

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
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>05/01/2010</u> and ending <u>04/30/2011</u>	
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 <u>THE J.M. SMUCKER CO. SALINAS PLANT REPRESENTED EMPLOYEES RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶ <u>004</u> 1c Effective date of plan <u>04/01/1972</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>THE J.M. SMUCKER COMPANY</u> <u>STRAWBERRY LANE</u> <u>ORRVILLE, OH 44667-1298</u>	2b Employer Identification Number (EIN) <u>34-0538550</u> 2c Sponsor's telephone number <u>330-682-3000</u> 2d Business code (see instructions) <u>311400</u>

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.	02/15/2012	MICHAEL MAST
	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

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") THE J.M. SMUCKER COMPANY STRAWBERRY LANE ORRVILLE, OH 44667000000	3b Administrator's EIN 34-0538550 3c Administrator's telephone number 330-682-3000
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	211
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	0
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	0
d Subtotal. Add lines 6a , 6b , and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	0
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	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1B 1G 1I 3H

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 05/01/2010 and ending 04/30/2011

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

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

A Name of plan <u>THE J.M. SMUCKER CO. SALINAS PLANT REPRESENTED EMPLOYEES RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THE J.M. SMUCKER COMPANY</u>	D Employer Identification Number (EIN) <u>34-0538550</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>05</u> Day <u>01</u> Year <u>2010</u>
2	Assets:
a	Market value 2a <u>7024133</u>
b	Actuarial value 2b <u>7024133</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>66</u> <u>3894585</u>
b	For terminated vested participants 3b <u>145</u> <u>3222251</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>0</u>
(2)	Vested benefits 3c(2) <u>0</u>
(3)	Total active 3c(3) <u>0</u>
d	Total 3d <u>211</u> <u>7116836</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>6.61</u> %
6	Target normal cost 6 <u>0</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>12/15/2011</u>
Signature of actuary	Date
<u>MICHAEL C. KIRCHNER</u>	<u>11-05383</u>
Type or print name of actuary	Most recent enrollment number
<u>TOWERS WATSON DELAWARE INC.</u>	<u>216-937-4000</u>
Firm name	Telephone number (including area code)
<u>1001 LAKESIDE AVENUE, SUITE 1900</u> <u>CLEVELAND, OH 44114-1172</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II	Beginning of year carryover and prefunding balances	(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	728449	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	728449	0
10	Interest on item 9 using prior year's actual return of <u>27.51</u> %	200396	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>7.55</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	928845	0

Part III	Funding percentages		
14	Funding target attainment percentage.....	14	85.64 %
15	Adjusted funding target attainment percentage.....	15	98.69 %
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	104.11 %
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
Totals ►			18(b)	0	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		0
20 Quarterly contributions and liquidity shortfalls:			
a Did the plan have a "funding shortfall" for the prior year?			☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?			☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:			
Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.60 %	2nd segment: 6.65 %	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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	0
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	0
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE 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 2010 This Form is Open to Public Inspection.	
For calendar plan year 2010 or fiscal plan year beginning 05/01/2010 and ending 04/30/2011					
A Name of plan THE J.M. SMUCKER CO. SALINAS PLANT REPRESENTED EMPLOYEES RETIREMENT PLAN				B Three-digit plan number (PN) ▶ 004	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 THE J.M. SMUCKER COMPANY				D Employer Identification Number (EIN) 34-0538550	
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: J.M. SMUCKER CO. COLLECTIVE TRUST					
b Name of sponsor of entity listed in (a): THE J.M. SMUCKER COMPANY					
c EIN-PN 34-0538550-014		d Entity code M		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
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:					
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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:					
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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):					
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a Name of MTIA, CCT, PSA, or 103-12 IE:					
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a Name of MTIA, CCT, PSA, or 103-12 IE:					
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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 MT	

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
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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
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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
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning **05/01/2010** and ending **04/30/2011**

A Name of plan THE J.M. SMUCKER CO. SALINAS PLANT REPRESENTED EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ►	004
C Plan sponsor's name as shown on line 2a of Form 5500 THE J.M. SMUCKER COMPANY		
D Employer Identification Number (EIN) 34-0538550		

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)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	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
(11) Value of interest in master trust investment accounts	1c(11)	7024133	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)		
(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	7024133	0

