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

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
AMERICAN BAKERY COMPANY 401K PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1982

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
OAKHURST INDUSTRIES, INC
FREUND BAKING COMPANY

2050 TUBEWAY
CITY OF COMMERCE, CA 90040-1624

2b Employer Identification Number (EIN)
95-3641353

2c Sponsor's telephone number
323-724-3000

2d Business code (see instructions)
311800

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2011	JAMES FREUND
	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")
OAKHURST INDUSTRIES, INC DBA FREUND BAKING COMPANY

2050 TUBEWAY
CITY OF COMMERCE, CA 90040-1624

3b Administrator's EIN
95-3641353

3c Administrator's telephone number
323-724-3000

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**	403
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**	419
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	31
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	450
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	450
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	449
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	8
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:
2E 2J 2F 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	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)		**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)		0	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)	X		**G** (Financial Transaction Schedules)

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.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
AMERICAN BAKERY COMPANY 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OAKHURST INDUSTRIES, INC

D Employer Identification Number (EIN)
95-3641353

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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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)

SANFORD C. BERNSTEIN & CO., INC.

13-4132953

(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?
19	NONE	23011	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BENEFIT PLANNING INC.

4640 ADMIRALTY WAY
NINTH FLOOR
MARINA DEL REY, CA 90292

95-3794697

(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?
13	NONE	8700	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 G (Form 5500)	Financial Transaction Schedules	OMB No. 1210-0110
Department of Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan:
AMERICAN BAKERY COMPANY 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OAKHURST INDUSTRIES, INC

D Employer Identification Number (EIN):
95-3641353

Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible

Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
PLEASE SEE ATTACHED-			

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
AMERICAN BAKERY COMPANY 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OAKHURST INDUSTRIES, INC

D Employer Identification Number (EIN)
95-3641353

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	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	400000	400000
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)		48484
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	637276	3816801
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1694480	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	29808	13089
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1130468	252700
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	3892032	4531074
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3892032	4531074

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)	400000	
	(B) Participants	2a(1)(B)	92020	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		492020
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1712	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	2023	
	(F) Other	2b(1)(F)	48484	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		52219
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	6283	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		6283
	(3) Rents	2b(3)		313207
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-175557	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-175557
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		688172
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	34871	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		34871
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		14259
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		49130
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		639042
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: PIAZZA, DONNELLY AND MARLETTE, LLP (2) EIN: 33-0783700

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		298768
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	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

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
AMERICAN BAKERY COMPANY 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OAKHURST INDUSTRIES, INC

D Employer Identification Number (EIN)
95-3641353

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): 91-1973415

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 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):

AMERICAN BAKERY COMPANY 401(k) PROFIT SHARING PLAN

AUDITED FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

As of December 31, 2010 and 2009

with

INDEPENDENT AUDITORS' REPORT THEREON

PDM
Piazza, Donnelly & Marlette, LLP
Certified Public Accountants

AMERICAN BAKERY COMPANY 401(k)
PROFIT SHARING PLAN

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PDM
Piazza, Donnelly
& Marlette, LLP
Certified Public Accountants

Dana N. Piazza, CPA
Scott J. Donnelly, CPA
L. G. Marlette Jr., CPA
Hank Parker, CPA
Anthony P. Bozanic, CPA
Stephen B. Love, CPA/PFS, CFP®

Independent Auditors' Report

To the Sponsor of the
American Bakery Company Inc. 401(k) Profit Sharing Plan

We have audited the accompanying statements of net assets available for benefits of the American Bakery Company 401(k) Profit Sharing Plan (the "Plan") as of December 31, 2010 and 2009, and the related statement of changes in net assts available for benefits for the year ended December 31, 2010. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2010 and 2009, and the changes in net assets available for benefits for the year ended December 31, 2010, in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules of non-exempt transactions, assets (held at end of year) and reportable transactions are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplemental information required by the Department of Labor's Rule and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedules are the responsibility of the Plan's management. The supplemental schedules have been subjected to the auditing procedures applied in the audit of basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Piazza, Donnelly & Marlette, LLP

Torrance, CA
October 3, 2011

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Suite 150

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San Pedro, CA 90731

AMERICAN BAKERY COMPANY 401(k)
PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF THE YEAR ENDED DECEMBER 31,

	2010	2009
INVESTMENTS, at fair value		
Interest-bearing cash	$ 3,816,801	$ 637,276
Common stock	-	1,694,480
Registered investment companies	252,700	1,130,468
	4,069,501	3,462,224
RECEIVABLES		
Sponsor contributions	400,000	400,000
Notes receivable from participants	13,089	29,808
Interest receivable from Sponsor	48,484	-
	461,573	429,808
NET ASSETS AVAILABLE FOR BENEFITS	$ 4,531,074	$ 3,892,032

