Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MAI SYSTEMS CORPORATION RETIREMENT BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/15/1988

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
SOFTBRANDS MANUFACTURING, INC.

C/O INFOR

13560 MORRIS ROAD, SUITE 4100
ALPHARETTA, GA 30004

2b Employer Identification Number (EIN)
41-1437794

2c Sponsor's telephone number
678-319-8293

2d Business code (see instructions)
541519

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	07/15/2011	KATHI DE FERE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

SOFTBRANDS MANUFACTURING, INC.
C/O INFOR
13560 MORRIS ROAD, SUITE 4100
ALPHARETTA, GA 30004

3b Administrator's EIN: 41-1437794

3c Administrator's telephone number: 678-319-8293

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	190
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	0
b	Retired or separated participants receiving benefits	**6b**	119
c	Other retired or separated participants entitled to future benefits	**6c**	64
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	183
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	5
f	Total. Add lines **6d** and **6e**	**6f**	188
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1G 1I

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

9a Plan funding arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)		Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)		Trust
(4)		General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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

A Name of plan
MAI SYSTEMS CORPORATION RETIREMENT BENEFIT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500.
SOFTBRANDS MANUFACTURING, INC.

D Employer Identification Number (EIN)
41-1437794

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN 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
13-5581829	65978	11072	188	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	

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	1705570

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	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	
d	Total of balance and additions (add **b** and **c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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.

A Name of plan
MAI SYSTEMS CORPORATION RETIREMENT BENEFIT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SOFTBRANDS MANUFACTURING, INC.

D Employer Identification Number (EIN)
41-1437794

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 10 Day 01 Year 2009

2 Assets:

a	Market value	**2a**	1710836
b	Actuarial value	**2b**	1881920

3 Funding target/participant count breakdown

			(1) Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	123	1588555
b	For terminated vested participants	**3b**	67	970486
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		0
	(2) Vested benefits	**3c(2)**		0
	(3) Total active	**3c(3)**	0	0
d	Total	**3d**	190	2559041

4 If the plan is at-risk, check the box and complete items (a) and (b) [ ]

a	Funding target disregarding prescribed at-risk assumptions	**4a**	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	**4b**	

5	Effective interest rate	**5**	6.61 %
6	Target normal cost	**6**	50000

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

	07/14/2011
Signature of actuary	Date
FREDERICK N. HEIDORN	11-00375
Type or print name of actuary	Most recent enrollment number
AON HEWITT	213-630-2900
Firm name	Telephone number (including area code)
707 WILSHIRE BLVD. SUITE 2600 LOS ANGELES, CA 90017-3720	
Address of the firm	

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	1036	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	999	0
9	Amount remaining (Item 7 minus item 8)	37	0
10	Interest on item 9 using prior year's actual return of -2.49 %	-1	
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 7.19 %		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)	36	0

Part III Funding percentages

14	Funding target attainment percentage	14	73.53 %
15	Adjusted funding target attainment percentage	15	73.53 %
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	79.38 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/15/2010	21576				
04/15/2010	21576				
07/15/2010	22700				
01/24/2011	21576				
06/10/2011	101385				
			Totals ► 18(b)	188813	18(c) 0

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

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	174184

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.21 %	6.74 %	6.84 %	☐ N/A, full yield curve used

b Applicable month (enter code) **21b** 3

22 Weighted average retirement age **22** 64

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** 50000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	677157	124104
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33) **34** 174104

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	36	0	36

36 Additional cash requirement (item 34 minus item 35) **36** 174068

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37** 174184

38 Interest-adjusted excess contributions for current year (see instructions) **38** 116

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) **39** 0

40 Unpaid minimum required contribution for all years **40** 0

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

A Name of plan	**B** Three-digit plan number (PN) ▶	
MAI SYSTEMS CORPORATION RETIREMENT BENEFIT PLAN		003
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
SOFTBRANDS MANUFACTURING, INC.	41-1437794	

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

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

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

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

AON HEWITT

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50 70	NONE	32750	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

METLIFE

13-5581829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 28 50 51 65	NONE	14917	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
MAI SYSTEMS CORPORATION RETIREMENT BENEFIT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SOFTBRANDS MANUFACTURING, INC.

D Employer Identification Number (EIN)
41-1437794

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

a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP CORE EQUITY FUND 40

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-5581829-000	P	842088

a Name of MTIA, CCT, PSA, or 103-12 IE: BROAD MARKET BOND FUND 41

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-5581829-000	P	863482

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
MAI SYSTEMS CORPORATION RETIREMENT BENEFIT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
SOFTBRANDS MANUFACTURING, INC.

D Employer Identification Number (EIN)
41-1437794

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	-27874
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	22327	122961
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	44814	83009
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	25475	148957
(2) U.S. Government securities	1c(2)	306112	396551
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	519104	459596
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	835918	833882
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	1753750	2017082
Liabilities			
g Benefit claims payable	1g	288	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	42570	188551
k Total liabilities (add all amounts in lines 1g through1j)	1k	42858	188551
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1710892	1828531

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	188813	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		188813
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		146105
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		334918
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	169612	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		169612
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	32750	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	10632	
(4) Other	2i(4)	4285	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		47667
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		217279
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		117639
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

(1) Name: MOQUIST THORVILSON K K & PIEPER LLC (2) EIN: 41-1841185

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		2000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
MAI SYSTEMS CORPORATION RETIREMENT BENEFIT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
SOFTBRANDS MANUFACTURING, INC.