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7024133	0
---	-----------	---------	---

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)	0	
(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)		0
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)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		929187
(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		929187

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	399426	
(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)		399426
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		399426

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		529761
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		7553894

Part III Accountant's Opinion

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

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

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

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

(1) Name: MALONEY & NOVOTNY LLC

(2) EIN: 34-0677006

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

THE J.M. SMUCKER COMPANY REPRESENTED EMPLOYEES RETIREMENT PLAN

5b(2) EIN(s)	5b(3) PN(s)
34-0538550	002

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.
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For calendar plan year 2010 or fiscal plan year beginning 05/01/2010 and ending 04/30/2011

A Name of plan <u>THE J.M. SMUCKER CO. SALINAS PLANT REPRESENTED EMPLOYEES RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE J.M. SMUCKER COMPANY</u>	D Employer Identification Number (EIN) <u>34-0538550</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>34-0538550</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

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

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

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

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**THE J. M. SMUCKER COMPANY -
SALINAS PLANT REPRESENTED
EMPLOYEES' RETIREMENT PLAN**

FINANCIAL REPORT

APRIL 30, 2011 and 2010

THE J. M. SMUCKER COMPANY - SALINAS PLANT REPRESENTED
EMPLOYEES' RETIREMENT PLAN

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Benefits Committee of
The J. M. Smucker Company
Orrville, Ohio

Independent Auditors' Report

We have audited the accompanying statements of net assets available for benefits of The J. M. Smucker Company - Salinas Plant Represented Employees' Retirement Plan (the "Plan") as of April 30, 2011 and 2010, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, 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, information regarding the Plan's net assets available for benefits as of April 30, 2011, and changes therein for the year then ended and its financial status as of April 30, 2010, and changes therein for the year then ended, in conformity with accounting principles generally accepted in the United States of America.



Cleveland, Ohio
February 10, 2012

THE J. M. SMUCKER COMPANY - SALINAS PLANT REPRESENTED
EMPLOYEES' RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	April 30,	
	2011	2010
<u>ASSETS</u>		
INVESTMENTS, AT FAIR VALUE		
Units of collective investment trust fund	\$ -	\$7,024,133
NET ASSETS AVAILABLE FOR BENEFITS	\$ -	\$7,024,133

The accompanying notes are an integral part of these financial statements.

THE J. M. SMUCKER COMPANY - SALINAS PLANT REPRESENTED
EMPLOYEES' RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Years Ended April 30,	
	2011	2010
ADDITIONS		
Net investment gain from collective investment trust fund	\$ 929,187	\$ 1,558,694
DEDUCTION		
Benefits paid directly to participants	<u>399,426</u>	<u>399,026</u>
NET INCREASE BEFORE TRANSFERS	529,761	1,159,668
TRANSFER TO OTHER PLAN	(7,553,894)	-
NET ASSETS AVAILABLE FOR BENEFITS – BEGINNING	<u>7,024,133</u>	<u>5,864,465</u>
NET ASSETS AVAILABLE FOR BENEFITS – ENDING	<u><u>\$ -</u></u>	<u><u>\$ 7,024,133</u></u>

The accompanying notes are an integral part of these financial statements.

THE J. M. SMUCKER COMPANY - SALINAS PLANT REPRESENTED
EMPLOYEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note A. Significant Accounting Policies

Basis of Accounting:

The financial statements are prepared on the accrual basis of accounting.

Investments:

All investments of The J. M. Smucker Company - Salinas Plant Represented Employees' Retirement Plan (the "Plan") are maintained in the form of The J. M. Smucker Company Collective Trust for Investment of Employee Retirement Funds (the "Collective Trust") and, from time to time, units of a money market fund maintained by SEI Private Trust Company (Trustee of the Plan, "SEI"). The fair value of the Plan's investment in the Collective Trust is based on the quoted redemption value on the last business day of the Plan year as determined by the Trustee. The underlying investments in the Collective Trust are stated at fair value as determined by quoted market prices if available. Net assets, investment income, administrative expenses, and gains and losses relative to the Collective Trust are allocated to the Plan based on the relative balances invested in the Trust by each participating plan (see Note D).