The accompanying notes are an integral part of these financial statements

AMERICAN BAKERY COMPANY 401(k) PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2010

ADDITIONS TO NET ASSETS ATTRIBUTABLE TO:	
CONTRIBUTIONS	
Participant	$ 92,020
Sponsor	400,000
	492,020
INVESTMENT INCOME	
Dividends	6,283
Interest on interest bearing cash	1,712
	7,995
INTEREST ON NOTES RECEIVABLE FROM PARTICIPANTS	2,023
OTHER	
Interest income from Sponsor	48,484
Rental income from investment in related party	313,207
	361,691
TOTAL ADDITIONS	863,729
DEDUCTIONS FROM NET ASSETS ATTRIBUTABLE TO:	
Net change in fair value of investments	175,557
Benefits paid to participants	34,871
Interest expense on debt from related party	14,259
TOTAL DEDUCTIONS	224,687
NET CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	639,042
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	3,892,032
NET ASSETS AVAILABLE FOR BENEFITS, end of year	$ 4,531,074

The accompanying notes are an integral part of these financial statements

NOTE 1 - DESCRIPTION OF PLAN

The following description of the American Bakery Company 401(k) Profit Sharing Plan (the "Plan") provides only general information about the Plan. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General - The Plan, as amended, is a defined contribution plan originally established by Oakhurst Industries Inc. dba Freund Baking Company (the "Company" and the "Sponsor") on January 1, 1982. The Plan was formed for the benefit of the Company's employees, under the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and subsequent amendments. The Plan covers all employees of the Company.

On March 11, 2010, the Company formed American 2050 Tubeway, LLC (the "LLC"), a California limited liability company, of which the Plan became the sole member. The LLC was organized for the purpose of holding commercial real estate investments. As of December 31, 2010, the LLC had no assets and liabilities, and the Plan's investment in the LLC was zero (Note 5).

Plan Administration - The Company and certain members of management are collectively the Plan's trustee ("Trustee") and the Plan's administrator ("Administrator"), and are responsible for monitoring investments and maintaining the individual participant account balances. Charles Schwab and Co., Inc. and Alliance Bernstein are the custodians ("Custodians") of the Plan's assets. On February 9, 2011, the Plan replaced one of its custodians, Alliance Bernstein, and transferred the entire investment balance from Alliance Bernstein to Beacon Pointe Advisors. Over 80% of the transferred funds were reinvested in equity funds. Benefit Planning, Inc. is the Third Party Administrator (the "TPA") of the Plan.

Eligibility - Employees are eligible to make contributions to the Plan provided they were employed on the last day of the Plan year and have completed at least 1,000 hours of service during the twelve month period immediately following their date of hire. Employees may enter the Plan on the first day of the month subsequent to meeting the eligibility requirements. Employees who are members of a union that bargained separately for retirement benefits are excluded from participation.

NOTE 1 - DESCRIPTION OF PLAN, continued

Contributions - Each participant may elect to contribute a prescribed percentage of his or her compensation to the Plan. For employees who elect to participate, such percentage shall not exceed 75% of compensation, as defined under the Plan, subject to certain Internal Revenue Code ("IRC") limitations. Eligible employees who will reach age 50 or older who have met the annual IRC deferral limit or the specified Plan limits for the deferral period may contribute a catch-up contribution in accordance with provisions of the IRC. Such catch-up contributions are not taken into account for purposes of calculating matching contributions (see below). Participants may also rollover amounts representing distributions from other qualified plans. All contributions to each participant's account are self-directed by the participant in one or more of the investments offered under the Plan.

Sponsor Contributions - The Plan document permits the Company to make discretionary matching contributions to participants' accounts on an annual basis, as defined by the Plan. The Company makes a lump-sum contribution per recommendation made by the Third Party Administrator. Employer matching contributions were $400,000 each for the years ended December 31, 2010 and 2009, respectively.

Participants' Accounts - Individual accounts are maintained for each of the Plan's participants to reflect the participant's contributions and related employer contributions, as well as each participant's share of the Plan's income and any related administrative expenses. Allocations of the Plan income and expenses are based on the proportion that each participant's account balance has to the total of all participant account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are fully vested in their contributions and earnings thereon. Vesting in employer matching, qualified non-elective, and discretionary non-elective contributions is based on years of continuous service. Participants vest in accordance with the following schedule:

Years of Service	Vested Percentage
0 ─ 1	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Payment of Benefits - Upon termination of service including death, disability or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account. These payments may be paid in a lump sum payment or paid in installments over time.

