

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). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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>BIMBO BAKERIES USA 401(K) PLAN FOR FORMER SARA LEE ASSOCIATES</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>005</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>11/06/2011</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>005</u>	1c Effective date of plan <u>11/06/2011</u>	
1b Three-digit plan number (PN) ▶	<u>005</u>				
1c Effective date of plan <u>11/06/2011</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>BBU, INC.</u> <u>255 BUSINESS CENTER DRIVE</u> <u>HORSHAM, PA 19044</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>75-2490530</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>215-672-8010</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>311800</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>75-2490530</u>	2c Plan Sponsor's telephone number <u>215-672-8010</u>	2d Business code (see instructions) <u>311800</u>	
2b Employer Identification Number (EIN) <u>75-2490530</u>					
2c Plan Sponsor's telephone number <u>215-672-8010</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.	10/14/2015	CHRISTOPHER MOYERS
	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
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
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:		3c Administrator's telephone number	
a Sponsor's name		4b EIN	
5 Total number of participants at the beginning of the plan year		4c PN	
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		5 6985	
a(1) Total number of active participants at the beginning of the plan year		6a(1) 3612	
a(2) Total number of active participants at the end of the plan year		6a(2) 2981	
b Retired or separated participants receiving benefits		6b 0	
c Other retired or separated participants entitled to future benefits.....		6c 184	
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 3165	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 41	
f Total. Add lines 6d and 6e		6f 3206	
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 1099	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 412	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics 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		b General Schedules	
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information – Small Plan)	
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☐ A (Insurance Information)	
		(4) ☒ C (Service Provider Information)	
		(5) ☒ D (DFE/Participating Plan Information)	
		(6) ☐ G (Financial Transaction Schedules)	

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan BIMBO BAKERIES USA 401(K) PLAN FOR FORMER SARA LEE ASSOCIATES	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 BBU, INC.	D Employer Identification Number (EIN) 75-2490530	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 64 65	RECORDKEEPER	352525	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEWITT ASSOCIATES LLC

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	19927	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 ☐

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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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;">2014</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

<p>A Name of plan BIMBO BAKERIES USA 401(K) PLAN FOR FORMER SARA LEE ASSOCIATES</p>	<p>B Three-digit plan number (PN) ▶ 005</p>	
<p>C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BBU, INC.</p>	<p>D Employer Identification Number (EIN) 75-2490530</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)	

a Name of MTIA, CCT, PSA, or 103-12 IE: BIMBO BAKERIES USA SAVINGS PLAN MAS

b Name of sponsor of entity listed in (a): BBU, INC.

c EIN-PN 61-1621204-200	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 84615536
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>BIMBO BAKERIES USA 401(K) PLAN FOR FORMER SARA LEE ASSOCIATES</u>		B Three-digit plan number (PN) ▶ <u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BBU, INC.</u>		D Employer Identification Number (EIN) <u>75-2490530</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	1544211	1009120
(2) Participant contributions.....	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	7176896	4241949
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	97403348	84615536
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	106124455	89866605

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	106124455	89866605
---	-----------	-----------	----------

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)	3363380	
(B) Participants	2a(1)(B)	4101401	
(C) Others (including rollovers)	2a(1)(C)	296452	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7761233
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	228135	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		228135
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		6115024
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		0
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		14104392

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	28483908	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		28483908
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		198368
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	372452	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		372452
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		29054728

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-14950336
l Transfers of assets:			
(1) To this plan.....	2l(1)		2365512
(2) From this plan.....	2l(2)		3673026

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: KREISCHER MILLER

(2) EIN: 23-1980475

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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.).....

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.).....