The value of the Plan's interest in the Collective Trust is based on the beginning of year value of the Plan's interest in the trust plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses.

Actuarial Present Value of Accumulated Plan Benefits:

Accumulated plan benefits (see Note C) are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on the number of years of credited service earned times the monthly benefit rate as specified in the Plan. The actuarial value of accumulated benefits was determined on a "going concern" basis, based on each participant's age and service as of the valuation date.

Administrative Fees:

All administrative fees are paid by The J. M. Smucker Company (the "Company").

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, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

THE J. M. SMUCKER COMPANY - SALINAS PLANT REPRESENTED
EMPLOYEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note A. Significant Accounting Policies (Continued)

Payment of Benefits:

Benefit payments to participants are recorded upon distribution.

Subsequent Events:

The Company has evaluated subsequent events through February 10, 2012, which is the date the financial statements were available to be issued.

Reclassifications:

Certain reclassifications to prior year amounts were made to conform to current year presentation.

Note B. Description of the Plan

The following is a summary of certain provisions of the Plan. Participants should refer to the Plan document for more complete information. The Plan was restated effective May 1, 2010 to incorporate all amendments into the basic Plan document.

The J. M. Smucker Company - Salinas Plant Represented Employees' Retirement Plan is a defined benefit plan that covered substantially all hourly-rate personnel who were employed at the Company's Salinas, California plant and who were represented by Local 890 of General Teamsters, Warehousemen and Helpers Union, International Brotherhood of Teamsters, Chauffeurs, Warehousemen & Helpers of America. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. Participants vested in the Plan after five years of credited service. The Company has agreed to contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan participants.

The Salinas plant was closed effective December 31, 2005, resulting in the termination of all employees covered by the Plan. The Plan merged with and into The J. M. Smucker Company Represented Employees' Retirement Plan effective with the close of business April 30, 2011. After the merger, each participant, beneficiary, and alternate payee in the plan shall have accrued benefits equal to the accrued benefits prior to the merger. Each participant, beneficiary, and alternate payee shall be vested in his or her respective accrued benefit to the same extent that he or she was vested in his or her accrued benefit in the Plan prior to the merger. Benefit service has been frozen effective with the date of the employees' termination. The Plan has met the ERISA minimum funding requirements based on its financial status at April 30, 2010. There were no significant changes in the method of funding the Plan.

Monthly benefits under the Plan are based upon the years of credited service, multiplied by a benefit accrual rate for vested participants upon retirement, death, or termination. Benefit accrual rates vary according to the year in which the employee terminated. Benefits payable for retirement, death, disability, and termination of employment are included in the actuarial present value of accumulated plan benefits, to the extent they are deemed attributable to employee service rendered to the valuation date.

THE J. M. SMUCKER COMPANY - SALINAS PLANT REPRESENTED
EMPLOYEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note C. Accumulated Plan Benefits

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

The Plan provides for benefit payments to commence upon the date of normal or qualified early retirement or the death or other termination of an active employee, whichever is later. A deferred vested benefit is computed for terminations occurring before this date. The Plan provisions for mandatory distributions were amended in 2005. For any mandatory distributions greater than \$1,000 and up to and including \$5,000 for which the participant does not make an election for either a rollover to an eligible retirement plan or a direct distribution, the Company will pay the distribution in a direct rollover to an individual retirement plan designated by the Company.

The actuarial present value of accumulated plan benefits at May 1, 2010 is as follows:

	<u>Based on Calculations as of May 1, 2010</u>
Vested benefits:	
Participants currently receiving payments	\$3,546,060
Other participants	<u>2,707,405</u>
	6,253,465
Nonvested benefits	<u>-</u>
	<u><u>\$6,253,465</u></u>

Changes in accumulated plan benefits from May 1, 2009 to May 1, 2010 are as follows:

Actuarial present value of accumulated plan benefits – May 1, 2009	\$5,958,607
Changes during the year attributable to:	
Actuarial losses	70,425
Decrease in the discount period	446,329
Actual benefits paid	(399,026)
Change in assumptions	<u>177,130</u>
Net increase	<u>294,858</u>
Actuarial present value of accumulated plan benefits – May 1, 2010	<u><u>\$6,253,465</u></u>