D Employer Identification Number (EIN)
41-1437794

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** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 13-5581829

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 of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

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):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

MAI SYSTEMS CORPORATION
RETIREMENT BENEFIT PLAN

FINANCIAL STATEMENTS

YEARS ENDED SEPTEMBER 30, 2010
AND 2009

MAI SYSTEMS CORPORATION RETIREMENT BENEFIT PLAN

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MOQUIST THORVILSON KAUFMANN
KENNEDY & PIEPER LLC
CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

INDEPENDENT AUDITOR'S REPORT

To the Retirement Benefits Committee
MAI Systems Corporation Retirement Benefit Plan
Minneapolis, Minnesota

We were engaged to audit the financial statements of the MAI Systems Corporation Retirement Benefit Plan (the Plan) as of and for the years ended September 30, 2010 and 2009 and the supplemental schedules as of September 30, 2010, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Metropolitan Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that Metropolitan Life Insurance Company holds the Plan's assets and executes investment transactions. The plan administrator has obtained a certification from Metropolitan Life Insurance Company as of and for the years ended September 30, 2010 and 2009, that the information provided to the plan administrator by the custodian is complete and accurate.

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

The supplemental schedules of assets (held at end of year) and reportable transactions as of or for the year ended September 30, 2010, that accompany the Plan's financial statements, do not disclose the historical cost of certain plan assets held by the Plan's custodian and assets sold during the year. Disclosure of this information is required by the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Moquist Thorvilson Kaufmann Kennedy & Pieper LLC

Edina, Minnesota
July 12, 2011

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
September 30, 2010 and 2009

	2010	2009
ASSETS		
Investments, at fair value	$ 1,705,570	$ 1,688,853
Employer contribution receivable	122,961	22,327
Total assets	1,828,531	1,711,180
LIABILITIES		
Benefits payable	-	288
Net assets available for benefits	$ 1,828,531	$ 1,710,892

See notes to financial statements.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended September 30, 2010 and 2009

	2010	2009
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	$ 89,686	$ (107,941)
Interest and dividend income	56,419	62,553
Net investment income (loss)	146,105	(45,388)
Contributions:		
Employer contributions	188,813	89,308
Deductions:		
Distributions to plan participants	169,612	158,599
Administrative expenses	47,667	77,907
Total deductions	217,279	236,506
Net increase (decrease)	117,639	(192,586)
Net assets available for benefits:		
Beginning of year	1,710,892	1,903,478
End of year	$ 1,828,531	$ 1,710,892

See notes to financial statements.

NOTES TO FINANCIAL STATEMENTS
Years Ended September 30, 2010 and 2009

1 DESCRIPTION OF PLAN

The following description of the MAI Systems Corporation Retirement Benefit Plan (the Plan), formerly the MAI Basic Four, Inc. Retirement Benefit Plan, provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit plan sponsored and funded by SoftBrands, Inc. (collectively the Company or Sponsor) for the purpose of providing retirement benefits for all eligible employees. SoftBrands, Inc. acquired MAI Systems Corporation (MAI) effective August 14, 2006. The Plan became effective January 15, 1988, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan covers all eligible employees of MAI.

The operations of the Plan are directed by a plan administrator, appointed by the Board of Directors or Benefits Committee of the Company. The custodian of the Plan is Metropolitan Life Insurance Company (MetLife or the Custodian).

Eligibility and Vesting

In 1988, MAI purchased Sorbus, which had an existing defined benefit plan (the Sorbus Plan). Each employee who was a participant in the Sorbus Plan on or before January 14, 1988, and became an employee of MAI on January 15, 1988, became a participant in the Plan as of January 15, 1988. Employees who were not previously enrolled in the Sorbus Plan became eligible in the first year after they had attained 21 years of age during or after the first year of service and completed 1,000 hours of service, provided they were employed by Sorbus prior to the acquisition of MAI.

The Plan's management and Sponsor's Board of Directors elected to freeze the accrual of plan benefits as of April 30, 1992. Therefore, no further benefits accrued after April 30, 1992. All participants continued to vest in their benefits subsequent to the plan benefit freeze. As of September 30, 1995, all participants were 100 percent vested. Although the accrual of benefits has been frozen, the Sponsor will remain responsible for future funding obligations as required by ERISA. The amount of funding will depend upon the value of the Plan's assets in relation to its obligations.

Funding

The Company has voluntarily established the Plan and has agreed to make annual contributions to the Plan that will be sufficient to provide pension benefits to participants. The Company's funding policy is to make quarterly contributions and a final adjusting contribution to the Plan each year as necessary to meet the funding requirements of ERISA. The Company's annual contributions to the Plan are calculated by applying actuarial assumptions to adjust the accumulated plan benefits for the time value of money and the probability of payment. These actuarial assumptions are anticipated to reflect actual future experience and are reviewed periodically and adjusted as necessary. The actuarial cost method and significant assumptions underlying this estimate are set forth in Note 4. The Company's contribution for 2010 and 2009 met the minimum funding requirements of ERISA.

Payment of Benefits

Upon retirement on or after the normal retirement date (the participant's 65th birthday), a participant shall be entitled to receive a lifetime annual pension, payable monthly or distributed as a lump-sum if the lump-sum does not exceed $5,000, where the annual pension amount is equal to the greater of:

(i) One percent of the participant's total career income while an employee of MAI, or
(ii) One hundred dollars multiplied by the number of years in the participant's period of service accumulated while an employee of MAI.

If an employee is eligible for and elects early retirement (the participant's 55th birthday with 10 years of vesting), the employee's benefit will be reduced to account for the change in retirement date.

If a married participant who is vested in any portion of his accrued benefit should die prior to the retirement pension starting date, the spouse shall be entitled to receive a pre-retirement survivor annuity. The annuity will be distributed to the spouse as a lump-sum distribution if the amount of such distribution does not exceed $5,000. The spouse may elect to receive a lump-sum distribution rather than monthly annuity payments if the distribution is over $5,000.

