

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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2011 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>10/01/2011</u> and ending <u>09/30/2012</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>AMERICAN BAKERS ASSOCIATION RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>10/01/1961</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>10/01/1961</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>10/01/1961</u>					
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>AMERICAN BAKERS ASSOCIATION</u> <u>1300 I ST., N.W., STE. 700W</u> <u>WASHINGTON, DC 20005-7203</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>36-0723070</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>202-789-0300</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>311800</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>36-0723070</u>	2c Sponsor's telephone number <u>202-789-0300</u>	2d Business code (see instructions) <u>311800</u>	
2b Employer Identification Number (EIN) <u>36-0723070</u>					
2c Sponsor's telephone number <u>202-789-0300</u>					
2d Business code (see instructions) <u>311800</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.	06/28/2013	ROBB MACKIE
	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 (2011)
v.012611

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

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	982
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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	155
b Retired or separated participants receiving benefits.....	6b	253
c Other retired or separated participants entitled to future benefits.....	6c	551
d Subtotal. Add lines 6a , 6b , and 6c	6d	959
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	27
f Total. Add lines 6d and 6e	6f	986
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

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)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☒ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

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

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)

(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2011 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning **10/01/2011** and ending **09/30/2012**

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

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

(a) Name of insurance carrier

AXA EQUITABLE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570651	62944	6016	237	10/01/2011	09/30/2012

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 933130**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 941828**c** Additions: (1) Contributions deposited during the year **7c(1)** 1855000(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 379(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 1855379**d** Total of balance and additions (add **b** and **c(6)**). **7d** 2797207**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 1858959(2) Administration charge made by carrier **7e(2)** 5118(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 1864077**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 933130

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012

▶ **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>AMERICAN BAKERS ASSOCIATION RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>AMERICAN BAKERS ASSOCIATION</u>	D Employer Identification Number (EIN) <u>36-0723070</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>10</u> Day <u>01</u> Year <u>2011</u>	
2 Assets:	
a Market value	2a <u>54571266</u>
b Actuarial value	2b <u>56252948</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment	3a <u>235</u> (1) Number of participants <u>20405973</u> (2) Funding Target
b For terminated vested participants	3b <u>498</u> <u>12147627</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>393069</u>
(2) Vested benefits	3c(2) <u>15372826</u>
(3) Total active	3c(3) <u>249</u> <u>15765895</u>
d Total	3d <u>982</u> <u>48319495</u>
4 If the plan is in at-risk status, check the box and complete lines (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 in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>5.76 %</u>
6 Target normal cost	6 <u>1266176</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>05/22/2013</u>
Signature of actuary	Date
<u>MICHAEL A. ACCARDO, FSA</u>	<u>11-05390</u>
Type or print name of actuary	Most recent enrollment number
<u>SIBSON CONSULTING</u>	<u>212-251-5000</u>
Firm name	Telephone number (including area code)
<u>333 WEST 34TH STREET</u> <u>NEW YORK, NY 10001</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2011
v.012611

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 (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>5.48</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		323372
b	Interest on (a) using prior year's effective rate of <u>6.51</u> % except as otherwise provided (see instructions)		21052
c	Total available at beginning of current plan year to add to prefunding balance		344424
d	Portion of (c) to be added to prefunding balance		344424
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	344424

Part III		Funding percentages	
14	Funding target attainment percentage	14	115.71 %
15	Adjusted funding target attainment percentage	15	116.41 %
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	141.88 %
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
04/01/2012	374064	0			
			Totals ▶	18(b)	374064
				18(c)	

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions 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 363735
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

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

21 Discount rate:				
a Segment rates:	1st segment: 2.27%	2nd segment: 5.43%	3rd segment: 6.34 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6)	31a	1266176										
b Excess assets, if applicable, but not greater than 31a	31b	1266176										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	0	0	b Waiver amortization installment	0	0
	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	0										
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	0										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement.....	0	0	0									
36 Additional cash requirement (line 34 minus line 35)	36	0										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	363735										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	363735										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0										
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0										
40 Unpaid minimum required contributions for all years.....	40	0										

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012

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

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)

THE COTTONWOOD GROUP, LLC

20-5250908

(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 50	NONE	133500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE SEGAL COMPANY

06-0839113

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50 22 53	NONE	55000	Yes ☒ No ☐	Yes ☐ No ☒	19749	Yes ☐ No ☒

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

THOMPSON, SIEGEL & WALMSLEY INC.

54-0854396

(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?
28 51 68 52	NONE	61073	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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)

STATE STREET BANK & TRUST COMPANY

04-1867445

(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 51	NONE	58652	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL ADVISORS, INC.

13-2646110

(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?
27 51	NONE	53796	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANNE H.S. FRASER, P.C.

52-1875067

(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?
29 50	NONE	48882	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

STATE STREET GLOBAL ADVISORS

04-1867445

(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?
28 51 52 18 19 68 99	NONE	38646	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

AMERICAN BAKERS ASSOCIATION

36-0723070

(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?
15 50	PLAN SPONSOR	38050	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NOVAK FRANCELLA LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	25313	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

AXA EQUITABLE LIFE INSURANCE CO.