THE J. M. SMUCKER COMPANY - SALINAS PLANT REPRESENTED
EMPLOYEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note C. Accumulated Plan Benefits (Continued)

Significant assumptions underlying the actuarial computation are as follows:

Actuarial cost method	Entry age normal actuarial cost
Assumed rate of return on investment	7.50% per annum, compounded annually, net of investment expenses (7.75% in prior year)
Mortality basis	The RP-2000 Combined Healthy Mortality Tables (sex-distinct) projected to 2008 by Scale AA
Employee withdrawal	100% of employees have terminated by December 31, 2005
Retirement	100% by age 65
Disability	The DP-1985 Disability Table using sex-distinct rates for male and female

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. These liabilities were transferred along with the investments as part of the Plan merger described in Note B.

Note D. Interest in The J. M. Smucker Company Collective Trust

The Plan's investments are in the Collective Trust which was established for the investment of assets of the Plan and several other Company-sponsored retirement plans.

Each participating retirement plan has an undivided interest in the Collective Trust. The assets of the Collective Trust are held by SEI. At April 30, 2010, the Plan's interest in the net assets of the Collective Trust was approximately 2.6%.

The following table presents the fair values of investments of the Collective Trust:

	Year Ended April 30,	
	2011	2010
Investments at fair value:		
Common and convertible preferred stock:		
The J. M. Smucker Company	\$ 23,838,629	\$ 19,392,901
Other	61,394,102	58,280,316
Mutual funds	151,923,278	143,120,369
Common/collective trust funds	50,900,339	42,388,336
Corporate and foreign bonds	150,000	150,000
Money market funds	5,179,932	4,105,602
Due (to) from broker for assets (sold) purchased	(95,389)	255,410
Accrued income receivable and other	495,547	526,219
	<u>\$293,786,438</u>	<u>\$268,219,153</u>

THE J. M. SMUCKER COMPANY - SALINAS PLANT REPRESENTED
EMPLOYEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note D. Interest in The J. M. Smucker Company Collective Trust (Continued)

Net investment gain for the Collective Trust is as follows:

	Year Ended April 30,	
	2011	2010
Net appreciation (depreciation) in fair value of investments:		
Common and convertible preferred stock:		
The J. M. Smucker Company	\$ 4,445,728	\$ 6,881,352
Other	7,165,834	19,868,951
Mutual funds	12,074,116	25,097,996
Common/collective trust funds	3,918,356	(498,499)
Interest and dividends	7,974,933	8,446,238
	<u>\$35,578,967</u>	<u>\$59,796,038</u>

The investments classified as common/collective trust funds may include holdings which invest in various private investment funds, many of which pursue hedged or alternative investment strategies. The common/collective trust funds' objective is to provide risk-adjusted returns with moderate volatility and directional market exposure. The underlying fund investments may include holdings that are not generally liquid, require a notice period for withdrawal, and are valued at fair value from reports provided by investment managers. Because of the inherent uncertainty of the valuations, the fair values may differ significantly from values that would be available if a ready market for these investments existed, and such differences could be material. At April 30, 2011, the Collective Trust has a commitment to make additional contributions of approximately \$4,800,000 to one of these investment funds.

Note E. Fair Value Measurements

The Plan estimates the fair value of financial instruments using available market information and other generally accepted valuation methodologies. Fair value is defined as the price that would be received to sell an asset or would be paid to transfer a liability in an orderly transaction between market participants at the measurement date. The inputs used to measure fair value are classified into three levels:

- Level 1 – Quoted market prices in active markets for identical assets and liabilities
- Level 2 – Observable market-based inputs or unobservable inputs that are corroborated by market data
- Level 3 – Unobservable inputs in which little or no market data exists

The following is a description of the valuation methodologies used for assets of the Collective Trust measured at fair value.

- Money market funds: Valued at the closing price reported in the active market in which the individual securities are traded. Pending transactions and accrued income receivable at the end of the Plan year are included within these funds. These are classified as Level 1.