NOTE 1 - DESCRIPTION OF PLAN, continued

Hardship Withdrawals - A withdrawal from a participants' account may be permitted if the participant has a financial hardship for certain specific reasons as defined in the Plan document, subject to limitations in the Internal Revenue Code (the "IRC"). There were no hardship withdrawals for the year ended December 31, 2010.

Forfeited Amounts - Forfeited amounts from terminating participant's non-vested accounts are used to reduce employer contributions or pay for Plan expenses. Forfeitures of $8,988 were reallocated to Plan participants for the year ended December 31, 2010.

Plan Termination - Although it has not expressed any intent to do so, the Company has the right under the Plan agreement to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA and the IRC. In the event of Plan termination, participants become 100% vested in their account balances.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation - The accompanying financial statements have been prepared on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America ("GAAP") consistent with reporting in the Form 5500.

Use of Estimates - The preparation of the financial statements in conformity with GAAP requires the Plan's management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Cash and Cash Equivalents - The Plan considers all highly liquid investments with an original maturity of three months or less to be cash equivalents. Cash and cash equivalents include money market funds.

The Plan maintains cash and cash equivalents with what management believes are high-credit quality financial institutions. At times, the Plan's balances in these financial institutions may exceed federally insured limits. The Plan has not experienced any losses in these accounts, and management believes the Plan is not exposed to any significant credit risk with respect to cash and cash equivalents.

Valuation of Investments - 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 (Note 3).

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, continued

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

The Plan provides for investment in various combinations of common stocks, interest-bearing money market accounts, and investments in portfolio entities (Note 3). The investments are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of the investments, it is at least reasonably possible that changes in risks in the near term would materially affect participant account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

Realized and Unrealized Appreciation (Depreciation) - Realized and unrealized appreciation (depreciation) is based on the contract and market values of the assets at the end of the Plan year compared to the contract and market values of the assets at the beginning of the Plan year, or at the time of purchase for assets purchased/exchanged during the Plan year. In the Statement of Changes in Net Assets Available for Benefits, the Plan presents the net appreciation or depreciation in the fair value of investments, which consists of realized gains or losses and unrealized market value appreciation or depreciation of investments.

Fair value measurements - The Plan measures fair value under a framework that 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 inputs which prioritize the inputs used in measuring fair value are:

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.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, continued

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

An 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.

When the Plan changes its valuation inputs for measuring financial assets and liabilities at fair value, either due to changes in current market conditions or other factors, it may need to transfer those assets or liabilities to another level in the hierarchy based on the new inputs used. The Plan recognizes these transfers at the end of the reporting period that the transfers occur. For the years ended December 31, 2010 and 2009, there were no significant transfers of financial assets or liabilities between the hierarchy levels.

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued by unpaid interest. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document. Participants may borrow from their accounts a minimum of $1,000 up to a maximum of the lesser of $50,000 or 50% of their vested account balance. The notes are secured by the balance in the participant's account and must be repaid at a fixed interest rate, determined by the Sponsor to be commensurate with prevailing rates for similar notes. Notes outstanding at December 31, 2010 and 2009 bear interest at rates ranging from 6 – 7%, and mature through 2015. Generally, notes must be repaid within 5 years unless the note is for the purchase of a principal residence.

Participant Distributions - Benefits paid to participants are recorded when paid. There were no participant distribution requests outstanding at December 31, 2010.

Operating Expenses - All expenses of maintaining the Plan are paid for by the Sponsor, a party-in-interest.

Income Taxes - GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. The Sponsor has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Sponsor believes it is no longer subject to income tax examination for years prior to 2007.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, continued

Subsequent Events - Subsequent events have been evaluated by the Company through October 3, 2011, which is the date these financial statements were issued. On February 9, 2011, the Plan replaced one of its custodians, Alliance Bernstein, with Beacon Pointe Advisors. No subsequent events have arisen other than those described herein that would require disclosure in these financial statements.

NOTE 3 - FAIR VALUE OF FINANCIAL INSTRUMENTS

The following is a description of the valuation methodologies used for the investments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy.

Interest bearing cash
The carrying value approximates fair value and is classified as a Level 1 financial instrument.

Registered investment companies
The shares in registered investment companies are valued at quoted market prices in an exchange and active market, which represents the net asset values of shares held by the Plan at year end and are classified as Level 1 investments.

Common Stock
Shares in common stock are valued at stated at fair value based upon quoted prices on a recognized securities exchange and are valued at the last reported sales price on the last day business day of the Plan year. Investments in common stock are classified as Level 1 instruments.