13-5570651

(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?
15 50	NONE	7588	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
THE SEGAL COMPANY	22 53	12388
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>FEDERAL INSURANCE COMPANY</p> <p>13-1963496</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>INSURANCE BROKERAGE COMMISSIONS</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) Enter service provider name as it appears on line 2</p> <p>THE SEGAL COMPANY</p> </div> <div style="width: 20%;"> <p>(b) Service Codes (see instructions)</p> <p style="text-align: center;">22 53</p> </div> <div style="width: 20%;"> <p>(c) Enter amount of indirect compensation</p> <p style="text-align: right;">7361</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>ULLICO CASUALTY COMPANY</p> <p>13-2988846</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>INSURANCE BROKERAGE COMMISSIONS</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) Enter service provider name as it appears on line 2</p> </div> <div style="width: 20%;"> <p>(b) Service Codes (see instructions)</p> </div> <div style="width: 20%;"> <p>(c) Enter amount of indirect compensation</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> </div> </div>		

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:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center; font-weight: bold;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large; font-weight: bold;">2011</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection.</p>
<p>For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012</p>		
<p>A Name of plan AMERICAN BAKERS ASSOCIATION RETIREMENT PLAN</p>		<p>B Three-digit plan number (PN) ▶ 001</p>
<p>C Plan or DFE sponsor's name as shown on line 2a of Form 5500 AMERICAN BAKERS ASSOCIATION</p>		<p>D Employer Identification Number (EIN) 36-0723070</p>
<p>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)</p>		
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: DAILY INTERNATIONAL ALPHA SL (ZV69)</p>		
<p>b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST</p>		
<p>c EIN-PN 04-0025081-189</p>	<p>d Entity code C</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 2000 GROWTH INDEX (CMH5)</p>		
<p>b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST</p>		
<p>c EIN-PN 04-0025081-026</p>	<p>d Entity code C</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 1000 GROWTH INDEX (CM83NON)</p>		
<p>b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST</p>		
<p>c EIN-PN 90-0337987-124</p>	<p>d Entity code C</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7557022</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: INTERM US GOV'T BOND INDX (CM1E)</p>		
<p>b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST</p>		
<p>c EIN-PN 04-0025081-144</p>	<p>d Entity code C</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23099949</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: INTERM US CREDIT INDX FD (CM1F)</p>		
<p>b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST</p>		
<p>c EIN-PN 04-0025081-148</p>	<p>d Entity code C</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12258052</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: INTL ALPHA NL FUND (ZV69NON)</p>		
<p>b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST</p>		
<p>c EIN-PN 90-0337987-237</p>	<p>d Entity code C</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2826747</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 2000 GROWTH INDX NL (CMC5)</p>		
<p>b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST</p>		
<p>c EIN-PN 04-6809843-001</p>	<p>d Entity code C</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2565002</p>

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2011</div> This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012		
A Name of plan AMERICAN BAKERS ASSOCIATION RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 AMERICAN BAKERS ASSOCIATION	D Employer Identification Number (EIN) 36-0723070	

	Part I Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		20730
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	28205	39037
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	237158	560233
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	290108	215659
	(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)	11232465	10057232
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts.....	1c(9)	47868319	48306772
	(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)		
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	941828	933130
	(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	60598083	60132793

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	77226	75436
i Acquisition indebtedness	1i		
j Other liabilities	1j	6002809	349894
k Total liabilities (add all amounts in lines 1g through 1j)	1k	6080035	425330

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	54518048	59707463
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	374064	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		374064
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	34	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	380	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		414
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	232531	
(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)		232531
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	20754354	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	19449224	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1305130

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	1205805	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1205805
(6) Net investment gain (loss) from common/collective trusts	2b(6)		4626873
(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		7744817

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1856489	
(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)		1856489
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	129195	
(2) Contract administrator fees	2i(2)	133500	
(3) Investment advisory and management fees	2i(3)	212167	
(4) Other	2i(4)	224051	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		698913
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2555402

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5189415
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: NOVAK FRANCELLA LLC

(2) EIN: 61-1436956

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

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

Part IV Compliance Questions

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

During the plan year:

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

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

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

5b(1) Name of plan(s)

SARA LEE CORP.CONSOLIDATED HOURLY PENSION PLAN

5b(2) EIN(s)	5b(3) PN(s)
36-2089049	221

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 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012

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

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>36-0723070</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 (include any prior year accumulated funding deficiency not waived)	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 or other authority 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. 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): _____

- 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 BAKERS ASSOCIATION
RETIREMENT PLAN**

FINANCIAL STATEMENTS

SEPTEMBER 30, 2012

**AMERICAN BAKERS ASSOCIATION
RETIREMENT PLAN**

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

SEPTEMBER 30, 2012 AND 2011

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INDEPENDENT AUDITOR'S REPORT

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

We have audited the accompanying statements of net assets available for benefits of American Bakers Association Retirement Plan (the Plan) as of September 30, 2012 and 2011, 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 examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the American Bakers Association Retirement Plan as of September 30, 2012 and 2011, and the changes in its financial status for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

Novak Francella LLC

June 3, 2013

**AMERICAN BAKERS ASSOCIATION
RETIREMENT PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

SEPTEMBER 30, 2012 AND 2011

ASSETS	<u>2012</u>	<u>2011</u>
INVESTMENTS - at fair value		
Common stocks	\$ 10,057,232	\$ 11,232,465
Common collective trusts	48,306,772	47,868,319
Short-term investments	215,659	290,108
	<u>58,579,663</u>	<u>59,390,892</u>
CASH AND CASH EQUIVALENTS	<u>953,860</u>	<u>941,828</u>
RECEIVABLES		
Employer contributions - net allowance for doubtful accounts of \$- and \$2,574,063	39,037	28,205
Accrued interest and dividends	23,742	20,452
Due from broker - investments sold	324,886	1,845
Due from Pension Benefit Guaranty Corporation	123,916	123,916
Other receivables	-	2,950
	<u>511,581</u>	<u>177,368</u>
PREPAID EXPENSES	<u>87,689</u>	<u>87,995</u>
Total assets	<u>60,132,793</u>	<u>60,598,083</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable and accrued expenses	75,436	77,226
Due to broker - investments purchased	349,894	2,809
Asset transfer obligation	-	6,000,000
Total liabilities	<u>425,330</u>	<u>6,080,035</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 59,707,463</u>	<u>\$ 54,518,048</u>

See accompanying notes to financial statements.