THE J. M. SMUCKER COMPANY - SALINAS PLANT REPRESENTED
EMPLOYEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note E. Fair Value Measurements (Continued)

- Corporate and foreign bonds: Valued at the closing price reported in the active market in which the bond is traded. These are classified as Level 1.
- Common and convertible preferred stock: Valued at the closing price reported in the active market in which the individual securities are traded. These are classified as Level 1. Equity securities that are not registered for resale on public markets are valued at fair value of the underlying assets at year end. These are classified as Level 3.
- Mutual funds: Valued at the net asset value of shares held by the Plan at year end. These are classified as Level 1.
- Common/collective trust funds: Valued at fair value of the underlying assets of the fund based upon reports provided by investment managers. These are classified as Level 3.

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. There have been no changes in the methodologies used from 2010 to 2011. 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 tables set forth by level, within the fair value hierarchy, the Collective Trust's assets at fair value as of April 30, 2011 and 2010:

	Assets at Fair Value as of April 30, 2011			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 5,084,567	\$ -	\$ -	\$ 5,084,567
Equity securities:				
U.S. Large-Cap	76,641,528	-	-	76,641,528
U.S. Small/Micro-Cap	5,815,373	-	4,777,157	10,592,530
World Equity Ex-US	40,189,096	-	-	40,189,096
Fixed income securities:				
Long Duration Bonds	38,667,807	-	-	38,667,807
High Yield Bonds	26,458,672	-	-	26,458,672
Emerging Market Fixed Income (Non-US)	5,561,242	-	-	5,561,242
Core Fixed Income	39,953,544	-	-	39,953,544
Other types of investments:				
Multi-Strategy Hedge Funds	-	-	37,450,937	37,450,937
Private Equity Funds	-	-	13,186,515	13,186,515
Total	<u>\$238,371,829</u>	<u>\$ -</u>	<u>\$ 55,414,609</u>	<u>\$293,786,438</u>

THE J. M. SMUCKER COMPANY - SALINAS PLANT REPRESENTED
EMPLOYEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note E. Fair Value Measurements (Continued)

	Assets at Fair Value as of April 30, 2010			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 4,361,043	\$ -	\$ -	\$ 4,361,043
Equity securities:				
U.S. Large-Cap	70,820,711	-	-	70,820,711
U.S. Small/Micro-Cap	7,100,489	-	2,390,566	9,491,055
World Equity Ex-US	36,479,453	-	-	36,479,453
Fixed income securities:				
Long Duration Bonds	37,841,016	-	-	37,841,016
High Yield Bonds	24,292,170	-	-	24,292,170
Emerging Market Fixed Income (Non-US)	5,382,049	-	-	5,382,049
Core Fixed Income	37,163,321	-	-	37,163,321
Other types of investments:				
Multi-Strategy Hedge Funds	-	-	33,163,257	33,163,257
Private Equity Funds	-	-	9,225,078	9,225,078
Total	<u>\$223,440,252</u>	<u>\$ -</u>	<u>\$ 44,778,901</u>	<u>\$268,219,153</u>

THE J. M. SMUCKER COMPANY - SALINAS PLANT REPRESENTED
EMPLOYEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note E. Fair Value Measurements (Continued)

The table below sets forth a summary of changes in the fair value of the Collective Trust's Level 3 assets for the years ended April 30, 2011 and 2010:

	U.S. Small/ Micro-Cap	Multi- Strategy Hedge Funds	Private Equity Funds	Total
Balance at April 30, 2009	\$ 2,995,633	\$18,796,691	\$ 7,918,998	\$29,711,322
Realized gains (losses)	(671,877)	-	-	(671,877)
Unrealized gains (losses) relating to instruments still held at the reporting date	129,500	1,366,566	(1,575,850)	(79,784)
Purchases, sales, issuances and settlements (net)	<u>(62,690)</u>	<u>13,000,000</u>	<u>2,881,930</u>	<u>15,819,240</u>
Balance at April 30, 2010	2,390,566	33,163,257	9,225,078	44,778,901
Realized gains	-	-	-	-
Unrealized gains relating to instruments still held at the reporting date	646,778	1,987,680	2,496,729	5,131,187
Purchases, sales, issuances and settlements (net)	<u>1,739,813</u>	<u>2,300,000</u>	<u>1,464,708</u>	<u>5,504,521</u>
Balance at April 30, 2011	<u>\$ 4,777,157</u>	<u>\$37,450,937</u>	<u>\$13,186,515</u>	<u>\$55,414,609</u>

Note F. Transactions With Parties-In-Interest

Certain investments within the Collective Trust are in shares of The J. M. Smucker Company and units of funds sponsored by SEI. The J. M. Smucker Company is the plan sponsor and SEI is Trustee, as defined by the Plan, and, therefore, these qualify as party-in-interest transactions.