If a married participant should die subsequent to the retirement pension starting date, the spouse shall be entitled to receive a survivor annuity in either a lump-sum distributions or monthly annuity payments.

Administrative Expenses

The Plan's administrative expenses, including custodial, consulting, actuarial and accounting fees, are paid from plan assets.

NOTES TO FINANCIAL STATEMENTS
Years Ended September 30, 2010 and 2009

2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities at the date of the financial statements, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

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 have occurred since September 30, 2010, or will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimates 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.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date. Realized gains and losses related to sales of investments are recorded on a trade-date basis and unrealized gains and losses are recorded based on the fair values at the end of the reporting period.

Net Appreciation (Depreciation) in Fair Value of Investments

The statement of changes in net assets available for benefits includes the net appreciation (depreciation) in the fair value of investments which consists of the realized gains or losses on investments sold and the change in unrealized appreciation (depreciation) on held investments.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

3 FAIR VALUE MEASUREMENTS

Generally accepted accounting principles (GAAP) provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value:

Pooled separate accounts: Valued at the unit value based on the number of participant units held by the Plan at year end. Unit value is calculated based on the observable net asset value of the underlying investment (mutual funds), marked-to-market on a daily basis.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of September 30:

	2010			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts:				
Equity	$ 842,088	$ -	$ -	$ 842,088
Bonds	863,482	-	-	863,482
Total	$ 1,705,570	$ -	$ -	$ 1,705,570

	2009			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts:				
Equity	$ 839,788	$ -	$ -	$ 839,788
Bonds	849,065	-	-	849,065
Total	$ 1,688,853	$ -	$ -	$ 1,688,853

4 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the services employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) beneficiaries of employees who have died.

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

Significant assumptions underlying the actuarial computation as of October 1, 2009, the benefit information date, are as follows:

Actuarial cost method:	Project Unit Credit Method
Retirement age:	Age 65
Rate of investment return:	8.00 percent
Life expectancy of participants:	2009 IRS Mandated Funding Tables

At October 1, 2009 (beginning of Plan fiscal year), the present value of accumulated plan benefits was as follows:

Actuarial present value of accumulated plan benefits:		
Participants and beneficiaries currently receiving benefits	$	1,588,555
Other participants		970,486
Total actuarial present value of accumulated plan benefits	$	2,559,041

The changes in the actuarial present value of accumulated plan benefits from the October 1, 2008 valuation to the October 1, 2009 valuation were as follows:

Actuarial present value of accumulated plan benefits, October 1, 2008	$	2,397,722
Increase (decrease) during the year attributable to:		
Benefits paid		(158,599)
Increase for interest due to decrease in discount period		166,695
Changes in actuarial assumptions		121,303
Other		31,920
Actuarial present value of accumulated plan benefits, October 1, 2009	$	2,559,041

NOTES TO FINANCIAL STATEMENTS
Years Ended September 30, 2010 and 2009

5 INVESTMENTS

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by the Custodian, except for comparing such information certified by the Custodian to information included in the Plan's financial statements and supplemental schedules.

The Custodian has provided the plan administrator with a certification as to the completeness and accuracy of the net assets available for plan benefits aggregating $1,705,570 and $1,688,853 at September 30, 2010 and 2009, respectively, and the related net appreciation (depreciation) in fair value of investments of $89,686 and $(107,941) and interest and dividends of $56,419 and $62,553 for the years ended September 30, 2010 and 2009, respectively. Such amounts are included in the accompanying financial statements and supplemental schedules based on the certification from the Custodian.

The following table presents the fair values of investments that represent 5 percent or more of the Plan's net assets at September 30:

	2010	2009
Metropolitan Life Insurance Company Large Cap Core Equity Fund (Pooled Separate Account No. 40)	$ 842,088	$ 839,788
Metropolitan Life Insurance Company Broad Market Bond Fund (Pooled Separate Account No. 41)	863,482	849,065
	$ 1,705,570	$ 1,688,853

6 PLAN TERMINATION

Although the Company has not expressed any intent to terminate the Plan, it may do so at any time. If such a termination were to occur, the net assets of the Plan would be allocated in accordance with the statutory priorities set forth by ERISA Section 4044 and regulations promulgated in the Plan. Any funds remaining in the Plan after satisfaction of all liabilities to plan participants shall be returned to the Company.

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

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, and it may also depend on the level of benefits guaranteed by the PBGC.

7 FEDERAL INCOME TAXES

The Plan obtained its latest determination letter on November 19, 2002, in which the Internal Revenue Service (IRS) stated that the Plan, as designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving its determination letter. However, the plan administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of September 30, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability of disclosure in the financial statements. The Plan is subject to audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

8 PARTIES-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. The Plan's custodian is Metropolitan Life Insurance Company. The Plan's investments were units of pooled separate accounts managed and/or held by MetLife; therefore, these transactions qualified as parties-in-interest transactions.

9 SUBSEQUENT EVENTS

Plan management has evaluated subsequent events through July 12, 2011, the date the financial statements were available to be issued, for potential recognition or disclosure in the financial statements.

SUPPLEMENTAL INFORMATION

SCHEDULE H, PART IV, LINE 4(i) -
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
September 30, 2010
Plan Number: 003 Plan Sponsor EIN: 41-1437794

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	(d) Cost **	(e) Current Value
*	Metropolitan Life Insurance Company	Large Cap Core Equity Fund (Pooled Separate Account No. 40)		$ 842,088
*	Metropolitan Life Insurance Company	Broad Market Bond Fund (Pooled Separate Account No. 41)		863,482
				$ 1,705,570

* Represents party-in-interest

** The Plan's custodian, Metropolitan Life Insurance Company, has represented that it does not maintain cost information related to plan assets and, accordingly, this information has been omitted.

NOTE: The above data is based on or developed from information certified by Metropolitan Life Company, the custodian, as complete and accurate.

