                                                                                                                                                                                                           |
| Service requirement:        | 5 years of service                                                                                                                                                                                                                                           |
| Amount:                     | The multiplier (\$62) times the average contribution rate in the last year of credited service for which contributions were made for the employee, proportionately reduced for service less than 25 years. (An employer may elect to have uncapped service.) |
| <b>Early retirement:</b>    |                                                                                                                                                                                                                                                              |
| Age requirement:            | 55                                                                                                                                                                                                                                                           |
| Service requirement:        | 10 years of service                                                                                                                                                                                                                                          |
| Amount:                     | Regular pension accrued, reduced by 3% for each year of age less than 65.                                                                                                                                                                                    |
| <b>Disability:</b>          |                                                                                                                                                                                                                                                              |
| Age requirement:            | None                                                                                                                                                                                                                                                         |
| Service requirement:        | 10 years of service                                                                                                                                                                                                                                          |
| Amount:                     | 75% of the regular pension accrued is payable to age 65 and the full regular pension is payable thereafter.                                                                                                                                                  |
| <b>Vesting:</b>             |                                                                                                                                                                                                                                                              |
| Age requirement:            | None                                                                                                                                                                                                                                                         |
| Service requirement:        | 5 years of service                                                                                                                                                                                                                                           |
| Amount:                     | Three percent per year of service times the regular pension accrued or, if the participant has both attained age 47 and 15 years of service, four percent per year of service times the regular pension accrued.                                             |
| Vesting percentage:         | 100% after 5 years of service                                                                                                                                                                                                                                |

Attachment to the 2009 Schedule SB of Form 5500  
Schedule SB, Part V – Summary of Plan Provisions  
American Bakers Association Retirement Plan  
EIN 36-0723070 / PN 001

|                                |                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Pre-retirement death benefits: |                                                                                                                                                                                                                                                                                                                                      |
| Age:                           | None                                                                                                                                                                                                                                                                                                                                 |
| Service requirement:           | 5 years of service                                                                                                                                                                                                                                                                                                                   |
| Amount:                        | 50% of benefit employee would have received had he/she retired the day before he/she died and elected the joint and survivor option. Commences immediately if employee was eligible for early retirement at time of death. Otherwise, commences no earlier than the participant's first eligibility for early retirement.            |
| <b>Forms of Benefit:</b>       |                                                                                                                                                                                                                                                                                                                                      |
| Normal Form:                   | 50% joint and survivor if married; life annuity if single                                                                                                                                                                                                                                                                            |
| Optional Forms:                | 50%, 66 2/3%, 75%, or 100% joint and survivor, 10 year certain and life, lump sum (if PV under \$5,000)                                                                                                                                                                                                                              |
| <b>Other:</b>                  |                                                                                                                                                                                                                                                                                                                                      |
| Benefit Credit:                | Prior to October 1, 1976, each year for which an employee accumulated a year of credited service. After that date, each year of service is credited for which his Participating Employer makes weekly contributions on his behalf for a full 52 weeks during a plan year. Fractional years of credit are given for 10 weeks or more. |
| Vesting Credit:                | Prior to October 1, 1976, each year for which an employee accumulated a year of credited service. After that date, and after an employee's 18 <sup>th</sup> birthday, each year of vesting service is credited if he has completed at least 20 weeks of service during a plan year.                                                  |
| Contribution Rate:             | The weekly contribution made from time to time on behalf of the participant, exclusive of any additions for late participation and any actuarial surcharges.                                                                                                                                                                         |

SEE ACCOUNTANT'S OPINION FOR SCHEDULE  
OF ASSETS HELD

Attachment to the 2009 Schedule SB of Form 5500  
Schedule SB, Line 26 – Schedule of Active Participant Data  
American Bakers Association Retirement Plan  
EIN 36-0723070 / PN 001