**AMERICAN BAKERS ASSOCIATION
RETIREMENT PLAN**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED SEPTEMBER 30, 2012 AND 2011

	<u>2012</u>	<u>2011</u>
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ 7,137,808	\$ 2,856,688
Interest and dividends	232,945	322,912
Securities lending	-	10
	<u>7,370,753</u>	<u>3,179,610</u>
Less investment expenses	(158,371)	(203,151)
Investment income - net	<u>7,212,382</u>	<u>2,976,459</u>
Employer contributions	<u>374,064</u>	<u>382,009</u>
Total additions	<u>7,586,446</u>	<u>3,358,468</u>
DEDUCTIONS		
Retirement benefits paid	1,856,489	1,923,584
Professional fees	316,491	448,926
Administrative expenses	185,761	211,746
Pension Benefit Guaranty Insurance	<u>38,290</u>	<u>88,200</u>
Total deductions	<u>2,397,031</u>	<u>2,672,456</u>
NET INCREASE	5,189,415	686,012
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>54,518,048</u>	<u>53,832,036</u>
End of year	<u><u>\$ 59,707,463</u></u>	<u><u>\$ 54,518,048</u></u>

See accompanying notes to financial statements.

**AMERICAN BAKERS ASSOCIATION
RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2012 AND 2011

NOTE 1. DESCRIPTION OF PLAN

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

General - The Plan is one to which more than one employer contributes and has been determined to be a multiple employer plan for periods after August 8, 2006, using a pooled trust, governed by a single Board of Trustees (the Board), and a single Plan Document. The Plan is open to baking and allied company members of the American Bakers Association. It covers classes of collectively bargained employees and other employees designated by each participating employer. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

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

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

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

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

Cash Equivalents - The Plan considers amounts available for immediate withdrawal from bank accounts and highly liquid cash deposits and money market securities to be cash equivalents.

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

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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Employer Contributions Receivable - Contributions from employers are accrued based upon subsequent employer remittance reports, cash receipts and estimated future collections. As of September 30, 2011, a provision for doubtful accounts of \$2,574,063 for certain employers declining to pay additional contributions for certain fiscal years 2010 and prior existed. As of September 30, 2012, an allowance for uncollectible accounts is not considered material and is not provided.

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

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

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

NOTE 3. FUNDING POLICY

Employer contributions, in aggregate, to the Plan are made in actuarially determined amounts sufficient to annually fund the Plan in accordance with the minimum funding requirements of ERISA (the funding requirements). No additional contributions are required for the years ended September 30, 2012 and 2011.

NOTE 4. PLAN TERMINATION

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

NOTE 5. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Actuarial valuations of the Plan were made by a consulting actuary as of October 1, 2012 and 2011. Information shown in the reports included the following:

	Benefit Information Date	
	October 1,	
	2012	2011
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants and beneficiaries currently		
receiving benefits	\$ 20,217,411	\$ 17,117,080
Other participants	<u>19,382,312</u>	<u>21,275,277</u>
	39,599,723	38,392,357
Nonvested benefits	<u>273,982</u>	<u>303,035</u>
Total actuarial present value of		
accumulated plan benefits	<u>\$ 39,873,705</u>	<u>\$ 38,695,392</u>

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

As reported by the actuary, the changes in the actuarial present value of accumulated plan benefits during the years ended September 30, 2012 and 2011 were as follows:

	Benefit Information Date October 1,	
	2012	2011
Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 38,695,392</u>	<u>\$ 35,368,466</u>
Increase (decrease) during the year attributed to		
Change in actuarial assumption	74,894	2,324,392
Change in plan provisions	-	106,615
Benefits accumulated and experience	57,754	130,726
Increase for interest due to the decrease in the discount period	2,902,154	2,652,635
Benefits paid	<u>(1,856,489)</u>	<u>(1,887,442)</u>
Net increase (decrease)	<u>1,178,313</u>	<u>3,326,392</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 39,873,705</u>	<u>\$ 38,695,392</u>

Some of the more significant assumptions used in the valuations as of October 1, 2012 and 2011, were as follows:

- Assumed rate of return on investments - 7.5% for 2012 and 2011.
- Retirement age rates for 2012 and 2011 are age 55-58, 5%; age 59-61, 15%; age 62-64, 25%; age 65, 100%.
- Mortality rates - RP2000 separate annuitant and non-annuitant tables with static projection for 2012 and 2011.
- Annual administrative expenses - \$600,000 for 2012 and 2011.
- Actuarial value of assets - Assets are determined by averaging the market value as of the valuation date and the adjusted market values as of the preceding two years. The resulting value is limited to between 90% and 110% of market value of assets.

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

As of October 1, 2012 and 2011, the actuary reported that the Plan was in green status as identified under the Pension Protection Act of 2006.

NOTE 6. INVESTMENTS

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

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

	2012		2011	
	Cost	Fair Value	Cost	Fair Value
Investments at fair value as determined by quoted market price:				
Common stocks - large cap value	\$ 6,830,290	\$ 7,489,719	\$ 9,656,578	\$ 8,845,363
Common stocks - small cap value	<u>2,370,206</u>	<u>2,567,513</u>	<u>2,733,799</u>	<u>2,387,102</u>
	<u>9,200,496</u>	<u>10,057,232</u>	<u>12,390,377</u>	<u>11,232,465</u>
Investments at estimated fair value:				
SSGA common collective trusts:				
Russell 1000 Growth Fund	3,565,016	7,557,022	5,606,178	9,195,367
Intermediate US Government Index Fund	21,591,145	23,099,949	21,108,932	22,095,942
Intermediate Credit Index NL Fund	10,929,016	12,258,052	11,380,416	11,796,842
Other	4,762,249	5,391,749	5,088,907	4,780,168
Short-term investment funds	<u>215,659</u>	<u>215,659</u>	<u>290,108</u>	<u>290,108</u>
	<u>41,063,085</u>	<u>48,522,431</u>	<u>43,474,541</u>	<u>48,158,427</u>
Total	<u>\$ 50,263,580</u>	<u>\$ 58,579,663</u>	<u>\$ 55,864,918</u>	<u>\$ 59,390,892</u>

During the years ended September 30, 2012 and 2011, the Plan's investments, including investments bought, sold, as well as held during the year appreciated (depreciated) in fair value as follows:

	2012	2011
Investments at fair value as determined by quoted market price:		
Common stocks - large cap value	\$ 1,848,562	\$ (21,376)
Common stocks - small cap value	656,289	353,172
Investments at estimated fair value:		
Common collective trusts	<u>4,632,957</u>	<u>2,524,892</u>
Total	<u>\$ 7,137,808</u>	<u>\$ 2,856,688</u>

NOTE 7. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement

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

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

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

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

For the years ended September 30, 2012 and 2011, there were no transfers in or out of levels 1, 2, or 3.