SCHEDULE H, PART IV, LINE 4(j) -
SCHEDULE OF REPORTABLE TRANSACTIONS
September 30, 2010
Plan Number: 003 Plan Sponsor EIN: 41-1437794

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred in transaction	(g) Cost of asset	(h) Current value at transaction date	(i) Net gain (loss)
5% series transactions:								
Metropolitan Life Insurance Company	Large Cap Core Equity Fund	$ 48,498	$ -	$ -	$ -	$ 48,498	$ 48,498	$ -
Metropolitan Life Insurance Company	Large Cap Core Equity Fund	-	113,814	-	-	**	113,814	-
Metropolitan Life Insurance Company	Broad Market Bond Fund	39,681	-	-	-	39,681	39,681	-
Metropolitan Life Insurance Company	Broad Market Bond Fund	-	93,121	-	-	**	93,121	-

* Represents party-in-interest

** The Plan's custodian, Metropolitan Life Insurance Company, has represented that it does not maintain cost information related to plan assets and, accordingly, this information has been omitted.

NOTE: The above data is based on or developed from information certified by Metroplitan Life Insurance Company, the custodian, as complete and accurate.

ATTACHMENT TO SCHEDULE H (FORM 5500), LINE 4i
Schedule of Assets Held for Investment Purposes At End of Year
MAI Systems Corporation Retirement Benefit Plan
EIN: 41-1437794 PN: 003
Plan Year Ending 09/30/2010

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Metropolitan Life Insurance Company	Large Cap Core Equity Fund (Pooled Separate Account #40)	-	842,088
*	Metropolitan Life Insurance Company	Broad Market Bond Fund (Pooled Separate Account #41)	-	863,482

ATTACHMENT TO SCHEDULE H (FORM 5500), LINE 4j
Schedule of Reportable Transactions
MAI Systems Corporation Retirement Benefit Plan
EIN: 41-1437794 PN: 003
Plan Year Ending 09/30/2010

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	**Description of asset (include interest rate & maturity)**	**Purchase price**	**Selling price**	**Lease rental**	**Expense incurred with transaction**	**Cost of asset**	**Current value of asset on transaction date**	**Net gain or loss**
MetLife	Large Cap Core Equity Fund	48,498	0	0	0	48,498	48,498	0
MetLife	Large Cap Core Equity Fund	0	113,814	0	0	0	113,814	0
MetLife	Broad Market Bond Fund	39,681	0	0	0	39,681	39,681	0
MetLife	Broad Market Bond Fund	0	93,121	0	0	0	93,121	0

Plan Sponsor: SoftBrands Manufacturing, Inc.
Plan Name: MAI Systems Corporation Retirement Benefit Plan
EIN: 41-1437794
Plan Number: 003

Schedule SB, line 19 - Discounted Employer Contributions

Valuation Date	10/1/2009			EIR :	6.61%
Date Paid	Amount	Days	Discounting Factor	Late Interest	Discounted Value at 10/1/2009
1/15/2010	$21,576	106	0.98158	$0	$21,179
4/15/2010	$21,576	196	0.96621	$0	$20,847
7/15/2010	$22,700	287	0.95092	$0	$21,586
01/24/2011	$21,576	480	0.91927	$250	$19,584
06/10/2011	$101,385	617	0.89745	$0	$90,988
Total	$188,773				$174,184

Plan Sponsor: SoftBrands Manufacturing, Inc.
Plan Name: MAI Systems Corporation Retirement Benefit Plan
EIN: 41-1437794
Plan Number: 003

Schedule SB, line 22 – Description of Weighted Average Retirement Age

	(1)	(2)	(3)	(4)	(5)	(6)
	Retirement		Cumulative		Retirement	
Age	qx	px	px	= (1) * (3)	Age	= (4) * 5)
55	0.020000	0.980000	1.000000	0.020000	55.0	1.100
56	0.020000	0.980000	0.980000	0.019600	56.0	1.098
57	0.020000	0.980000	0.960400	0.019208	57.0	1.095
58	0.020000	0.980000	0.941192	0.018824	58.0	1.092
59	0.020000	0.980000	0.922368	0.018447	59.0	1.088
60	0.050000	0.950000	0.903921	0.045196	60.0	2.712
61	0.050000	0.950000	0.858725	0.042936	61.0	2.619
62	0.100000	0.900000	0.815789	0.081579	62.0	5.058
63	0.100000	0.900000	0.734210	0.073421	63.0	4.626
64	0.100000	0.900000	0.660789	0.066079	64.0	4.229
65	0.750000	0.250000	0.594710	0.446032	65.0	28.992
66	1.000000	0.000000	0.148677	0.148677	66.0	9.813
67	1.000000	0.000000	0.000000	0.000000	67.0	0.000
Totals:				1.00000		63.521
Total of Column (6) / Total of Column (4), Rounded to nearest age:						64.000

Plan Sponsor: SoftBrands Manufacturing, Inc.
Plan Name: MAI Systems Corporation Retirement Benefit Plan
EIN: 41-1437794
Plan Number: 003

Schedule SB, Part V: Summary of Actuarial Assumptions and Methods

A. Valuation Method

The method of valuation used to calculate the costs of the Plan is the projected unit credit method. Under this method, the normal cost is defined as the actuarial present value of benefits allocated to a valuation year and the actuarial accrued liability is the present value of benefits allocated to all periods prior to a valuation year. In determining the Plan's actuarial accrued liability for a particular Plan Year, the projected benefit of each participant is allocated between past years and future years.

The costs of the Plan are derived by making certain specific assumptions as to the rates of interest, mortality, turnover, and the like, which are assumed to hold for many years into the future. Since actual experience may differ somewhat from the assumptions, the costs determined by the valuation must be regarded as estimates of the true costs of the Plan. Under this method of valuation, any such differences which have occurred since the prior valuation date are reflected in the calculation of the experience gains and losses.