| Age         | Total | Years of service |       |         |         |         |         |         |         |             |
|-------------|-------|------------------|-------|---------|---------|---------|---------|---------|---------|-------------|
|             |       | 1 - 4            | 5 - 9 | 10 - 14 | 15 - 19 | 20 - 24 | 25 - 29 | 30 - 34 | 35 - 39 | 40 and over |
| Total       | 607   | 212              | 145   | 104     | 59      | 30      | 26      | 23      | 7       | 1           |
| Under 25    | 13    | 13               | -     | -       | -       | -       | -       | -       | -       | -           |
| 25 – 29     | 26    | 19               | 7     | -       | -       | -       | -       | -       | -       | -           |
| 30 – 34     | 55    | 35               | 17    | 3       | -       | -       | -       | -       | -       | -           |
| 35 – 39     | 75    | 36               | 22    | 12      | 5       | -       | -       | -       | -       | -           |
| 40 – 44     | 91    | 35               | 21    | 24      | 9       | 2       | -       | -       | -       | -           |
| 45 – 49     | 105   | 35               | 33    | 14      | 10      | 7       | 6       | -       | -       | -           |
| 50 – 54     | 100   | 16               | 20    | 27      | 14      | 11      | 8       | 4       | -       | -           |
| 55 – 59     | 98    | 15               | 13    | 14      | 18      | 9       | 8       | 15      | 6       | -           |
| 60 – 64     | 38    | 7                | 9     | 9       | 2       | 1       | 4       | 4       | 1       | 1           |
| 65 – 69     | 4     | 1                | 3     | -       | -       | -       | -       | -       | -       | -           |
| 70 and over | 2     | -                | -     | 1       | 1       | -       | -       | -       | -       | -           |

*Note: Excludes 77 employees with less than one year of service.*

Attachment to the 2009 Schedule SB of Form 5500  
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods  
American Bakers Association Retirement Plan  
EIN 36-0723070 / PN 001

| <b>Interest:</b>                 | The interest rates used for the 2009 plan year are the spot corporate bond yields ending in May 2009. The effective interest rate is 6.87%. This market-based assumption is mandated by law, based on the plan sponsor's one-time election of one of the alternative methodologies.                                                                                                                                                                                                                                                            |     |               |    |       |    |      |    |      |    |     |    |     |    |     |    |     |    |     |    |     |
|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------------|----|-------|----|------|----|------|----|-----|----|-----|----|-----|----|-----|----|-----|----|-----|
| <b>Mortality rates:</b>          | RP2000 separate annuitant and non-annuitant tables with static projection to 2016 and 2024, respectively. This assumption is one of the choices allowed by the regulations.                                                                                                                                                                                                                                                                                                                                                                    |     |               |    |       |    |      |    |      |    |     |    |     |    |     |    |     |    |     |    |     |
| <b>Sample termination rates:</b> | <table border="1"> <thead> <tr> <th>Age</th><th>Male &amp; Female</th></tr> </thead> <tbody> <tr> <td>20</td><td>21.2%</td></tr> <tr> <td>25</td><td>15.8</td></tr> <tr> <td>30</td><td>11.6</td></tr> <tr> <td>35</td><td>8.4</td></tr> <tr> <td>40</td><td>6.2</td></tr> <tr> <td>45</td><td>4.2</td></tr> <tr> <td>50</td><td>2.6</td></tr> <tr> <td>55</td><td>1.0</td></tr> <tr> <td>60</td><td>0.0</td></tr> </tbody> </table> <p>An additional 20% is added to the above withdrawal rates for employees with service under 3 years.</p> | Age | Male & Female | 20 | 21.2% | 25 | 15.8 | 30 | 11.6 | 35 | 8.4 | 40 | 6.2 | 45 | 4.2 | 50 | 2.6 | 55 | 1.0 | 60 | 0.0 |
| Age                              | Male & Female                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |               |    |       |    |      |    |      |    |     |    |     |    |     |    |     |    |     |    |     |
| 20                               | 21.2%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |               |    |       |    |      |    |      |    |     |    |     |    |     |    |     |    |     |    |     |
| 25                               | 15.8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |               |    |       |    |      |    |      |    |     |    |     |    |     |    |     |    |     |    |     |
| 30                               | 11.6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |               |    |       |    |      |    |      |    |     |    |     |    |     |    |     |    |     |    |     |
| 35                               | 8.4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |               |    |       |    |      |    |      |    |     |    |     |    |     |    |     |    |     |    |     |
| 40                               | 6.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |               |    |       |    |      |    |      |    |     |    |     |    |     |    |     |    |     |    |     |
| 45                               | 4.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |               |    |       |    |      |    |      |    |     |    |     |    |     |    |     |    |     |    |     |
| 50                               | 2.6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |               |    |       |    |      |    |      |    |     |    |     |    |     |    |     |    |     |    |     |
| 55                               | 1.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |               |    |       |    |      |    |      |    |     |    |     |    |     |    |     |    |     |    |     |
| 60                               | 0.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |               |    |       |    |      |    |      |    |     |    |     |    |     |    |     |    |     |    |     |