Fair Value Measurements at September 30, 2012				
	Total	Level 1	Level 2	Level 3
Common stocks				
Large cap value	\$ 7,489,719	\$ 7,489,719	\$ -	\$ -
Small cap value	2,567,513	2,567,513	-	-
Common collective trusts				
International core equity	2,826,747	-	2,826,747	-
Large cap growth	7,557,022	-	7,557,022	-
Small cap growth	2,565,002	-	2,565,002	-
Fixed income	35,358,001	-	35,358,001	-
Short-term investment funds	215,659	-	215,659	-
	<u>\$58,579,663</u>	<u>\$10,057,232</u>	<u>\$48,522,431</u>	<u>\$ -</u>

NOTE 7. FAIR VALUE MEASUREMENTS (continued)

The unfunded commitments, redemption information, and redemption period are as follows at September 30, 2012:

Common collective trusts:	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
SSgA Intermediate U.S. Government Bond Index Fund Non-lending ^(a)	\$ 23,099,949	\$ -	Daily	2 days
SSgA Russell 1000 Growth Index Fund Non-lending ^(b)	7,557,022	-	Daily	2 days
SSgA Intermediate U.S. Credit Index Fund Non-lending ^(c)	12,258,052	-	Daily	2 days
SSgA International Alpha Non-lending ^(d)	2,826,747	-	Daily	2 days
SSgA Russell 2000 Growth Index Fund Non-lending ^(e)	2,565,002	-	Daily	2 days

(a) State Street Bank is Trustee, Custodian, and Record keeper of the Fund and has exclusive management and control of the Trust. State Street Global Advisors ("SSgA"), a division of State Street Bank, is the Fund's investment manager. The investment objective of the Fund is to approximate as closely as practicable, before expenses, the performance of the Barclays Capital U.S. Intermediate Government Bond Index over the long term. The Fund attempts to achieve its investment objective by investing in other collective investment funds (each an "Underlying Fund"), managed by the Trustee, which have characteristics consistent with the Fund's overall investment objective.

(b) State Street Bank is Trustee, Custodian, and Record keeper of the Fund and has exclusive management and control of the Trust. State Street Global Advisors ("SSgA"), a division of State Street Bank, is the Fund's investment manager. The investment objective of the Fund is to approximate as closely as practicable, before expenses, the performance of the Russell 1000® Growth Index over the long term.

(c) State Street Bank is Trustee, Custodian, and Record keeper of the Fund and has exclusive management and control of the Trust. State Street Global Advisors ("SSgA"), a division of State Street Bank, is the Fund's investment manager. The investment objective of the Fund is to approximate as closely as practicable, before expenses, the performance of the Barclays Capital U.S. Intermediate Credit Bond Index over the long term. The Fund attempts to achieve its investment objective by investing in other collective investment funds (each an "Underlying Fund"), managed by the Trustee, which have characteristics consistent with the Fund's overall investment objective.

(d) State Street Bank is Trustee, Custodian, and Record keeper of the Fund and has exclusive management and control of the Trust. State Street Global Advisors ("SSgA"), a division of State Street Bank, is the Fund's investment manager. The investment objective of the Fund is to provide a total investment return in excess of the performance of the MSCI EAFE® Index over the long term. The Fund's underlying investments consist of common stocks, preferred stock and short-term investment fund.

NOTE 7. FAIR VALUE MEASUREMENTS (continued)

(e) State Street Bank is Trustee, Custodian, and Record keeper of the Fund and has exclusive management and control of the Trust. State Street Global Advisors ("SSGA"), a division of State Street Bank, is the Fund's investment manager. The investment objective of the Fund is to approximate as closely as practicable, before expenses, the performance of the Russell 2000® Growth Index over the long term.

	Fair Value Measurements at September 30, 2011			
	Total	Level 1	Level 2	Level 3
Common stocks				
Large cap value	\$ 8,845,363	\$ 8,845,363	\$ -	\$ -
Small cap value	2,387,102	2,387,102	-	-
Common collective trusts				
International core equity	2,491,778	-	2,491,778	-
Large cap growth	9,195,367	-	9,195,367	-
Small cap growth	2,288,390	-	2,288,390	-
Fixed income	33,892,784	-	33,892,784	-
Short-term investment funds	290,108	-	290,108	-
	<u>\$ 59,390,892</u>	<u>\$11,232,465</u>	<u>\$48,158,427</u>	<u>\$ -</u>

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

The American Bakers Association, a Plan sponsor, provides certain administrative services to the Plan. These services include allocated salaries and benefits, overhead and other administrative costs. The amounts reimbursed totaled \$38,050 for each of the years ended September 30, 2012 and 2011, respectively, and are included in administrative expenses. As of September 30, 2012 and 2011, the Plan owed the American Bakers Association \$9,756 and \$11,170, respectively.