As of December 31, 2010, the Plan's investments measured at fair value on a recurring basis were as follows:

	Fair Value Measurements Using			
	Level 1	**Level 2**	**Level 3**	**Total**
Registered investment companies				
Equity funds	$ 252,700	$ -	$ -	$ 252,700
Interest-bearing cash	3,816,801	-	-	3,816,801
	$ 4,069,501	$ -	$ -	$ 4,069,501

NOTE 3 - FAIR VALUE MEASUREMENTS, continued

As of December 31, 2009, the Plan's investments measured at fair value on a recurring basis were as follows:

	Fair Value Measurements Using			
	Level 1	**Level 2**	**Level 3**	**Total**
Common Stock				
Capital equipment	$ 112,882	$ -	$ -	$ 112,882
Consumer cyclicals	138,530	-	-	138,530
Consumer growth	358,484	-	-	358,484
Consumer staples	68,205	-	-	68,205
Energy	188,688	-	-	188,688
Financial	324,498	-	-	324,498
Industrial commodities	81,320	-	-	81,320
Non-financial	26,228	-	-	26,228
Services	8,058	-	-	8,058
Technology	326,921	-	-	326,921
Utilities	60,666	-	-	60,666
	1,694,480	-	-	1,694,480
Registered investment companies				
Equity funds	1,130,468	-	-	1,130,468
Interest-bearing cash	637,276	-	-	637,276
	$ 3,462,224	$ -	$ -	$ 3,462,224

NOTE 4 - INVESTMENTS

The Custodians hold the Plan's investments and execute the investments and other transactions of the Plan. The following summary of the Plan's investments which exceeded 5% of net assets available for benefits as of December 31, 2010 and 2009 was derived from information prepared by the Custodian of the Plan and furnished to the Sponsor. The Sponsor has obtained a certification from the Custodian that such information is complete and accurate (see Note 5).

	December 31,	
	2010	2009
Alliance Bernstein International Portfolio	**	$ 775,624
Alliance Bernstein Emerging Markets Portfolio	**	$ 354,844
Dynamic Gold and Precious Metals	$ 252,700	**
Charles Schwab interest bearing cash	$ 3,816,801	$ 637,276

** Investment option was less than 5% of net assets or was unavailable at the respective date.

During 2010, the Plan's investments in mutual funds, interest-bearing cash, common stock, and private equity, (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by $175,557.

NOTE 5 - TAX STATUS AND PARTY-IN-INTEREST TRANSACTIONS

The Plan obtained its latest determination letter on August 24, 2004, in which the Internal Revenue Service (the "IRS") stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended and restated since receiving the determination letter. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification.

The Plan has identified certain prohibited party-in-interest transactions. A prohibited transaction requires the Sponsoring Company or its principal owner to make the Plan whole for any monetary loss. Prohibited transactions under the IRS subject the Sponsoring Company or its shareholder to the payment of excise tax. The Sponsoring Company or its shareholder may be liable to reimburse the Plan for lost earnings by the Department of Labor. As of October 3, 2011, the Sponsor is working with the Plan's ERISA counsel to correct the prohibited transactions. However, as no determination has been made and potential lost earnings are not presently estimatable, the Plan has not recorded a receivable from the Sponsor for any potential liabilities. All costs associated with the corrections will be the responsibility of the Sponsor.

The Sponsor and ERISA counsel assent that the tax qualified status of the Plan, as amended and restated, and the related trust will remain tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 5 - TAX STATUS AND PARTY-IN-INTEREST TRANSACTIONS, continued

Custodians - The Plan invests in money market and mutual funds managed by the Custodians. Custodian transactions qualify as party-in-interest transactions for which a statutory exemption exists. For the year ended December 31, 2010, all expenses of maintaining the Plan were paid for by the Sponsor, a party-in-interest.

Loans to the Sponsor - During the year ended December 31, 2004, the Administrator, who is also an officer and 100% shareholder of the Company, borrowed $550,000 from the Plan. The $550,000 was repaid on December 31, 2004. The removal and use of these funds by a Plan fiduciary under the IRC and ERISA is considered a prohibited transaction. The Department of Labor, determined that $21,164 was outstanding as interest on the loan owed to the Plan, payable on or about August 10, 2011. The Sponsor restored the entire outstanding interest to the Plan on August 9, 2011.

During the year ended December 31, 2004, a $50,000 participant note was made to the Sponsor who is also an officer and 100% shareholder of the Company. The loan was not documented in accordance with the terms of the Plan and/or the Plan's participant loan policy relating to notes receivable from participants at inception. The $50,000 was repaid prior to December 31, 2008. The note is considered a defective loan under the IRC and ERISA, and is a prohibited transaction. The Department of Labor, determined that $27,320 was outstanding as interest on the loan owed to the Plan, payable on or about August 10, 2011. The Sponsor restored the entire outstanding interest to the Plan on August 9, 2011.