Note G. Income Tax Status

The Plan obtained a determination letter on September 13, 1999, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended and restated since receiving the determination letter. The Plan has applied for, and not yet received, a new determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

THE J. M. SMUCKER COMPANY - SALINAS PLANT REPRESENTED
EMPLOYEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note G. Income Tax Status (Continued)

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken or expected to be taken by the Plan for possible recognition and measurement in the financial statements based upon certain prescribed criteria. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of April 30, 2011, there are no uncertain positions taken or expected to be taken that would require such recognition or disclosure in the financial statements. As of April 30, 2011, the Plan's tax years from 2008 and thereafter remain subject to examination by the Internal Revenue Service, as well as various other taxing authorities.

Note H. Risks and Uncertainties

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

Plan contributions are made and the actuarial present value of accumulated plan benefits is 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 estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions and Methods

Plan Sponsor

The J.M. Smucker Company

EIN/PN

34-0538550/004

Discount Rates

Current plan year PPA effective interest rate: 6.61%

Prior plan year PPA effective interest rate: 7.55%

3-Segment Rates

Applicable month: January

Transition election: No

Assumed Cost of Living Adjustments

None.

Inclusion Date

The valuation date coincident with or next following the date on which the employee was covered by the bargaining agreement.

Plan-related Expenses

The amount included this year for plan-related expenses is \$0.

Plan Name:	The J.M. Smucker Company Salinas Plant Represented Employees' Retirement Plan
EIN / PN:	34-0538550 / 004
Plan Sponsor:	The J.M. Smucker Company
Valuation Date:	May 1, 2010

SCHEDULE SB ATTACHMENTS

Mortality

For target liability, the prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code based on static tables with separate mortality rates for annuitants and non-annuitants were used.

Retirement Rates

It is assumed that deferred benefits will commence at age 65.

Disability Rates

Not applicable.

Disabled Mortality

For target liability, the permitted tables under IRS Revenue Ruling 96-7 were used.

Future Increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC Section 415. Plan compensation is limited to the maximum presently allowed under IRC Section 401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Representative Termination Rates not Due to Disability, Retirement or Mortality

Not applicable.

Form of Payment

Participants are assumed to elect the straight life form.

Marriage

It was assumed that 85% of males and 50% of females are married. Also, male spouses were assumed to be three years older than female spouses.

Plan Name:	The J.M. Smucker Company Salinas Plant Represented Employees' Retirement Plan
EIN / PN:	34-0538550 / 004
Plan Sponsor:	The J.M. Smucker Company
Valuation Date:	May 1, 2010

SCHEDULE SB ATTACHMENTS

Employees

It was assumed that there will be no new or rehired employees.

Asset Method

Under this method, valuation assets are equal to the market value of assets as of the valuation date plus the discounted present value of contributions expected to be made after the valuation date based on the prior plan year PPA effective interest rate.

Participant Data

Participant data was supplied in a spreadsheet via file transfer (DataLink) as of the valuation date.

Tax Policy

The actuarial valuation performed for the plan year ending April 30, 2011 is used to determine the maximum deductible contribution for the tax year ending April 30, 2011.

Benefits not Included in Valuation

None.

Plan Name:	The J.M. Smucker Company Salinas Plant Represented Employees'
	Retirement Plan
EIN / PN:	34-0538550 / 004
Plan Sponsor:	The J.M. Smucker Company
Valuation Date:	May 1, 2010

SCHEDULE SB ATTACHMENTS

Nature of Actuarial Calculations

The results documented in this report are estimates based on data that may be imperfect and on assumptions about future events. Certain plan provisions may be approximated or deemed insignificant and therefore are not valued. Assumptions may be made about participant data or other factors. Reasonable efforts were made in this valuation to ensure that items that are significant in the context of the actuarial liabilities or costs are treated appropriately, and not excluded or included inappropriately.