	Yes	No	Amount
4a	X		2760
4b		X	

	Yes	No	Amount
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	
4c			
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	
4d			
e Was this plan covered by a fidelity bond?	X		2000000
4e			
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	
4f			
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	
4g			
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	
4h			
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		
4i			
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	
4j			
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	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X		
4n			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
BIMBO BAKERIES USA UNION SAVINGS PLAN	75-2490530	003
BIMBO BAKERIES USA SAVINGS PLAN	75-2490530	002

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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 2014 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>BIMBO BAKERIES USA 401(K) PLAN FOR FORMER SARA LEE ASSOCIATES</u>	B Three-digit plan number (PN) ▶ <u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BBU, INC.</u>	D Employer Identification Number (EIN) <u>75-2490530</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>04-6568107</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

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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

BIMBO BAKERIES USA 401(k) PLAN FOR FORMER SARA LEE ASSOCIATES**Federal ID: 75-2490530****Plan: 005****Supplemental Schedule****Schedule H, Line 4a – Schedule of Delinquent Participant Contributions****December 31, 2014**

Participant Contributions Transferred Late to Plan		Total That Constitutes Nonexempt Prohibited Transactions		Total Fully Corrected under VFCP and PTE 2002-51
Check here if late participant loan repayments are included (x)	Contributions Not Corrected	Contributions Corrected Outside VCP	Contributions Pending Correction Through VFCP	
December 2013	\$43	\$1,993	\$ -	\$ -
January to November 2014	\$ -	\$724	\$ -	\$ -

**BIMBO BAKERIES USA
401(k) PLAN FOR FORMER
SARA LEE ASSOCIATES**

Financial Statements

December 31, 2014 and 2013

**Kreischer
Miller**

PEOPLE | IDEAS | SOLUTIONS

**BIMBO BAKERIES USA 401(k) PLAN
FOR FORMER SARA LEE ASSOCIATIES
December 31, 2014 and 2013**

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INDEPENDENT AUDITORS' REPORT

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Independent Auditors' Report

Bimbo Bakeries USA Benefits Committee
Bimbo Bakeries USA 401(k) Plan for Former Sara Lee Associates

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Bimbo Bakeries USA 401(k) Plan for Former Sara Lee Associates (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2014, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these 2014 financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2014 financial statements.

Basis for Disclaimer of Opinion on the 2014 Financial Statements

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes 3 and 5 which was certified by Fidelity Management Trust Company (Fidelity), the trustee of the Plan, except for comparing such information with the related information included in the 2014 financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2014, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion on the 2014 Financial Statements

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the accompanying 2014 financial statements. Accordingly, we do not express an opinion on the 2014 financial statements.

Other Matter—Supplemental Information

The supplemental Schedule H, Line 4a – Schedule of Delinquent Participant Contributions and Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of or for the year ended December 31, 2014 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2014 Financial Statements paragraph, we do not express an opinion on these supplemental schedules.

Other Matter—2013 Financial Statements

We have audited the accompanying financial statements of the Plan, which comprises the statement of net assets available for benefits as of December 31, 2013, and the statement of changes in net assets available for benefits for the year then ended, and in our report dated October 14, 2014, we expressed our opinion that such financial statement present fairly, in all material respects, net assets available for benefits of the Plan as of December 31, 2013, and the changes in net assets available for benefits for the year ended December 31, 2013, in accordance with accounting principles generally accepted in the United States of America.

Report on Form and Content in Compliance with DOL Rules and Regulations for 2014 Financial Statements

The form and content of the information included in the 2014 financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in cursive script that reads "Kreischer Miller".

Horsham, Pennsylvania
October 14, 2015

**BIMBO BAKERIES USA 401(k) PLAN
FOR FORMER SARA LEE ASSOCIATES**

**Statements of Net Assets Available for Benefits
December 31, 2014 and 2013**

	2014	2013
Assets:		
Investments, at fair value:		
Investment in the Bimbo Bakeries USA Defined Contribution Savings Plan Master Trust	\$ 84,615,536	\$ 97,403,348
Receivables:		
Notes receivable from participants	4,241,949	7,176,896
Employer contributions	1,009,120	1,544,211
Total receivables	5,251,069	8,721,107
Net assets available for benefits, at fair value	89,866,605	106,124,455
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(316,407)	(258,465)
Net assets available for benefits	\$ 89,550,198	\$ 105,865,990

See accompanying notes to financial statements.