B. Actuarial Assumptions for Funding Purposes

1) Interest Rates as of October 1, 2009:

24-Month Average Interest Rates, July Segment Rates:

First Segment	5.21%
Second Segment	6.74%
Third Segment	6.84%
Effective Interest Rate	6.61%

2) Mortality Table – 2009 IRS Mandated Funding Tables for Annuitant/Non-Annuitant males and females.

3) Retirement Rates are as follows:

Age	Retirement Rates
55-59	2%
60-61	5%
62-64	10%
65	75%
66	100%

Schedule SB, Part V: Summary of Actuarial Assumptions and Methods (cont.)

1) Form of Retirement Benefit – Single life annuity.

2) Expenses –The funding target normal cost is loaded for current plan expenses.

C. Valuation Assets

Funding: The actuarial value of assets is determined by using the average of the Fair Market Value of Assets including receivable contribution (90%-110% of Fair Market Value) including adjustments for expected investment earnings for the current and two prior valuation dates.

D. Employees, Beneficiaries, and Contingent Annuitants Included in the Calculations

Based on employee data received from the Company, the calculations include: (a) all active salaried employees meeting the eligibility requirements on the valuation date as outlined in the Plan summary and (b) all inactive employees and beneficiaries eligible for benefits under the Plan.

E. Internal Revenue Code Section 415 Maximum Benefit Limitations, as Modified

No increases in the Section 415 Maximum Benefit Limitations are assumed for funding purposes.

Plan Sponsor: SoftBrands Manufacturing, Inc.
Plan Name: MAI Systems Corporation Retirement Benefit Plan
EIN: 41-1437794
Plan Number: 003

Schedule SB, Part V: Summary of Plan Provisions and Summary of Actuarial Assumptions and Methods

Date Benefit Accrual Ceased

April 30, 1992.

Effective Date

January 15, 1988. The Plan was restated effective October 1, 2001. The most recent amendment was effective August 5, 2008.

Plan Year

October 1 of any year after 1987 through September 30 of the following year, except that the first Plan Year commenced on January 15, 1988 and ended on September 30, 1988.

Eligibility for Participation

Employees of Sorbus, Inc., prior to January 15, 1988, who became employees of MAI Systems Corporation, entered the Plan on:

1) The Effective Date of the Plan if they were participants in the Sorbus Plan.
2) The first of the month coinciding with or next following the completion of 1,000 Hours of Service during a 12-month period and attainment of age 21.

Compensation

All W-2 compensation from the employer, plus 401(k) deferred compensation and payments made under Section 125 of the Code. However, in no event shall compensation be considered for benefit accrual purposes after the date benefit accrual ceased on April 30, 1992.

Accrued Career Income

The aggregate of the Compensation earned during the Participant's Period of Service. However, in no event shall compensation be considered for this purpose after the date benefit accruals ceased on April 30, 1992.

Period of Service

The period of service during the Participant's employment with the Company, but excluding the period prior to the Effective Date of the Plan. However, in no event shall service be credited for benefit accrual purposes after the date benefit accrual ceased on April 30, 1992.

Vesting Service

One year of Vesting Service for each 12-month period beginning on October 1 and ending on September 30 of the following year, during which the Participant completes at least 1,000 Hours of Service. Years of Service prior to age 18 are excluded.

Schedule SB, Part V: Summary of Plan Provisions (cont.)

Normal Retirement Date

The first of the month coinciding with or next following the date the Participant attains age 65.

Normal Form of Benefit

Straight Life Annuity for unmarried participants; actuarially reduced Joint and 50% Survivor Annuity for married participants.

Normal Retirement

Eligibility - Age 65.

Benefit - The greater of (i) 1% of the Accrued Career Income; and (ii) $100.00 multiplied by the number of years in the Participant's Period of Service (including any fractional years, rounded up to the next highest 1/12 of a year).

Termination Benefit

Eligibility - Five years of Vesting Service.

Accrued Benefit - The portion of the Participant's Normal Retirement Benefit accrued to the date of termination.

Early Retirement

Eligibility - Age 55 and completion of 10 Years of Service during the Participant's Period of Service.

Benefit - For Participants terminating after age 55, the Vested Accrued Benefit at the date of termination, reduced by 6⅔% per year for the first five years that the Early Retirement Date precedes the Normal Retirement Date and reduced 3⅓% per year for the next five years.

Deferred Retirement

Eligibility - Continued employment with the Company after age 65.

Benefit - The Normal Retirement Benefit with service and Compensation accrued to the Participant's **termination date.**

Pre-Retirement Spouse's Benefit

Company-provided, qualified pre-retirement survivor's annuity provided to a married, vested Participant.

Optional Forms of Benefit

Lump sums are payable if under $5,000.

Plan Sponsor: SoftBrands Manufacturing, Inc.
Plan Name: MAI Systems Corporation Retirement Benefit Plan
EIN: 41-1437794
Plan Number: 003

Schedule SB, Line 25 – Change in Method

1) The Funding Target interest rate was changed to the IRS 3-segment rates for the month of July, without transition (5.21%, 6.74% and 6.84%) from the October 2008 Full Yield Curve with an effective interest rate of 7.19%.

2) The Asset Valuation Method was changed to an average of the fair market value of assets, adjusted for expected investment earnings for the current and two prior valuation dates, limited to within 90%-110% of fair market value from Market Value of Assets.

3) In accordance with PPA, the Mortality Table was changed to the 2009 IRS Mandated Mortality Table – a Projection of the RP-2000 Table, from the 2008 IRS Mandated Mortality Table for Funding.