A range of results, different from those presented in this report could be considered reasonable. The numbers are not rounded, but this is for convenience only and should not imply precision, which is not inherent in actuarial calculations. Certain percentages determined in this report, such as the Funding Target Attainment Percentage, are truncated to be consistent with the instructions for Schedule SB of the Form 5500.

The assumptions selected for this valuation other than those prescribed by law, generally reflect long-term average expectations. If overall future plan experience is less favorable than assumed, the relative level of plan costs or contribution requirements determined in this valuation will likely increase in future valuations. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for the measurements (such as the end of an amortization period); and changes in plan provisions or applicable law. It is beyond the scope of this actuarial valuation to analyze the potential range of future pension contributions, but we can do so upon request.

Plan Name:	The J.M. Smucker Company Salinas Plant Represented Employees' Retirement Plan
EIN / PN:	34-0538550 / 004
Plan Sponsor:	The J.M. Smucker Company
Valuation Date:	May 1, 2010

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	The J.M. Smucker Company
EIN/PN	34-0538550 /004
Plan Name	The J.M. Smucker Company Salinas Plant Represented Employees' Retirement Plan
Valuation Date	May 1, 2010
Enrolled Actuary	Michael C. Kirchner
Enrollment Number	11-05383

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

Plan Name:	The J.M. Smucker Company Salinas Plant Represented Employees' Retirement Plan
EIN / PN:	34-0538550 / 004
Plan Sponsor:	The J.M. Smucker Company
Valuation Date:	May 1, 2010

h:\smucker\db\workpapers\government forms\2011\salinas\salinas 2010 schedule sb attachments.docPlan

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 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 05/01/2010 and ending 04/30/2011

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

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

A Name of plan <u>Salinas Plant Represented Employees' Retirement Plan</u>	B Three-digit plan number (PN) <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>The J. M. Smucker Company</u>	D Employer Identification Number (EIN) <u>34-0538550</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other	
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>5</u> Day <u>1</u> Year <u>2010</u>			
2 Assets:			
a Market value.....	2a	7,024,133	
b Actuarial value.....	2b	7,024,133	
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	66	3,894,585
b For terminated vested participants	3b	145	3,222,251
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	211	7,116,836
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	0

Statement by Enrolled Actuary

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

SIGN HERE	<u>Michael C. Kirchner</u> <i>Michael C. Kirchner</i> Signature of actuary	<u>December 15, 2011</u> Date
	<u>Michael C. Kirchner</u> Type or print name of actuary	<u>11-05383</u> Most recent enrollment number
	<u>Towers Watson Delaware Inc.</u> Firm name	<u>(216) 937-4000</u> Telephone number (including area code)
	<u>1001 Lakeside Avenue, Suite 1900</u> Address of the firm	
	<u>Cleveland OH 44114-1172</u> Address of the firm	

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

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	728,449	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	728,449	0
10 Interest on item 9 using prior year's actual return of <u>27.51</u> %	200,396	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>7.55</u> %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	928,845	0

Part III Funding percentages

14 Funding target attainment percentage	14	85.64 %
15 Adjusted funding target attainment percentage	15	98.69 %
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	104.11 %
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
Totals ▶			18(b)	0	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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of Quarter of this plan year

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.60 %	2nd segment: 6.65 %	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	
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	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment		
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	0
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	0
38 Interest-adjusted excess contributions for current year (see instructions)	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Principal Plan Provisions

Plan Sponsor

The J.M. Smucker Company

Plan

The J.M. Smucker Company Salinas Plant Represented Employees' Retirement Plan

General Note

The plant was closed effective December 31, 2005 resulting in the termination of all employees covered by the plan.

Effective Date and Most Recent Amendment

April 1, 1972; as restated May 1, 1991, as amended December 13, 2001, and as most recently amended effective February 1, 2006 to change the definition of actuarial equivalence used for benefit form factors.

Plan Year

The twelve-month period ending April 30.

Eligibility for Coverage

All hourly-rate bargaining unit employees rendering service to the Company at its Salinas, California plant working 1,000 or more hours per year.

Years of Service

Used to determine eligibility for Plan Benefits and based on one year of service per 1,000 hours of service.