These amounts that were due to the Plan from the Sponsor as of December 31, 2010, are reported as interest receivable from the Sponsor on the Statement of Net Assets Available for Benefits. In accordance with the IRC, the Sponsor shall also report and pay to the IRS all excise taxes that may be applicable with respect to the loan.

Investment in LLC - On March 11, 2010, the Company formed a single member Limited Liability Company, American 2050 Tubeway, LLC (the "LLC"), wherein the Plan is the single member, for the purpose of investing in commercial real property located at 2050 Tubeway Avenue in Commerce, California (the "Property"). The Property was previously being leased by the Sponsor from an unrelated third party. During March 2010, the Plan invested $3,435,000 in the LLC for the purchase of the property (the "Investment"). The LLC rented the Property to the Sponsor on a month-to-month basis. In accordance with the provisions of the Investment, the Plan collected the rents associated with the Property of $37,334 per month. Rental income was $313,027 for the year ended December 31, 2010. This amount is reflected as other income on the accompanying Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2010.

NOTE 5 - TAX STATUS AND PARTY-IN-INTEREST TRANSACTIONS, continued

On December 15, 2010, the LLC sold the property to 2050 Tubeway, LLC, a related party owned by the Company. From the sale, the Plan recovered its entire investment of $3,435,000 in the LLC. As of December 31, 2010, the Plan's investment in the LLC was $0 as the LLC had no assets or liabilities as of December 31, 2010.

On March 15, 2010, the Plan entered into a note payable agreement for $585,000 with the Freund Bakery Retirement Plan, which is related through common sponsorship, bearing interest at 3.25% and maturing on December 15, 2010, for purposes of the investment in the LLC. On December 16, 2010, the Plan repaid the $585,000 note. Interest expense related to the note for the year ended December 31, 2010 was $14,259.

As aforementioned, the Company is currently working with the Plan's ERISA counsel to complete the correction process with the applicable government agencies.

NOTE 6 - RISKS AND UNCERTAINTIES

The Plan provides for investments in any combinations of mutual funds, interest-bearing cash, common stock, and private equity, with different investment strategies. These investments are exposed to various risks, such as interest rate, market and credit risks. In addition, the Plan invests in a limited partnership that primarily invests in commercial real estate. Due to the level of risk associated with certain investments and the level of uncertainty related to the changes in the value of these investments, it is at least reasonably possible that changes in risks in the near term would materially affect participants account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

SUPPLEMENTAL SCHEDULES

AMERICAN BAKERY COMPANY 401(k)
PROFIT SHARING PLAN

SCHEDULE OF NON EXEMPT TRANSACTIONS
SCHEDULE G, PART III
EIN: 95-3641353, PLAN NO. 001
DECEMBER 31, 2010

(a) Identity of Party Involved	(b) Relationship to Plan, employer or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collaterial, par or maturity value	(d) Purchase Price	(e) Selling Price	(f) Lease Rental	(g) Expense Incurred With Transaction	(h) Cost of Asset	(i) Current Value of Asset on Transaction Date	(j) Net Gain (Loss)
Oakhurst Industries, Inc.	Sponsor	Real property at 2050 Tubeway, Commerce, California, leased to Sponsor	$ -	$ -	$ 313,027	$ -	$ -	$ 313,027	$ 313,027
American 2050 Tubeway, LLC	Plan is sole member of American 2050 Tubeway, LLC	Investment in real property at 2050 Tubeway, Commerce, California, that was earlier leased from a third party by the Sponsor	$ 3,435,000	$ -	$ -	$ -	$ 3,435,000	$ 3,435,000	$ -
American 2050 Tubeway, LLC	Plan is sole member of American 2050 Tubeway, LLC	Return on investment upon sale of property at 2050 Tubeway, Commerce, California	$ -	$ 3,435,000	$ -	$ -	$ 3,435,000	$ 3,435,000	$ -
Freund Bakery Retirement Plan	Common Plan Sponsor	Origination of note payable for investment in property at 2050 Tubeway, Commerce, California; 3.25% interest, matured December 15, 2010	$ 585,000	$ -	$ -	$ -	$ 585,000	$ 585,000	$ -
Freund Bakery Retirement Plan	Common Plan Sponsor	Repayment of note payable; 3.25% interest, matured December 15, 2010	$ -	$ -	$ -	$ 585,000	$ -	$ -	$ -
Freund Bakery Retirement Plan	Common Plan Sponsor	Interest expense at 3.25% on loan matured December 15, 2010	$ -	$ -	$ -	$ 14,259	$ -	$ -	$ (14,259)