Certain Plan investments are shares of common collective trusts and registered investment companies managed by State Street Global Advisors (SSGA), in which the custodian is a related entity, State Street Bank and Trust Company. SSGA is the investment manager, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services totaled \$38,645 and \$39,514 for the years ended September 30, 2012 and 2011, respectively. As of September 30, 2012 and 2011, the Plan owed SSGA \$9,739 and \$9,626, respectively. Fees paid by the Plan for custodial services total \$58,652 and \$56,893 for the years ended September 30, 2012 and 2011, respectively. As of September 30, 2012 and 2011, the Plan owed State Street Bank and Trust Company \$9,455 and \$8,683, respectively.

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

NOTE 9. INCOME TAX STATUS

The Plan obtained its latest determination letter dated August 30, 2002 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from Federal income taxes under the provisions of Section 501(a). The Plan has been amended since receiving the determination letter. The Plan's administrator and counsel believe the Plan is currently designed and being operated in accordance with the applicable requirements of the Internal Revenue Code.

Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax provisions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. At the present time, the Plan is no longer subject to income tax examinations by U.S. Federal, state or local tax authorities for the years before 2009.

NOTE 10. RISKS AND UNCERTAINTIES

The Plan invests in various investments. Investments are exposed to various risks, such as interest rate, market, sector, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and those such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

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

NOTE 11. EMPLOYER TRANSFER

On March 26, 2011, Sara Lee Corporation (SLC) and the Board entered into an agreement to resolve all outstanding issues arising out of SLC's transfer of participants and spin off of assets to the SLC non-union hourly plan effective December 31, 2004. In accordance with the agreement stipulating that the remaining transfer of assets would consist of two payments of \$6,000,000 each, the remaining assets attributable to the transferred participants were transferred to the SLC plan on April 11, 2011 and December 2, 2011.

NOTE 12. UNCERTAINTY - CONTINGENCY

The Plan entered into a settlement agreement with Interstate Bakeries Corporation (IBC), a former contributing employer, that was approved by the United States Bankruptcy Court for the Western District of Missouri on December 1, 2008, which provided for:

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

On October 19, 2010, the Plan was notified that PBGC would terminate the IBC portion of the Plan and assume liability for payment of the IBC participants' pensions effective October 20, 2010, but without reimbursing the Plan for pension payments made to IBC participants that were not covered by IBC contributions prior to that date. The Plan continued to pay the IBC pensioner benefits, and the PBGC reimbursed the Plan, until the PBGC fully assumed the payment function to participants beginning with the February 2011 pension payments.

Subsequent to October 19, 2010, the Plan paid pension benefit expenses related to IBC. As a result, the Plan had recorded a receivable from the PBGC. On February 26, 2013, the Plan received \$123,916 from PBGC in full settlement of the receivable.

In accordance with its settlement agreement of all claims in the now-concluded Interstate Bakeries Corporation bankruptcy proceedings in the Western District of Missouri, the Plan continues to hold a claim against the Unsecured Creditors' Trust for pre-petition pension liabilities in the amount of \$6 million. The Unsecured Creditors' Trust recently disbursed the amount of \$89,578 being part payment on the claim, stating that the timing and amount of any further distributions is unknown. The Plan is in discussion with the PBGC as to any interest it may have in payments from the Unsecured Creditors' Trust as a result of its partition and trusteeship of the IBC portion of the Plan.

NOTE 13. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through June 3, 2013, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

On May 14, 2013, acting on the request of the contributing employers, the Board approved a plan amendment to freeze benefit accruals effective September 30, 2013. Active participants in the Plan (and any alternate payees) will not earn additional retirement benefits under the Plan after that date, and the Plan will be closed to new entrants.

SUPPLEMENTAL INFORMATION

**INDEPENDENT AUDITOR'S REPORT ON REQUIRED
SUPPLEMENTAL SCHEDULES AND SUPPLEMENTAL INFORMATION**

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

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedules of Professional Fees, Schedules of Administrative Expenses, Schedule of Assets Held for Investment Purpose and Schedule of Reportable (5%) Transactions, on pages 16 through 22, together referred to as "supplemental information," are presented for purposes of additional analysis and are not a required part of the financial statements. The supplemental schedules on pages 17 through 22 represents supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Novak Francella LLC

June 3, 2013

**AMERICAN BAKERS ASSOCIATION
RETIREMENT PLAN**

SCHEDULES OF PROFESSIONAL FEES AND ADMINISTRATIVE EXPENSES

SEPTEMBER 30, 2012 AND 2011

	<u>2012</u>	<u>2011</u>
PROFESSIONAL FEES		
Actuarial fees	\$ 55,000	\$ 55,000
Audit, accounting and payroll audit fees	25,313	36,516
Investment performance evaluation fees	53,796	85,951
Legal fees and expenses	48,882	115,459
Plan administrator fees	<u>133,500</u>	<u>156,000</u>
	<u>\$ 316,491</u>	<u>\$ 448,926</u>
ADMINISTRATIVE EXPENSES		
American Bakers Association reimbursements	\$ 38,050	\$ 38,050
Insurance	131,816	131,826
Meetings	6,528	11,492
Miscellaneous	1,779	16,973
Pension disbursement account fees	<u>7,588</u>	<u>13,405</u>
	<u>\$ 185,761</u>	<u>\$ 211,746</u>