4) Effective with the October 1, 2009 Valuation for the Retirement Plan for Employees of Pacific Maritime Association, Aon Hewitt changed actuarial software from an internal software program to the externally based ProVAL system. In accordance with Announcement 2010-3, this change qualifies for automatic approval since (1) the changes in funding target and target normal cost were each with 2%, (2) the underlying methods were unchanged from those used on the prior year's Schedule SB without regard to methods already receiving automatic approval, (3) the calculations determined with this software are no less accurate than those produced under the prior valuation system, and (4) the change was not made in conjunction with a change in enrolled actuary and actuarial firm.

Plan Sponsor: SoftBrands Manufacturing, Inc.
Plan Name: MAI Systems Corporation Retirement Benefit Plan
EIN: 41-1437794
Plan Number: 003

Schedule SB, line 24 – Change in Actuarial Assumptions

An expense load equal to actual expense paid by the trust in the previous year has been added to the target normal cost.

Plan Sponsor: SoftBrands Manufacturing, Inc.
Plan Name: MAI Systems Corporation Retirement Benefit Plan
EIN: 41-1437794
Plan Number: 003

Schedule SB, line 32 - Schedule of Amortization Bases

The table below lists the Funding Target Shortfall amortization bases included in the calculation of the Plan's Minimum Required Contribution as of October 1, 2009, based on the interest rates selected.

Date Established	Period Remaining	Current Year Present Value Factor	Balance		Annual Payment
			Original	Remaining	
Prior Years' Subtotal					
10/01/2008	6	5.250433	$495,280	$453,139	$86,305
10/01/2009	7	5.926573	$224,018	$224,018	$37,799
Total				$677,157	$124,104

MAI SYSTEMS CORPORATION
RETIREMENT BENEFIT PLAN

FINANCIAL STATEMENTS

YEARS ENDED SEPTEMBER 30, 2010
AND 2009

MAI SYSTEMS CORPORATION RETIREMENT BENEFIT PLAN

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MOQUIST THORVILSON KAUFMANN
KENNEDY & PIEPER LLC
CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

INDEPENDENT AUDITOR'S REPORT

To the Retirement Benefits Committee
MAI Systems Corporation Retirement Benefit Plan
Minneapolis, Minnesota

We were engaged to audit the financial statements of the MAI Systems Corporation Retirement Benefit Plan (the Plan) as of and for the years ended September 30, 2010 and 2009 and the supplemental schedules as of September 30, 2010, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Metropolitan Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that Metropolitan Life Insurance Company holds the Plan's assets and executes investment transactions. The plan administrator has obtained a certification from Metropolitan Life Insurance Company as of and for the years ended September 30, 2010 and 2009, that the information provided to the plan administrator by the custodian is complete and accurate.

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

The supplemental schedules of assets (held at end of year) and reportable transactions as of or for the year ended September 30, 2010, that accompany the Plan's financial statements, do not disclose the historical cost of certain plan assets held by the Plan's custodian and assets sold during the year. Disclosure of this information is required by the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Moquist Thorvilson Kaufmann Kennedy & Pieper LLC

Edina, Minnesota
July 12, 2011

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
September 30, 2010 and 2009

	2010	2009
ASSETS		
Investments, at fair value	$ 1,705,570	$ 1,688,853
Employer contribution receivable	122,961	22,327
Total assets	1,828,531	1,711,180
LIABILITIES		
Benefits payable	-	288
Net assets available for benefits	$ 1,828,531	$ 1,710,892

See notes to financial statements.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended September 30, 2010 and 2009

	2010	2009
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	$ 89,686	$ (107,941)
Interest and dividend income	56,419	62,553
Net investment income (loss)	146,105	(45,388)
Contributions:		
Employer contributions	188,813	89,308
Deductions:		
Distributions to plan participants	169,612	158,599
Administrative expenses	47,667	77,907
Total deductions	217,279	236,506
Net increase (decrease)	117,639	(192,586)
Net assets available for benefits:		
Beginning of year	1,710,892	1,903,478
End of year	$ 1,828,531	$ 1,710,892

See notes to financial statements.

NOTES TO FINANCIAL STATEMENTS
Years Ended September 30, 2010 and 2009

1 DESCRIPTION OF PLAN

The following description of the MAI Systems Corporation Retirement Benefit Plan (the Plan), formerly the MAI Basic Four, Inc. Retirement Benefit Plan, provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit plan sponsored and funded by SoftBrands, Inc. (collectively the Company or Sponsor) for the purpose of providing retirement benefits for all eligible employees. SoftBrands, Inc. acquired MAI Systems Corporation (MAI) effective August 14, 2006. The Plan became effective January 15, 1988, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan covers all eligible employees of MAI.

The operations of the Plan are directed by a plan administrator, appointed by the Board of Directors or Benefits Committee of the Company. The custodian of the Plan is Metropolitan Life Insurance Company (MetLife or the Custodian).

Eligibility and Vesting

In 1988, MAI purchased Sorbus, which had an existing defined benefit plan (the Sorbus Plan). Each employee who was a participant in the Sorbus Plan on or before January 14, 1988, and became an employee of MAI on January 15, 1988, became a participant in the Plan as of January 15, 1988. Employees who were not previously enrolled in the Sorbus Plan became eligible in the first year after they had attained 21 years of age during or after the first year of service and completed 1,000 hours of service, provided they were employed by Sorbus prior to the acquisition of MAI.

The Plan's management and Sponsor's Board of Directors elected to freeze the accrual of plan benefits as of April 30, 1992. Therefore, no further benefits accrued after April 30, 1992. All participants continued to vest in their benefits subsequent to the plan benefit freeze. As of September 30, 1995, all participants were 100 percent vested. Although the accrual of benefits has been frozen, the Sponsor will remain responsible for future funding obligations as required by ERISA. The amount of funding will depend upon the value of the Plan's assets in relation to its obligations.