**BIMBO BAKERIES USA 401(k) PLAN
FOR FORMER SARA LEE ASSOCIATES**

**Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2014 and 2013**

	2014	2013
Additions to net assets attributed to:		
Investment income:		
Plan interest in the Bimbo Bakeries USA Defined Contribution Savings Plan Master Trust	\$ 6,057,082	\$ 14,207,944
Interest income on notes receivable from participants	228,135	251,991
Contributions:		
Participant	4,101,401	5,858,090
Employer	3,363,380	4,978,035
Rollover	296,452	120,713
Total additions	14,046,450	25,416,773
Deductions from net assets attributed to:		
Benefits paid to participants	28,682,276	16,566,236
Administrative expenses	372,452	25,600
Total deductions	29,054,728	16,591,836
(Decrease) increase before transfers	(15,008,278)	8,824,937
Transfers to affiliated plans, net	(1,307,514)	(535,305)
Net (decrease) increase	(16,315,792)	8,289,632
Net assets available for benefits:		
Beginning of year	105,865,990	97,576,358
End of year	\$ 89,550,198	\$ 105,865,990

See accompanying notes to financial statements.

BIMBO BAKERIES USA 401(k) PLAN FOR FORMER SARA LEE ASSOCIATES

Notes to Financial Statements
December 31, 2014 and 2013

(1) Description of Plan

The following description of the Bimbo Bakeries USA 401(k) Plan for Former Sara Lee Associates (the Plan) provides only general information. Participants should refer to the plan document, including plan supplements and amendments, for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan that covers certain eligible employees of BBU, Inc. (the Company) as defined in the plan document. The administration of the Plan is overseen by Bimbo Bakeries USA Benefits Committee (the Committee). The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Company's Board of Directors.

The Plan was established in connection with the Company's acquisition of the fresh bakery business of Sara Lee Corporation (SLC) in 2011. The Plan is structured to substantially mirror the provisions of the Sara Lee Corporation 401(k) Plan (the Prior Plan). Employees of the Earthgrains Baking Companies Inc. (Employer), and certain fresh bakery subsidiaries of Earthgrains Baking Companies, Inc., who immediately prior to November 6, 2011 (effective date) were participants of the Prior Plan, became immediately eligible for participation in the Plan on the effective date. Eligibility for new participants is restricted to non-union hourly employees who become eligible upon hire, and certain employees of bargaining units who become eligible after one year or ninety days of service, as defined. The Plan was amended and restated effective January 1, 2012 to reflect the exclusion of individuals paid on a salaried basis.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, (ERISA), as amended.

Effective December 9, 2012, certain members of the Local 433 Union became participants in the Plan (Local 433 Participants). Effective October 1, 2013, certain collectively bargained employees who participated in the American Baker's Association Retirement Plan on September 30, 2013 became participants in the Plan (ABA Participants).

Continued...

**BIMBO BAKERIES USA 401(k) PLAN
FOR FORMER SARA LEE ASSOCIATES**

**Notes to Financial Statements
December 31, 2014 and 2013**

(1) Description of Plan, Continued

General, Continued

Effective January 1, 2014, collective bargaining employees whose participation in the Plan is governed by a collective bargaining agreement with Teamsters Local 51, Detroit, Michigan, shall no longer participate in the Plan.

Effective January 1, 2014, the Plan changed the plan trustee and record keeper to Fidelity Management Trust Company (Fidelity). Prior to this date, Northern Trust Company served as the Plan's trustee, and AON/Hewitt served as the Plan's record keeper.

The Plan participates in the Bimbo Bakeries USA Defined Contribution Savings Plan Master Trust (Master Trust).

Contributions

Each plan year, participants may contribute from 1% up to 50% of their pretax annual compensation, except for former plan participants of the Metz Incentive Savings Plan for Union Employees who may only contribute up to 16% of pretax compensation. After-tax contributions up to 16% of compensation are allowable by the Plan for certain participants of the Bakery Group Unions, as defined by the Plan. Highly compensated employees may contribute a maximum of 7% of compensation to the Plan. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit and defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan includes an auto-enrollment provision whereby all newly eligible non-union hourly employees are automatically enrolled in the Plan at 4% unless they affirmatively elect not to participate in the Plan. The Plan also includes a contribution escalation provision. This provision assumes that each plan participant who is contributing less than 15% of compensation to the Plan on January 1 of each year shall be determined to have elected to increase his or her deferral percentage by one percent on and after, until the maximum percentage is reached. The contribution escalation provision excludes participants of collectively bargained units. Participants may change their investment choices daily and their deferral percentages upon notification to the plan administrator.