**AMERICAN BAKERS ASSOCIATION
RETIREMENT PLAN**

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

SEPTEMBER 30, 2012

Form 5500, Schedule H, Line 4i

EIN: 36-0723070

Plan No: 001

(a)	(b)	(c)				(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
		Shares/ Type	Interest Principal	Maturity Rate	Date		
		<u>Common stocks:</u>					
	Acacia Research Acacia Tech		1,250			\$ 23,934	\$ 34,262
	ACCO Brands Corp		2,900			30,650	18,821
	Actuant Corp-CL A		1,400			31,576	40,068
	Advance Auto Parts Inc		1,400			102,091	95,816
	Airgas Inc		1,100			84,159	90,530
	Air Methods Corp		325			26,814	38,795
	Allstate Corp		2,300			72,321	91,103
	American Equity Investment Life HL		3,600			37,419	41,868
	American Vanguard Corp		900			10,214	31,320
	American Water Works Co Inc		2,200			79,914	81,532
	Amerisourcebergen Corp		3,600			141,690	139,356
	Amsurg Corp		975			25,148	27,670
	Andersons Inc		500			15,101	18,830
	Annaly Capital Management Inc		8,300			142,108	139,772
	Arch Capital Group Ltd		4,000			126,674	166,720
	Asbury Automotive Group		1,175			22,243	32,841
	Aspen Insurance Holdings Ltd		800			23,512	24,392
	Astoria Financial Group		2,100			27,770	20,748
	AT&T Inc		1,000			28,667	37,700
	Atlas Air Worldwide Holdings		500			25,377	25,815
	AVIS Budget Group Inc		1,750			24,175	26,915
	Barnes & Noble Inc		1,950			28,756	24,921
	Brandywine Realty Trust		1,900			21,753	23,161
	Capstead Mortgage Corp		2,650			33,881	35,748
	Cardtronics Inc		1,550			23,011	46,159
	Cash America Intl Inc		650			20,666	25,070
	Chevron Corp		3,000			287,600	349,680
	Chubb Corp		2,700			173,195	205,956
	Cigna corp		4,000			179,979	188,680
	Cisco Systems Inc		2,000			39,922	38,180
	Citigroup Inc		2,110			98,943	69,039
	City Holding Co		500			17,238	17,920
	Cliffs Natural Resources Inc		1,900			107,699	74,347

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Type	Interest Principal Rate	Maturity Date		
		<u>Common stocks continued:</u>				
	Coinstar Inc	600			\$ 32,553	\$ 26,988
	Columbia Banking System Inc	1,600			33,789	29,664
	Comerica	4,000			102,782	124,200
	Conocophillips	3,400			195,644	194,412
	Con Way Inc	850			28,317	23,264
	Cooper Tire & Rubber	1,700			36,248	32,606
	Darden Restaurants Inc	700			30,194	39,025
	Dealertrack Holdings Inc	700			19,546	19,495
	Deere & Co.	500			27,399	41,245
	Devon Energy Corporation	1,700			99,475	102,850
	DFC Global Corp	1,900			33,037	32,585
	Digitalglobe Inc	1,850			37,108	37,721
	DirecTV Class A	1,200			53,406	62,952
	DXP Enterprises Inc	600			26,255	28,662
	Eli Lilly & Co	3,000			120,362	142,230
	Emulex Corp	3,700			34,699	26,677
	Encore Capital Group Inc	1,250			30,499	35,325
	Energy XXI Bermuda	900			26,368	31,455
	Express Scripts Holding Co	2,500			144,606	156,675
	Exxon Mobil Corp	2,500			206,268	228,625
	Finish Line CL A	1,700			37,574	38,658
	First Cash Finl Svcs Inc	800			15,932	36,808
	First Commonwealth Fincl Corp	3,700			17,148	26,085
	Foot Locker Inc	1,800			39,886	63,900
	Freeport McMoran Copper	3,800			125,940	150,404
	G III Apparel Group Ltd	600			20,059	21,540
	Generac Holdings Inc	1,200			27,175	27,468
	General Electric Co	13,700			234,324	311,127
	Gentherm Inc	2,200			32,989	27,368
	Glatfelter	2,200			32,567	39,182
	Goldman Sachs Group Inc	1,500			208,538	170,520
	Gt Advanced Technologies Inc	3,225			31,389	17,576
	Hawaiian Holdings Inc	3,900			29,354	21,801
	Health Mgmt Associates Inc A	4,400			25,333	36,916
	Heartland Payment Systems In	700			13,650	22,176
	Helix Energy Solutions Group	1,400			24,867	25,578
	Hertz Global Holdings Inc	5,000			56,698	68,650
	Hexcel Corp	1,500			34,450	36,030
	Horace Mann Educators	1,200			21,936	21,732
	Humana Inc	900			68,563	63,135
	Iberiabank Corp	925			47,212	42,365
	Intl Game Technology	10,900			158,925	142,681

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Type	Interest Principal Rate	Maturity Date		
		<u>Common stocks continued:</u>				
	Irobot Corp	650			\$ 20,076	\$ 14,794
	Jack in the Box Inc	1,200			32,298	33,732
	Johnson & Johnson	1,000			60,006	68,910
	JP Morgan Chase & Co	6,300			228,654	255,024
	Kelly Services Inc Cl A	1,750			30,485	22,050
	Krispy Kreme Doughnuts Inc	2,700			17,788	21,411
	Kulicke & Soffa Industries	2,700			32,266	28,080
	Lam Research Corp	3,200			140,943	101,712
	Lasalle Hotel Properties	1,000			21,629	26,690
	Liberty Media Corp	1,500			114,115	156,255
	Logitech Intl Reg	3,600			35,714	32,940
	MagicJack Vocaltec Ltd	1,300			23,826	31,889
	Marathon Oil Corp	4,300			113,529	127,151
	Medifast Inc	1,200			23,865	31,380
	Men's Wearhouse Inc	1,375			47,325	47,341
	Merck & Co. Inc.	4,500			151,131	202,950
	Metlife Inc	2,100			81,879	72,366
	Metro Health Networks Inc	2,950			24,695	27,553
	Microsoft Corp	1,700			48,455	50,626
	Moneygram Intl Inc	1,675			29,912	25,025
	Multimedia Games Holding Co	1,600			17,666	25,168
	Netscout Systems Inc	1,325			27,557	33,801
	Newpark Resources Inc	2,950			22,633	21,860
	Norfolk Southern Corp	2,900			208,021	184,527
	Northwestern Corp	1,200			40,115	43,476
	Occidental Petroleum Corp	600			42,015	51,636
	Omega Healthcare Investors	825			13,252	18,752
	Oracle Corp	5,900			177,766	185,791
	Pfizer Inc	8,700			140,226	216,195
	Phillip Morris International	900			64,404	80,946
	Phillips 66	1,650			55,991	76,511
	PNM Resources Inc	1,375			25,562	28,916
	Ps Business Parks Inc/Ca	400			18,209	26,728
	Questcor Pharmaceuticals	975			17,175	18,038
	Rent A Center Inc	1,200			37,435	42,096
	Reynolds American Inc	4,800			126,997	208,032
	Royal Dutch Sell PLC ADR	1,000			70,109	71,300
	Santarus Inc	3,300			21,192	29,304
	Schweitzer Mauduit Intl Inc	884			18,906	29,163
	Select Comfort Corporation	1,300			23,440	41,015
	Shfl Entertainment Inc	1,700			16,847	26,877
	Shutterfly Inc	875			20,613	27,230