Funding

The Company has voluntarily established the Plan and has agreed to make annual contributions to the Plan that will be sufficient to provide pension benefits to participants. The Company's funding policy is to make quarterly contributions and a final adjusting contribution to the Plan each year as necessary to meet the funding requirements of ERISA. The Company's annual contributions to the Plan are calculated by applying actuarial assumptions to adjust the accumulated plan benefits for the time value of money and the probability of payment. These actuarial assumptions are anticipated to reflect actual future experience and are reviewed periodically and adjusted as necessary. The actuarial cost method and significant assumptions underlying this estimate are set forth in Note 4. The Company's contribution for 2010 and 2009 met the minimum funding requirements of ERISA.

Payment of Benefits

Upon retirement on or after the normal retirement date (the participant's 65th birthday), a participant shall be entitled to receive a lifetime annual pension, payable monthly or distributed as a lump-sum if the lump-sum does not exceed $5,000, where the annual pension amount is equal to the greater of:

(i) One percent of the participant's total career income while an employee of MAI, or
(ii) One hundred dollars multiplied by the number of years in the participant's period of service accumulated while an employee of MAI.

If an employee is eligible for and elects early retirement (the participant's 55th birthday with 10 years of vesting), the employee's benefit will be reduced to account for the change in retirement date.

If a married participant who is vested in any portion of his accrued benefit should die prior to the retirement pension starting date, the spouse shall be entitled to receive a pre-retirement survivor annuity. The annuity will be distributed to the spouse as a lump-sum distribution if the amount of such distribution does not exceed $5,000. The spouse may elect to receive a lump-sum distribution rather than monthly annuity payments if the distribution is over $5,000.

If a married participant should die subsequent to the retirement pension starting date, the spouse shall be entitled to receive a survivor annuity in either a lump-sum distributions or monthly annuity payments.

Administrative Expenses

The Plan's administrative expenses, including custodial, consulting, actuarial and accounting fees, are paid from plan assets.

NOTES TO FINANCIAL STATEMENTS
Years Ended September 30, 2010 and 2009

2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities at the date of the financial statements, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

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 have occurred since September 30, 2010, or will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimates 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.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date. Realized gains and losses related to sales of investments are recorded on a trade-date basis and unrealized gains and losses are recorded based on the fair values at the end of the reporting period.

Net Appreciation (Depreciation) in Fair Value of Investments

The statement of changes in net assets available for benefits includes the net appreciation (depreciation) in the fair value of investments which consists of the realized gains or losses on investments sold and the change in unrealized appreciation (depreciation) on held investments.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

3 FAIR VALUE MEASUREMENTS

Generally accepted accounting principles (GAAP) provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value:

Pooled separate accounts: Valued at the unit value based on the number of participant units held by the Plan at year end. Unit value is calculated based on the observable net asset value of the underlying investment (mutual funds), marked-to-market on a daily basis.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of September 30:

	2010			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts:				
Equity	$ 842,088	$ -	$ -	$ 842,088
Bonds	863,482	-	-	863,482
Total	$ 1,705,570	$ -	$ -	$ 1,705,570

	2009			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts:				
Equity	$ 839,788	$ -	$ -	$ 839,788
Bonds	849,065	-	-	849,065
Total	$ 1,688,853	$ -	$ -	$ 1,688,853

4 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the services employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) beneficiaries of employees who have died.

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

Significant assumptions underlying the actuarial computation as of October 1, 2009, the benefit information date, are as follows:

Actuarial cost method:	Project Unit Credit Method
Retirement age:	Age 65
Rate of investment return:	8.00 percent
Life expectancy of participants:	2009 IRS Mandated Funding Tables

At October 1, 2009 (beginning of Plan fiscal year), the present value of accumulated plan benefits was as follows:

Actuarial present value of accumulated plan benefits:		
Participants and beneficiaries currently receiving benefits	$	1,588,555
Other participants		970,486
Total actuarial present value of accumulated plan benefits	$	2,559,041

The changes in the actuarial present value of accumulated plan benefits from the October 1, 2008 valuation to the October 1, 2009 valuation were as follows:

Actuarial present value of accumulated plan benefits, October 1, 2008	$	2,397,722
Increase (decrease) during the year attributable to:		
Benefits paid		(158,599)
Increase for interest due to decrease in discount period		166,695
Changes in actuarial assumptions		121,303
Other		31,920
Actuarial present value of accumulated plan benefits, October 1, 2009	$	2,559,041

NOTES TO FINANCIAL STATEMENTS
Years Ended September 30, 2010 and 2009

5 INVESTMENTS

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by the Custodian, except for comparing such information certified by the Custodian to information included in the Plan's financial statements and supplemental schedules.

The Custodian has provided the plan administrator with a certification as to the completeness and accuracy of the net assets available for plan benefits aggregating $1,705,570 and $1,688,853 at September 30, 2010 and 2009, respectively, and the related net appreciation (depreciation) in fair value of investments of $89,686 and $(107,941) and interest and dividends of $56,419 and $62,553 for the years ended September 30, 2010 and 2009, respectively. Such amounts are included in the accompanying financial statements and supplemental schedules based on the certification from the Custodian.

The following table presents the fair values of investments that represent 5 percent or more of the Plan's net assets at September 30:

	2010	2009
Metropolitan Life Insurance Company Large Cap Core Equity Fund (Pooled Separate Account No. 40)	$ 842,088	$ 839,788
Metropolitan Life Insurance Company Broad Market Bond Fund (Pooled Separate Account No. 41)	863,482	849,065
	$ 1,705,570	$ 1,688,853

6 PLAN TERMINATION

Although the Company has not expressed any intent to terminate the Plan, it may do so at any time. If such a termination were to occur, the net assets of the Plan would be allocated in accordance with the statutory priorities set forth by ERISA Section 4044 and regulations promulgated in the Plan. Any funds remaining in the Plan after satisfaction of all liabilities to plan participants shall be returned to the Company.