Effective January 1, 2014, a participant may elect, in the manner prescribed by the plan administrator, to have an automatic annual increase of between 1% and 5%, apply to his pretax basis or after-tax contributions, to go into effect May 1 of each year, up to the maximum contributions allowable by the Plan.

Continued...

**BIMBO BAKERIES USA 401(k) PLAN
FOR FORMER SARA LEE ASSOCIATES**

**Notes to Financial Statements
December 31, 2014 and 2013**

(1) Description of Plan, Continued

Contributions, Continued

The Company provides matching contributions contingent on what participant group the plan participants are part of as defined by the plan document. Provisions of the two programs are summarized in the following table:

Program Component	Current Program	New Program
Company Matching	100% of the first	100% of the first
* Contribution Per Pay Period	2% of eligible compensation	4% of eligible compensation
Discretionary Company	Up to an additional 50% of the	Not applicable
* Matching Contribution	first 2% of eligible contributions	
Annual Company	2% of eligible compensation	Up to 2% of eligible
* Contribution		compensation
Additional Annual	Not applicable	3.5% of eligible
Company Contribution		compensation
Bakery Group Union	50% of the first 3% of eligible	Not applicable
Participants	compensation	

* Program components under the current program applies to non-union, hourly employees only.

The Plan provides for certain non-elective Company contributions for the Local 433 Participants and ABA Participants, ranging from \$0.28 to \$1.75 for each hour worked, up to a maximum of forty hours per week, as defined in the plan document. Local 433 Participants and ABA Participants are not eligible to make tax-deferred or after-tax contributions to the Plan.

The Plan provides for certain non-elective Company contributions for employees of the Maintenance Grocers Union as defined in the plan document.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of (a) the Company's contributions and (b) plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Continued...

**BIMBO BAKERIES USA 401(k) PLAN
FOR FORMER SARA LEE ASSOCIATES**

**Notes to Financial Statements
December 31, 2014 and 2013**

(1) Description of Plan, Continued

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's matching contribution and discretionary contribution portion of non-union hourly participant accounts, if any, is based on years of continuous service according to the following schedule:

Years of Vesting Service	Vested Percentage
Less than one	0%
1	20%
2	40%
3	60%
4	80%
5 or more	100%

Company contributions for Bakery Group Union and Maintenance Grocers Union become fully vested after two years of service. Company contributions to the Local 433 Participants and ABA Participants are immediately 100% vested.

Notes Receivable from Participants

Participants may borrow from their fund accounts, a minimum of \$500 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance, under the Plan. Any such loan is secured by the balance in the participant's account and bears interest at the prevailing prime rate as reported by The Wall Street Journal on the last day of the month prior to loan issuance. Participants may only have one general purpose loan outstanding at a time. Repayments are made through payroll deductions over a term of up to five years, or fifteen years if the loan is used to purchase a primary residence. Loan interest rates range from 3.25% to 7.50% at December 31, 2014. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

Upon termination of service, or due to death, disability, or retirement, participants may elect to receive lump sum amounts equal to the vested portion of their account. Certain participants may elect to receive their benefit in quarterly or annual installments over a period no greater than 5 years. Amounts may not be withdrawn from the Plan while a participant is an active employee of the Company, except in cases of hardship, permanent disability, or after age 59 ½, as defined in the Plan.

Continued...

BIMBO BAKERIES USA 401(k) PLAN FOR FORMER SARA LEE ASSOCIATES

**Notes to Financial Statements
December 31, 2014 and 2013**

(1) Description of Plan, Continued

Forfeited Accounts

At December 31, 2014 and 2013, forfeited nonvested accounts totaled \$122,058 and \$128,211, respectively. These accounts will be used to reduce future employer contributions or to pay reasonable expenses of the Plan. During 2014, employer contributions were reduced by \$489,749 and administrative fees were reduced by \$19,927 from forfeited nonvested accounts.

(2) Summary of Significant Accounting Policies

Basis of Accounting

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

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statements of net assets available for benefits present the fair value of the investment contracts as well as the adjustment of fully benefit-responsive investment contracts from fair value to contract value. The statements of changes in net assets available for benefits are prepared on a contract value basis for fully benefit-responsive investment contracts.