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Type	Interest Principal	Maturity Rate Date		
		<u>Common stocks continued:</u>				
	Silicon Image Inc	6,575			\$ 44,064	\$ 30,179
	Southwest Airlines Co	16,500			147,126	144,705
	Svb Financial Group	600			28,455	36,276
	TE Connectivity Ltd	3,100			109,970	105,431
	Tennant Co	875			30,859	37,468
	Teva Pharmaceutical SP ADR	3,700			152,253	153,217
	Texas Capital Bancshares Inc	700			16,864	34,797
	Time Warner Cable	1,000			63,683	95,060
	TIVO Inc	3,450			37,077	35,984
	Tower Group Inc	1,350			34,662	26,177
	TPC Group Inc	950			37,435	38,770
	Transglobe Energy Corp	2,000			28,870	21,720
	Twin Disc Inc	1,100			38,273	19,690
	Tyler Technologies Inc	700			25,317	30,814
	Universal American Corp	2,600			25,358	24,024
	Universal Corp / VA	350			17,774	17,822
	Universal Health Services B	1,400			76,366	64,022
	UNS Energy Corp	875			29,641	36,628
	Valero Energy Corp	2,500			58,623	79,200
	Viacom Inc Class B	3,900			180,797	209,001
	Vodafone Group Plc Sp Adr	5,000			139,384	142,475
	Voxx Intl Corp	1,800			22,839	13,464
	Walgreen Co	3,000			106,707	109,320
	Wells Fargo & Co	2,700			74,201	93,231
	Western Refining Inc	1,650			30,504	43,197
	Western Union Co	5,500			101,778	100,210
	Windstream Corp	15,000			163,375	151,650
	Wintrust Financial Corp	1,175			42,440	44,145
	WR Berkely Corp	2,700			93,814	101,223
		Total common stocks			9,200,495	10,057,232
		<u>Common collective trusts:</u>				
*	Daily International Alpha NL	146,388			2,826,764	2,826,747
*	Intermediate US Government Index	967,659			21,591,145	23,099,949
*	Intermediate Credit Index NL	446,169			10,929,016	12,258,052
*	Russell 1000 Growth	186,354			3,565,016	7,557,022
*	SSGA Russell 2000 Growth	121,065			1,935,484	2,565,002
		Total common collective trusts			40,847,425	48,306,772

(a)	(b)	(c)	(d)	(e)
Issuer, Borrower		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value		Current Value
		Shares/ Type	Interest Principal	Maturity Rate
			Date	
		<u>Short-term investment funds:</u>		
		207,182		\$ 207,182
*	State Street Bank and Trust STIF	8,477		\$ 8,477
		Total short-term investment funds		<u>215,659</u>
		Total investments		<u>\$ 50,263,579</u>

* A party-in-interest as defined by ERISA.

**AMERICAN BAKERS ASSOCIATION
RETIREMENT PLAN**

SCHEDULE OF REPORTABLE (5%) TRANSACTIONS

YEAR ENDED SEPTEMBER 30, 2012

Form 5500, Schedule H, Line 4j

EIN: 36-0723070
Plan No: 001

(a)	(b)	(c)	(d)	(g)	(h)	(i)
	Description	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset	Net Gain or (Loss)
*	Russell 1000 Growth Index	\$ -	N/A	N/A	\$ -	N/A
*	Russell 1000 Growth Index	N/A	\$3,765,000	\$ 2,041,162	2,041,162	\$ 1,723,838
	Government STIF 18	6,000,182	N/A	N/A	6,000,182	N/A
	Government STIF 18	N/A	6,009,376	6,009,376	6,009,376	-
	State Street Bank and Trust STIF	3,540,363	N/A	N/A	3,540,363	N/A
	State Street Bank and Trust STIF	N/A	3,605,736	3,605,736	3,605,736	-

* A party-in-interest as defined by ERISA.

Attachment to the 2011 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
American Bakers Association Retirement Plan
EIN 36-0723070 / PN 001

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

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

Attachment to the 2011 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
American Bakers Association Retirement Plan
EIN 36-0723070 / PN 001

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

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

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

Attachment to the 2011 Schedule SB of Form 5500
Schedule SB, Line 26 – Schedule of Active Participant Data
American Bakers Association Retirement Plan
EIN 36-0723070 / PN 001

Age	Total	Years of service								
		1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 and over
Total	249	73	59	47	23	10	12	15	8	2
Under 20	-	-	-	-	-	-	-	-	-	-
20 – 24	2	2	-	-	-	-	-	-	-	-
25 – 29	16	14	2	-	-	-	-	-	-	-
30 – 34	26	11	11	4	-	-	-	-	-	-
35 – 39	24	12	9	3	-	-	-	-	-	-
40 – 44	32	7	8	9	6	2	-	-	-	-
45 – 49	41	13	12	7	7	-	1	1	-	-
50 – 54	48	8	8	14	4	4	4	5	1	-
55 – 59	35	4	3	3	5	4	5	5	6	-
60 – 64	23	1	5	7	1	-	2	4	1	2
65 – 69	1	1	-	-	-	-	-	-	-	-
70 and over	1	-	1	-	-	-	-	-	-	-

Note: Excludes 28 employees with less than one year of service.