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

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, and it may also depend on the level of benefits guaranteed by the PBGC.

7 FEDERAL INCOME TAXES

The Plan obtained its latest determination letter on November 19, 2002, in which the Internal Revenue Service (IRS) stated that the Plan, as designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving its determination letter. However, the plan administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of September 30, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability of disclosure in the financial statements. The Plan is subject to audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

8 PARTIES-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. The Plan's custodian is Metropolitan Life Insurance Company. The Plan's investments were units of pooled separate accounts managed and/or held by MetLife; therefore, these transactions qualified as parties-in-interest transactions.

9 SUBSEQUENT EVENTS

Plan management has evaluated subsequent events through July 12, 2011, the date the financial statements were available to be issued, for potential recognition or disclosure in the financial statements.

SUPPLEMENTAL INFORMATION

SCHEDULE H, PART IV, LINE 4(i) -
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
September 30, 2010
Plan Number: 003 Plan Sponsor EIN: 41-1437794

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	(d) Cost **	(e) Current Value
*	Metropolitan Life Insurance Company	Large Cap Core Equity Fund (Pooled Separate Account No. 40)		$ 842,088
*	Metropolitan Life Insurance Company	Broad Market Bond Fund (Pooled Separate Account No. 41)		863,482
				$ 1,705,570

* Represents party-in-interest

** The Plan's custodian, Metropolitan Life Insurance Company, has represented that it does not maintain cost information related to plan assets and, accordingly, this information has been omitted.

NOTE: The above data is based on or developed from information certified by Metropolitan Life Company, the custodian, as complete and accurate.

SCHEDULE H, PART IV, LINE 4(j) -
SCHEDULE OF REPORTABLE TRANSACTIONS
September 30, 2010
Plan Number: 003 Plan Sponsor EIN: 41-1437794

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred in transaction	(g) Cost of asset	(h) Current value at transaction date	(i) Net gain (loss)
5% series transactions:								
Metropolitan Life Insurance Company	Large Cap Core Equity Fund	$ 48,498	$ -	$ -	$ -	$ 48,498	$ 48,498	$ -
Metropolitan Life Insurance Company	Large Cap Core Equity Fund	-	113,814	-	-	**	113,814	-
Metropolitan Life Insurance Company	Broad Market Bond Fund	39,681	-	-	-	39,681	39,681	-
Metropolitan Life Insurance Company	Broad Market Bond Fund	-	93,121	-	-	**	93,121	-

* Represents party-in-interest

** The Plan's custodian, Metropolitan Life Insurance Company, has represented that it does not maintain cost information related to plan assets and, accordingly, this information has been omitted.

NOTE: The above data is based on or developed from information certified by Metroplitan Life Insurance Company, the custodian, as complete and accurate.

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	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.

A Name of plan	B Three-digit plan number (PN) ▶	003
MAI Retirement Plan		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer Identification Number (EIN)	
SoftBrands Manufacturing, Inc.	41-1437794	

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 10 Day 1 Year 2009

2	Assets:			
	a Market value	2a		1,710,836
	b Actuarial value	2b		1,881,920
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a	123	1,588,555
	b For terminated vested participants	3b	67	970,486
	c For active participants:			
	(1) Non-vested benefits	3c(1)		0
	(2) Vested benefits	3c(2)		0
	(3) Total active	3c(3)	0	0
	d Total	3d	190	2,559,041
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions	4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5		6.61 %
6	Target normal cost	6		50,000

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	Date: 07/14/2011
Frederick N. Heidorn	Type or print name of actuary	Most recent enrollment number: 11-00375
Aon Hewitt	Firm name	Telephone number (including area code): (213) 630-2900
707 Wilshire Blvd. Suite 2600 Los Angeles CA 90017-3720	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 [ ]

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

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

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A Name of plan: MAI Retirement Plan

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF: SoftBrands Manufacturing, Inc.

D Employer Identification Number (EIN): 41-1437794

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

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	d Total	**3d**	190	2,559,041
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions		**4a**	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor		**4b**	
5	Effective interest rate		**5**	6.61 %
6	Target normal cost		**6**	50,000

Statement by Enrolled Actuary

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SIGN HERE

Signature of actuary — Date: 07/14/2011

Frederick N. Heidorn — Type or print name of actuary

11-00375 — Most recent enrollment number

Aon Hewitt — Firm name

(213)630-2900 — Telephone number (including area code)

707 Wilshire Blvd. Suite 2600

Los Angeles CA 90017-3720 — Address of the firm

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	1,036	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	999	0
9	Amount remaining (Item 7 minus item 8)	37	0
10	Interest on item 9 using prior year's actual return of (2.49) %	(1)	
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 7.19 %		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)	36	0

Part III Funding percentages

14	Funding target attainment percentage	14	73.53 %
15	Adjusted funding target attainment percentage	15	73.53 %
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	79.38 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/15/2010	21,576				
04/15/2010	21,576				
07/15/2010	22,700				
01/24/2011	21,576				
06/10/2011	101,385				
			Totals ▶ 18(b)	188,813	18(c) 0

19	Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	174,184

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.21 %	6.74 %	6.84 %	

b Applicable month (enter code)	**21b**	3
22 Weighted average retirement age	**22**	64

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**	50,000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	677,157	124,104
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	**34**	174,104

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	36	0	36

36 Additional cash requirement (item 34 minus item 35)	**36**	174,068
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	174,184
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	116
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