Plan Name:	The J.M. Smucker Company Salinas Plant Represented Employees' Retirement Plan
EIN / PN:	34-0538550 / 004
Plan Sponsor:	The J.M. Smucker Company
Valuation Date:	May 1, 2010

SCHEDULE SB ATTACHMENTS

Years of Participation

Used to determine amount of Plan benefits and based on one year of service for 1,800 hours of service (with pro rata credit for under 1,800 hours of service).

Normal Retirement Benefit

Eligibility: Age 65.

Benefit: A monthly benefit, if paid on a straight-life basis, equal to Years of Participation multiplied by the appropriate benefit unit. For retirements prior to March 31, 1997 service was limited to 30 years.

Date of Retirement	Benefit Unit	Service Limitation
4/1/1976 to 3/31/1977	\$ 6.00	30
4/1/1977 to 3/31/1979	7.00	30
4/1/1979 to 3/31/1980	7.50	30
4/1/1980 to 3/31/1981	8.50	30
4/1/1981 to 3/31/1982	9.00	30
4/1/1982 to 3/31/1983	10.00	30
4/1/1983 to 3/31/1984	10.50	30
4/1/1984 to 3/31/1985	11.00	30
4/1/1985 to 3/31/1986	12.00	30
4/1/1986 to 3/31/1987	13.00	30
4/1/1987 to 3/31/1988	14.00	30
4/1/1988 to 3/31/1989	15.00	30
4/1/1989 to 3/31/1990	16.00	30
4/1/1990 to 3/31/1991	17.00	30
4/1/1991 to 3/31/1992	18.00	30
4/1/1992 to 3/31/1993	19.00	30
4/1/1993 to 3/31/1994	20.00	30
4/1/1994 to 3/31/1995	22.00	30
4/1/1995 to 3/31/1996	24.00	30
4/1/1996 to 3/31/1997	25.00	30
4/1/1997 to 3/31/1998	27.00	Unlimited
4/1/1998 to 3/31/1999	29.00	Unlimited
4/1/1999 to 3/31/2000	30.00	Unlimited
4/1/2000 to 3/31/2001	32.00	Unlimited
4/1/2001 to 3/31/2003	34.00	Unlimited
4/1/2003 to 3/31/2004	36.00	Unlimited
4/1/2004 to 3/31/2005	38.00	Unlimited
4/1/2005 & later	40.00	Unlimited

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Early Retirement Benefit

Eligibility: Age 55 and 10 Years of Service.

Benefit: The early retirement benefit is the accrued normal retirement based on Years of Participation at early retirement reduced 5/10% for each complete month under age 65 at retirement.

Disability Benefit

Eligibility: Upon total and permanent disability after 5 Years of Service.

Benefit: The disability benefit is the accrued normal retirement benefit based on Years of Participation at disability but with an overall minimum benefit of \$50 per month.

Vested Benefits Upon Termination of Service

Eligibility: Termination after completing 5 Years of Service.

Benefit: The vested termination benefit is the accrued normal retirement benefit payable at age 65 or, if the employee has 10 Years of Service, payable as early as age 55 on a reduced basis.

Pre-Retirement Spouse's Benefit

Eligibility: Eligible upon death after completion of 5 Years of Service, provided that the employee has been married to his current spouse for at least one year.

Benefit: The surviving spouse will receive the benefit she would have received if the employee had retired on the day of his death and had elected a 50% Joint and Survivor option. If death occurs prior to age 55, benefits to the spouse will commence with the month following the date on which the employee would have reached age 55.

Optional Forms of Retirement Income

Unless otherwise elected, any benefit payable under the Plan shall be paid on a 50% Joint and Survivor basis, if the employee has been married to his current spouse for at least one year, or on a straight-life basis otherwise, with the proviso that any benefits paid will be the actuarial equivalent of a benefit payable on a straight-life basis.

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Changes in Plan Provisions since Last Actuarial Valuation

None.

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Schedule SB, Line 25

Change in Method

This valuation is based on the January segment yield curve using a 24-month average. Results for the 2009 plan year were based on the full yield curve for the month of March. For 2010, a change in the method of selecting the interest rate does not require IRS approval.

The 2010 funding valuation results are based on the market value of assets. Results for the 2009 plan year incorporated a smoothed asset value based on the annual asset values as of May 1, 2009 and two prior valuation dates. This change in method does not require IRS approval in 2010.

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