Attachment to the 2011 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
American Bakers Association Retirement Plan
EIN 36-0723070 / PN 001

Interest:	<p>The interest rates used for the 2011 plan year are the 24-month average corporate bond yields during June 2011. These discount rates are 2.27% for payments in the first 5 years, 5.43% for payments in years 6 – 20, and 6.34% for payments thereafter, which translates to an effective interest rate of 5.76%. (Prior year 24-month average corporate bond rates were 4.16% for payments in the first 5 years, 6.52% for payments in years 6 – 20, and 6.68% for payments thereafter, which translates to an effective interest rate of 6.51%.)</p> <p>The yield curve used to determine the PBGC variable rate premium is the same as funding.</p>																				
Mortality rates:	<p>RP2000 separate annuitant and non-annuitant tables with static projection. Mortality is projected through the valuation date plus another 7 years for annuitants, and through the valuation date plus another 15 years for nonannuitants. This assumption is one of the choices allowed by the regulations.</p>																				
Sample termination rates:	<table data-bbox="856 719 1262 1224"> <tr> <th>Age</th><th>Male & Female</th></tr> <tr> <td>20</td><td>21.2%</td></tr> <tr> <td>25</td><td>15.8</td></tr> <tr> <td>30</td><td>11.6</td></tr> <tr> <td>35</td><td>8.4</td></tr> <tr> <td>40</td><td>6.2</td></tr> <tr> <td>45</td><td>4.2</td></tr> <tr> <td>50</td><td>2.6</td></tr> <tr> <td>55</td><td>1.0</td></tr> <tr> <td>60</td><td>0.0</td></tr> </table> <p>An additional 20% is added to the above withdrawal rates for employees with service under 3 years.</p>	Age	Male & Female	20	21.2%	25	15.8	30	11.6	35	8.4	40	6.2	45	4.2	50	2.6	55	1.0	60	0.0
Age	Male & Female																				
20	21.2%																				
25	15.8																				
30	11.6																				
35	8.4																				
40	6.2																				
45	4.2																				
50	2.6																				
55	1.0																				
60	0.0																				

Attachment to the 2011 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
American Bakers Association Retirement Plan
EIN 36-0723070 / PN 001

Sample disability rates:			
	Age	Male	Female
	20	0.05%	0.05%
	25	0.05	0.05
	30	0.05	0.05
	35	0.06	0.06
	40	0.09	0.09
	45	0.18	0.18
	50	0.40	0.40
	55	0.85	0.85
	60	1.74	1.74
Retirement (from active status) rates:			
	Age	Rates	
	55 - 58	5%	
	59 - 61	15	
	62 - 64	25	
	65	100	
Retirement from inactive status:	Age 65		
Age difference:	Husbands are three years older than their wives.		
Administrative expenses:	\$600,000.		
Asset method:	As selected by the plan sponsor, assets are determined by averaging the market value as of the valuation date and the adjusted market values as of the preceding two years. The resulting value is limited to between 90% to 110% of market value of assets. The adjusted market values reflect cash flow and expected earnings to the valuation date. The expected earnings are based on an assumed rate of return of 7.50%, not to exceed the applicable third segment rate of 6.80% in 2009 and 6.68% in 2010.		
Funding method:	Funding method is unit credit actuarial cost method, as prescribed by law. The liability is measured on an accrual-to-date basis using mandated mortality tables and interest rates with no salary projection past the end of the year.		

Attachment to the 2011 Schedule SB of Form 5500
Schedule SB, Line 22 – Weighted Average Retirement Age
American Bakers Association Retirement Plan
EIN 36-0723070 / PN 001

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

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

Wtd. Ave. Ret. Age: 61.17295035761

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012

► **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 AMERICAN BAKERS ASSOCIATION RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AMERICAN BAKERS ASSOCIATION	D Employer Identification Number (EIN) 36-0723070	
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>10</u> Day <u>01</u> Year <u>2011</u>		
2	Assets:		
	a Market value	2a	54571266
	b Actuarial value	2b	56252948
3	Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a	235
	b For terminated vested participants	3b	498
	c For active participants:		
	(1) Non-vested benefits	3c(1)	393069
	(2) Vested benefits	3c(2)	15372826
	(3) Total active	3c(3)	249
	d Total	3d	982
4	If the plan is in at-risk status, check the box and complete lines (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 in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.76%
6	Target normal cost	6	1266176

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary	<u>05/22/2013</u> Date <u>1105390</u> Most recent enrollment number <u>212-251-5000</u> Telephone number (including area code)
MICHAEL A. ACCARDO, FSA Type or print name of actuary SIBSON CONSULTING Firm name 333 WEST 34TH STREET NEW YORK NY 10001 Address of the firm		

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) 2011
v.012611**

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 (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>5.48%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		323372
b Interest on (a) using prior year's effective rate of <u>6.51%</u> except as otherwise provided (see instructions)		21052
c Total available at beginning of current plan year to add to prefunding balance		344424
d Portion of (c) to be added to prefunding balance		344424
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	344424

Part III	Funding percentages	
14 Funding target attainment percentage	14	115.70%
15 Adjusted funding target attainment percentage	15	116.41%
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	141.88%
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
04/01/2012	374064	0			
Totals ▶			18(b)	374064	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 contributions 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	363735	
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

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

21 Discount rate:			
a Segment rates:	1st segment: 2.27%	2nd segment: 5.43%	3rd segment: 6.34%
			☐ N/A, full yield curve used
b Applicable month (enter code)	21b		4
22 Weighted average retirement age	22		61
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	1266176	
b Excess assets, if applicable, but not greater than 31a	31b	1266176	
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	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	363735	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	363735	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years	☐ 15 years	
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008	☐ 2009	☐ 2010 ☐ 2011
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		