SCHEDULE OF ASSETS HELD AT END OF YEAR
SCHEDULE H, PART IV, ITEM 4(i)
EIN: 95-3641353, PLAN NO. 001
DECEMBER 31, 2010

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
	Interest-bearing cash			
*	Charles Schwab	Money market sweep account	$3,815,943	$3,815,943
*	Alliance Bernstein	Interest earning cash account	858	858
	Total interest-bearing cash		$3,816,801	$3,816,801
	Investments in registered investment companies			
*	Charles Schwab	Dynamic Gold and Precious Metals, 10,028 shares of equity funds	$ 201,654	$ 252,700
*	Notes receivable from participants	Interest at 6% - 7%; maturing through 2015; collateralized by participant accounts		$ 13,089

* Represents a party-in-interest

AMERICAN BAKERY COMPANY 401(k)
PROFIT SHARING PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS
SCHEDULE H, PART IV, LINE 4(J)
EIN: 95-3641353, PLAN NO. 001
DECEMBER 31, 2010

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
American 2050 Tubeway, LLC	Investment in real property at 2050 Tubeway, Commerce, California	$ 3,435,000	$ -	$ -	$ -	$ 3,435,000	$ 3,435,000	$ -
American 2050 Tubeway, LLC	Return on investment upon sale of property at 2050 Tubeway, Commerce, California	$ 3,435,000	$ 3,435,000	$ -	$ -	$ 3,435,000	$ 3,435,000	$ -
Alliance Bernstein	Bernstein Emerging Markets Portfolio; 12,207 sales	$ 358,427	$ 349,242	$ -	$ 3,527	$ 358,427	$ 349,242	$ (9,185)
Alliance Bernstein	Bernstein International Portfolio; 52,183 sales	$ 1,170,699	$ 780,138	$ -	$ -	$ 1,170,699	$ 780,138	$ (390,561)
Charles Schwab	Schwab Money Market Fund; 401,409 purchases	$ 401,409	$ 401,409	$ -	$ -	$ 401,409	$ 401,409	$ -
Charles Schwab	Schwab Money Market Fund; 1,025,000 sales	$ 1,025,000	$ 1,025,000	$ -	$ -	$ 1,025,000	$ 1,025,000	$ -
Freund Bakery Retirement Plan	Origination of note payable for investment in property at 2050 Tubeway, Commerce, California	$ 585,000	$ -	$ -	$ -	$ 585,000	$ 585,000	$ -
Freund Bakery Retirement Plan	Repayment of note payable	$ -	$ 585,000	$ -	$ (14,259)	$ -	$ -	$ -

AMERICAN BAKERY COMPANY 401(k)
PROFIT SHARING PLAN

SCHEDULE OF NON EXEMPT TRANSACTIONS
SCHEDULE G, PART III
EIN: 95-3641353, PLAN NO. 001
DECEMBER 31, 2010

(a) Identity of Party Involved	(b) Relationship to Plan, employer or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collaterial, par or maturity value	(d) Purchase Price	(e) Selling Price	(f) Lease Rental	(g) Expense Incurred With Transaction	(h) Cost of Asset	(i) Current Value of Asset on Transaction Date	(j) Net Gain (Loss)
Oakhurst Industries, Inc.	Sponsor	Real property at 2050 Tubeway, Commerce, California, leased to Sponsor	$ -	$ -	$ 313,027	$ -	$ -	$ 313,027	$ 313,027
American 2050 Tubeway, LLC	Plan is sole member of American 2050 Tubeway, LLC	Investment in real property at 2050 Tubeway, Commerce, California, that was earlier leased from a third party by the Sponsor	$ 3,435,000	$ -	$ -	$ -	$ 3,435,000	$ 3,435,000	$ -
American 2050 Tubeway, LLC	Plan is sole member of American 2050 Tubeway, LLC	Return on investment upon sale of property at 2050 Tubeway, Commerce, California	$ -	$ 3,435,000	$ -	$ -	$ 3,435,000	$ 3,435,000	$ -
Freund Bakery Retirement Plan	Common Plan Sponsor	Origination of note payable for investment in property at 2050 Tubeway, Commerce, California; 3.25% interest, matured December 15, 2010	$ 585,000	$ -	$ -	$ -	$ 585,000	$ 585,000	$ -
Freund Bakery Retirement Plan	Common Plan Sponsor	Repayment of note payable; 3.25% interest, matured December 15, 2010	$ -	$ -	$ -	$ 585,000	$ -	$ -	$ -
Freund Bakery Retirement Plan	Common Plan Sponsor	Interest expense at 3.25% on loan matured December 15, 2010	$ -	$ -	$ -	$ 14,259	$ -	$ -	$ (14,259)