Attachment to the 2009 Schedule SB of Form 5500  
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods  
American Bakers Association Retirement Plan  
EIN 36-0723070 / PN 001

| Sample disability rates:               | <table><tr><th>Age</th><th>Male</th><th>Female</th></tr><tr><td>20</td><td>0.05%</td><td>0.05%</td></tr><tr><td>25</td><td>0.05</td><td>0.05</td></tr><tr><td>30</td><td>0.05</td><td>0.05</td></tr><tr><td>35</td><td>0.06</td><td>0.06</td></tr><tr><td>40</td><td>0.09</td><td>0.09</td></tr><tr><td>45</td><td>0.18</td><td>0.18</td></tr><tr><td>50</td><td>0.40</td><td>0.40</td></tr><tr><td>55</td><td>0.85</td><td>0.85</td></tr><tr><td>60</td><td>1.74</td><td>1.75</td></tr></table>                                                                                                                   |       |        | Age | Male  | Female  | 20 | 0.05%   | 0.05% | 25      | 0.05 | 0.05 | 30  | 0.05 | 0.05 | 35 | 0.06 | 0.06 | 40 | 0.09 | 0.09 | 45 | 0.18 | 0.18 | 50 | 0.40 | 0.40 | 55 | 0.85 | 0.85 | 60 | 1.74 | 1.75 |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------|-----|-------|---------|----|---------|-------|---------|------|------|-----|------|------|----|------|------|----|------|------|----|------|------|----|------|------|----|------|------|----|------|------|
|                                        | Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Male  | Female |     |       |         |    |         |       |         |      |      |     |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |
|                                        | 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0.05% | 0.05%  |     |       |         |    |         |       |         |      |      |     |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |
|                                        | 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0.05  | 0.05   |     |       |         |    |         |       |         |      |      |     |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |
|                                        | 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0.05  | 0.05   |     |       |         |    |         |       |         |      |      |     |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |
|                                        | 35                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0.06  | 0.06   |     |       |         |    |         |       |         |      |      |     |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |
|                                        | 40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0.09  | 0.09   |     |       |         |    |         |       |         |      |      |     |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |
|                                        | 45                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0.18  | 0.18   |     |       |         |    |         |       |         |      |      |     |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |
|                                        | 50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0.40  | 0.40   |     |       |         |    |         |       |         |      |      |     |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |
|                                        | 55                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0.85  | 0.85   |     |       |         |    |         |       |         |      |      |     |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |
|                                        | 60                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1.74  | 1.75   |     |       |         |    |         |       |         |      |      |     |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |
| Retirement (from active status) rates: | <table><tr><th>Age</th><th>Rates</th></tr><tr><td>55 - 58</td><td>5%</td></tr><tr><td>59 - 61</td><td>15</td></tr><tr><td>62 - 64</td><td>25</td></tr><tr><td>65</td><td>100</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                     |       |        | Age | Rates | 55 - 58 | 5% | 59 - 61 | 15    | 62 - 64 | 25   | 65   | 100 |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |
|                                        | Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Rates |        |     |       |         |    |         |       |         |      |      |     |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |
|                                        | 55 - 58                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 5%    |        |     |       |         |    |         |       |         |      |      |     |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |
|                                        | 59 - 61                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 15    |        |     |       |         |    |         |       |         |      |      |     |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |
|                                        | 62 - 64                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 25    |        |     |       |         |    |         |       |         |      |      |     |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |
| 65                                     | 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |        |     |       |         |    |         |       |         |      |      |     |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |
| Retirement from inactive status:       | Age 65                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |        |     |       |         |    |         |       |         |      |      |     |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |
| Age difference:                        | Husbands are three years older than their wives.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       |        |     |       |         |    |         |       |         |      |      |     |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |
| Administrative expenses:               | \$600,000.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |       |        |     |       |         |    |         |       |         |      |      |     |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |
| Asset method:                          | Assets are determined by averaging the market value as of the valuation date and the adjusted market values as of the preceding two years. The resulting value is limited to between 90% to 110% of market value of assets. WRERA provides that the averaging method is to be adjusted for expected earnings. The expected earnings are based on an assumed rate of return of 7.50%, not to exceed the applicable PPA third segment rate of 6.40% in plan year 2007 and 6.58% in plan year 2008. Note that automatic IRS approval for a change in asset valuation method applies for plan years beginning in 2009. |       |        |     |       |         |    |         |       |         |      |      |     |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |
| Funding method:                        | Funding method is prescribed by law. The liability is measured on an accrual-to-date basis using mandated mortality tables and interest rates with no salary projection past the end of the year.                                                                                                                                                                                                                                                                                                                                                                                                                  |       |        |     |       |         |    |         |       |         |      |      |     |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |

Attachment to the 2009 Schedule SB of Form 5500  
Schedule SB, Line 32 – Schedule of Amortization Bases  
American Bakers Association Retirement Plan  
EIN 36-0723070 / PN 001

| Year Established | Original Base | Present Value<br>of Remaining<br>Installments | Years Remaining | Shortfall<br>Amortization<br>Charge |
|------------------|---------------|-----------------------------------------------|-----------------|-------------------------------------|
| 2009             | \$11,070,190  | \$11,070,190                                  | 7               | \$1,845,068                         |
| 2008             | 4,693,903     | <u>4,275,993</u>                              | 6               | <u>805,910</u>                      |
| <b>Total</b>     |               | <b>\$15,346,183</b>                           |                 | <b>\$2,650,978</b>                  |

**Attachment to the 2009 Schedule SB of Form 5500**  
**Schedule SB, Line 25 – Change in Method**  
**American Bakers Association Retirement Plan**  
**EIN 36-0723070 / PN 001**

**Change in Method**

Funding Method - The interest rates used for the 2009 plan year are the spot corporate bond yields ending in May 2009. The effective interest rate is 6.87%. This market-based assumption is mandated by law, based on the plan sponsor's one-time election of one of the alternative methodologies. (Previously, the interest rates used were the spot corporate bond yields ending in September 2008.)

Attachment to the 2009 Schedule SB of Form 5500  
Schedule SB, Line 22 – Description of Weighted Average Retirement Age  
American Bakers Association Retirement Plan  
EIN 36-0723070 / PN 001

The plan's average retirement age was determined by applying at each potential retirement age the probability that the employee will retire at that age assuming all decrements other than retirement are zero (see below).

| Age                        | Probability of Retirement | Probability of Remaining Active | Proportion Active at BOY | Weighted Retirement Age |
|----------------------------|---------------------------|---------------------------------|--------------------------|-------------------------|
| 55                         | 0.05                      | 0.95                            | 1.0000000000             | 2.7500000000            |
| 56                         | 0.05                      | 0.95                            | 0.9500000000             | 2.6600000000            |
| 57                         | 0.05                      | 0.95                            | 0.9025000000             | 2.5721250000            |
| 58                         | 0.05                      | 0.95                            | 0.8573750000             | 2.4863875000            |
| 59                         | 0.15                      | 0.85                            | 0.8145062500             | 7.2083803125            |
| 60                         | 0.15                      | 0.85                            | 0.6923303125             | 6.2309728125            |
| 61                         | 0.15                      | 0.85                            | 0.5884807656             | 5.3845990055            |
| 62                         | 0.25                      | 0.75                            | 0.5002086508             | 7.7532340871            |
| 63                         | 0.25                      | 0.75                            | 0.3751564881             | 5.9087146874            |
| 64                         | 0.25                      | 0.75                            | 0.2813673661             | 4.5018778570            |
| 65                         | 1.00                      | 0.00                            | 0.2110255245             | 13.7166590956           |
| <b>Wtd. Ave. Ret. Age:</b> |                           |                                 |                          | <b>61.17295035761</b>   |

**Attachment to the 2009 Schedule SB of Form 5500**  
**Schedule SB, Line 18(b) – Contributions Made by Employer**  
**American Bakers Association Retirement Plan**  
**EIN 36-0723070 / PN 001**

Contributions listed without a date are paid periodically throughout the year.