SCHEDULE OF ASSETS HELD AT END OF YEAR
SCHEDULE H, PART IV, ITEM 4(i)
EIN: 95-3641353, PLAN NO. 001
DECEMBER 31, 2010

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
	Interest-bearing cash			
*	Charles Schwab	Money market sweep account	$3,815,943	$3,815,943
*	Alliance Bernstein	Interest earning cash account	858	858
	Total interest-bearing cash		$3,816,801	$3,816,801
	Investments in registered investment companies			
*	Charles Schwab	Dynamic Gold and Precious Metals, 10,028 shares of equity funds	$ 201,654	$ 252,700
*	Notes receivable from participants	Interest at 6% - 7%; maturing through 2015; collateralized by participant accounts		$ 13,089

* Represents a party-in-interest

AMERICAN BAKERY COMPANY 401(k)
PROFIT SHARING PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS
SCHEDULE H, PART IV, LINE 4(J)
EIN: 95-3641353, PLAN NO. 001
DECEMBER 31, 2010

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
American 2050 Tubeway, LLC	Investment in real property at 2050 Tubeway, Commerce, California	$ 3,435,000	$ -	$ -	$ -	$ 3,435,000	$ 3,435,000	$ -
American 2050 Tubeway, LLC	Return on investment upon sale of property at 2050 Tubeway, Commerce, California	$ 3,435,000	$ 3,435,000	$ -	$ -	$ 3,435,000	$ 3,435,000	$ -
Alliance Bernstein	Bernstein Emerging Markets Portfolio; 12,207 sales	$ 358,427	$ 349,242	$ -	$ 3,527	$ 358,427	$ 349,242	$ (9,185)
Alliance Bernstein	Bernstein International Portfolio; 52,183 sales	$ 1,170,699	$ 780,138	$ -	$ -	$ 1,170,699	$ 780,138	$ (390,561)
Charles Schwab	Schwab Money Market Fund; 401,409 purchases	$ 401,409	$ 401,409	$ -	$ -	$ 401,409	$ 401,409	$ -
Charles Schwab	Schwab Money Market Fund; 1,025,000 sales	$ 1,025,000	$ 1,025,000	$ -	$ -	$ 1,025,000	$ 1,025,000	$ -
Freund Bakery Retirement Plan	Origination of note payable for investment in property at 2050 Tubeway, Commerce, California	$ 585,000	$ -	$ -	$ -	$ 585,000	$ 585,000	$ -
Freund Bakery Retirement Plan	Repayment of note payable	$ -	$ 585,000	$ -	$ (14,259)	$ -	$ -	$ -

AMERICAN BAKERY COMPANY 401(k)
PROFIT SHARING PLAN

SCHEDULE OF NON EXEMPT TRANSACTIONS
SCHEDULE G, PART III
EIN: 95-3641353, PLAN NO. 001
DECEMBER 31, 2010

(a) Identity of Party Involved	(b) Relationship to Plan, employer or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collaterial, par or maturity value	(d) Purchase Price	(e) Selling Price	(f) Lease Rental	(g) Expense Incurred With Transaction	(h) Cost of Asset	(i) Current Value of Asset on Transaction Date	(j) Net Gain (Loss)
Oakhurst Industries, Inc.	Sponsor	Real property at 2050 Tubeway, Commerce, California, leased to Sponsor	$ -	$ -	$ 313,027	$ -	$ -	$ 313,027	$ 313,027
American 2050 Tubeway, LLC	Plan is sole member of American 2050 Tubeway, LLC	Investment in real property at 2050 Tubeway, Commerce, California, that was earlier leased from a third party by the Sponsor	$ 3,435,000	$ -	$ -	$ -	$ 3,435,000	$ 3,435,000	$ -
American 2050 Tubeway, LLC	Plan is sole member of American 2050 Tubeway, LLC	Return on investment upon sale of property at 2050 Tubeway, Commerce, California	$ -	$ 3,435,000	$ -	$ -	$ 3,435,000	$ 3,435,000	$ -
Freund Bakery Retirement Plan	Common Plan Sponsor	Origination of note payable for investment in property at 2050 Tubeway, Commerce, California; 3.25% interest, matured December 15, 2010	$ 585,000	$ -	$ -	$ -	$ 585,000	$ 585,000	$ -
Freund Bakery Retirement Plan	Common Plan Sponsor	Repayment of note payable; 3.25% interest, matured December 15, 2010	$ -	$ -	$ -	$ 585,000	$ -	$ -	$ -
Freund Bakery Retirement Plan	Common Plan Sponsor	Interest expense at 3.25% on loan matured December 15, 2010	$ -	$ -	$ -	$ 14,259	$ -	$ -	$ (14,259)