THE FINANCIAL STATEMENTS WILL BE PLACED IN THE  
ATTACHMENT FOR THE ACCOUNTANT'S OPINION

SEE ACCOUNTANT'S OPINION FOR SCHEDULE  
OF FIVE PERCENT TRANSACTIONS

**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 10/01/2009 and ending 09/30/2010

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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br>American Bakers Association Retirement Plan                                                                      | <b>B</b> Three-digit plan number (PN) 001                                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>American Bakers Association                                   | <b>D</b> Employer Identification Number (EIN)<br>36-0723070                                                                                             |
| <b>E</b> Type of plan: <input type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input checked="" type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

**Part I Basic Information**

|                                                                                                                                                                                                 |                            |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------|
| <b>1</b> Enter the valuation date: Month 10 Day 01 Year 2009                                                                                                                                    |                            |                    |
| <b>2</b> Assets:                                                                                                                                                                                |                            |                    |
| <b>a</b> Market value                                                                                                                                                                           | <b>2a</b>                  | 72180814           |
| <b>b</b> Actuarial value                                                                                                                                                                        | <b>2b</b>                  | 79398896           |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                             | (1) Number of participants | (2) Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment                                                                                                                           | <b>3a</b> 703              | 55719273           |
| <b>b</b> For terminated vested participants                                                                                                                                                     | <b>3b</b> 1210             | 18781799           |
| <b>c</b> For active participants:                                                                                                                                                               |                            |                    |
| (1) Non-vested benefits                                                                                                                                                                         | <b>3c(1)</b>               | 698883             |
| (2) Vested benefits                                                                                                                                                                             | <b>3c(2)</b>               | 19545124           |
| (3) Total active                                                                                                                                                                                | <b>3c(3)</b> 607           | 20244007           |
| <b>d</b> Total                                                                                                                                                                                  | <b>3d</b> 2520             | 94745079           |
| <b>4</b> If the plan is at-risk, check the box and complete items (a) and (b) <input type="checkbox"/>                                                                                          |                            |                    |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions                                                                                                                             | <b>4a</b>                  |                    |
| <b>b</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 | <b>4b</b>                  |                    |
| <b>5</b> Effective interest rate                                                                                                                                                                | <b>5</b>                   | 6.87%              |
| <b>6</b> Target normal cost                                                                                                                                                                     | <b>6</b>                   | 1180038            |

**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

MICHAEL A. ACCARDO, FSA

Type or print name of actuary

SIBSON CONSULTING

Firm name

333 WEST 34TH STREET

NEW YORK NY 10001

Address of the firm

07/12/2011

Date

1105390

Most recent enrollment number

212-251-5000

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

(b) Prefunding balance

| (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:<br>% | 2nd segment:<br>% | 3rd segment:<br>% | <input checked="" type="checkbox"/> N/A, full yield curve used |
|-------------------|-------------------|-------------------|----------------------------------------------------------------|

**b Applicable month (enter code)** ..... **21b** ..... 4

**22 Weighted average retirement age** ..... **22** ..... 61

**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** ..... 1180038

**32 Amortization installments:****a Net shortfall amortization installment** .....

Outstanding Balance

Installment

15346183

2650978

**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 06 Day 14 Year 2011) and the waived amount ..... **33** ..... 3042870

**34** Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33) ..... **34** ..... 788146

Carryover balance

Prefunding balance

Total balance

**35** Balances used to offset funding requirement ..... 0 ..... 0 ..... 0

**36** Additional cash requirement (item 34 minus item 35) ..... **36** ..... 788146

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c) ..... **37** ..... 788146

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

**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