AMERICAN BAKERY COMPANY 401(k)
PROFIT SHARING PLAN

SCHEDULE OF NON EXEMPT TRANSACTIONS
SCHEDULE G, PART III
EIN: 95-3641353, PLAN NO. 001
DECEMBER 31, 2010

(a) Identity of Party Involved	(b) Relationship to Plan, employer or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collaterial, par or maturity value	(d) Purchase Price	(e) Selling Price	(f) Lease Rental	(g) Expense Incurred With Transaction	(h) Cost of Asset	(i) Current Value of Asset on Transaction Date	(j) Net Gain (Loss)
Oakhurst Industries, Inc.	Sponsor	Real property at 2050 Tubeway, Commerce, California, leased to Sponsor	$ -	$ -	$ 313,027	$ -	$ -	$ 313,027	$ 313,027
American 2050 Tubeway, LLC	Plan is sole member of American 2050 Tubeway, LLC	Investment in real property at 2050 Tubeway, Commerce, California, that was earlier leased from a third party by the Sponsor	$ 3,435,000	$ -	$ -	$ -	$ 3,435,000	$ 3,435,000	$ -
American 2050 Tubeway, LLC	Plan is sole member of American 2050 Tubeway, LLC	Return on investment upon sale of property at 2050 Tubeway, Commerce, California	$ -	$ 3,435,000	$ -	$ -	$ 3,435,000	$ 3,435,000	$ -
Freund Bakery Retirement Plan	Common Plan Sponsor	Origination of note payable for investment in property at 2050 Tubeway, Commerce, California; 3.25% interest, matured December 15, 2010	$ 585,000	$ -	$ -	$ -	$ 585,000	$ 585,000	$ -
Freund Bakery Retirement Plan	Common Plan Sponsor	Repayment of note payable; 3.25% interest, matured December 15, 2010	$ -	$ -	$ -	$ 585,000	$ -	$ -	$ -
Freund Bakery Retirement Plan	Common Plan Sponsor	Interest expense at 3.25% on loan matured December 15, 2010	$ -	$ -	$ -	$ 14,259	$ -	$ -	$ (14,259)

SCHEDULE OF ASSETS HELD AT END OF YEAR
SCHEDULE H, PART IV, ITEM 4(i)
EIN: 95-3641353, PLAN NO. 001
DECEMBER 31, 2010

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
	Interest-bearing cash			
*	Charles Schwab	Money market sweep account	$3,815,943	$3,815,943
*	Alliance Bernstein	Interest earning cash account	858	858
	Total interest-bearing cash		$3,816,801	$3,816,801
	Investments in registered investment companies			
*	Charles Schwab	Dynamic Gold and Precious Metals, 10,028 shares of equity funds	$ 201,654	$ 252,700
*	Notes receivable from participants	Interest at 6% - 7%; maturing through 2015; collateralized by participant accounts		$ 13,089

* Represents a party-in-interest

AMERICAN BAKERY COMPANY 401(k)
PROFIT SHARING PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS
SCHEDULE H, PART IV, LINE 4(J)
EIN: 95-3641353, PLAN NO. 001
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(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
American 2050 Tubeway, LLC	Investment in real property at 2050 Tubeway, Commerce, California	$ 3,435,000	$ -	$ -	$ -	$ 3,435,000	$ 3,435,000	$ -
American 2050 Tubeway, LLC	Return on investment upon sale of property at 2050 Tubeway, Commerce, California	$ 3,435,000	$ 3,435,000	$ -	$ -	$ 3,435,000	$ 3,435,000	$ -
Alliance Bernstein	Bernstein Emerging Markets Portfolio; 12,207 sales	$ 358,427	$ 349,242	$ -	$ 3,527	$ 358,427	$ 349,242	$ (9,185)
Alliance Bernstein	Bernstein International Portfolio; 52,183 sales	$ 1,170,699	$ 780,138	$ -	$ -	$ 1,170,699	$ 780,138	$ (390,561)
Charles Schwab	Schwab Money Market Fund; 401,409 purchases	$ 401,409	$ 401,409	$ -	$ -	$ 401,409	$ 401,409	$ -
Charles Schwab	Schwab Money Market Fund; 1,025,000 sales	$ 1,025,000	$ 1,025,000	$ -	$ -	$ 1,025,000	$ 1,025,000	$ -
Freund Bakery Retirement Plan	Origination of note payable for investment in property at 2050 Tubeway, Commerce, California	$ 585,000	$ -	$ -	$ -	$ 585,000	$ 585,000	$ -
Freund Bakery Retirement Plan	Repayment of note payable	$ -	$ 585,000	$ -	$ (14,259)	$ -	$ -	$ -