Use of 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 that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan retains an interest in the Master Trust which holds investments in various funds (see Note 5).

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Bimbo Bakeries USA Benefits Investment Subcommittee determines the Plan's valuation policies utilizing information provided by the investment advisors and plan trustee. See Note 4 for discussion of fair value measurements.

Continued...

**BIMBO BAKERIES USA 401(k) PLAN
FOR FORMER SARA LEE ASSOCIATES**

**Notes to Financial Statements
December 31, 2014 and 2013**

(2) Summary of Significant Accounting Policies, Continued

Investment Valuation and Income Recognition, Continued

Purchases and sales of securities are recognized 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.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2014 or 2013. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits

Benefit payments are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in the Plan's interest in Master Trust investment income.

Subsequent Events

Effective January 1, 2015, only collective bargaining employees will be eligible to participate in the Plan. The account of each participant who is not covered under a collective bargaining agreement shall be transferred to the Bimbo Bakeries USA Savings Plan (USA Plan). As a result of this amendment, plan assets of \$62,422,821 were transferred to the USA Plan effective January 1, 2015.

The Plan has evaluated subsequent events through October 14, 2015, the date the financial statements were available to be issued.

**BIMBO BAKERIES USA 401(k) PLAN
FOR FORMER SARA LEE ASSOCIATES**

**Notes to Financial Statements
December 31, 2014 and 2013**

(3) Investments

For the year ended December 31, 2014, the plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Fidelity as complete and accurate, except for comparing such information certified by Fidelity to information included in the Plan's financial statements and supplemental schedule.

For the year ended December 31, 2013, the Plan's investments and investment activity were certified at the Master Trust level by Northern Trust, but not at the individual plan level.

The Plan's investments in Master Trust are as follows at December 31:

	2014	2013
Investment in Master Trust, at fair value	\$ 84,615,536 *	\$ 97,403,348 *
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(316,407)	(258,465)
Total investments	\$ 84,299,129	\$ 97,144,883
Notes receivable from participants	\$ 4,241,949	\$ 7,176,896 *

* Represents 5% or more of the Plan's net assets at year end.

The Plan's share of investment income in the Master Trust was as follows for the years ended December 31:

	2014	2013
Plan's interest in Master Trust investment income	\$ 6,057,082	\$ 14,207,944

BIMBO BAKERIES USA 401(k) PLAN FOR FORMER SARA LEE ASSOCIATES

Notes to Financial Statements
December 31, 2014 and 2013

(4) Fair Value Measurements

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2: Inputs to the valuation methodology include

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

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

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

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

Plan's Interest in the Master Trust: See Note 5.

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

**BIMBO BAKERIES USA 401(k) PLAN
FOR FORMER SARA LEE ASSOCIATES**

**Notes to Financial Statements
December 31, 2014 and 2013**

(5) Interest in the Master Trust

The Plan's investments are in the Master Trust which was established for the investment of assets of the Plan and other BBU, Inc. sponsored retirement plans. Each participating retirement plan has an undivided interest in the Master Trust. The assets of the Master Trust were held by Northern Trust during 2013. Effective January 1, 2014, the Master Trust assets were transferred to and held by Fidelity.

The value of the Plan's interest in the Master Trust is based on the beginning of the year value of the Plan's interest in the trust plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses. At December 31, 2014 and 2013, the Plan's interest in the net assets of the Master Trust is approximately 4% and 12%, respectively. The investments in the Master Trust are allocated to the individual plans based upon the individual participant balances of those participants that are included in each respective plan.

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

Fidelity and Northern Trust have certified to the accuracy and completeness of the investment in the net assets of the Master Trust as of December 31, 2014 and 2013, respectively, and the investment income for the years then ended as summarized below.

The Master Trust's investments are as follows at December 31:

	2014	2013
Registered investment companies	\$ 216,976,792	\$ 299,731,220
Common collective trusts	657,400,949	548,627,106
Money market account	558,315	491,928
Total Master Trust investments, at fair value	874,936,056	848,850,254
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(1,398,938)	(1,092,147)
Accrued income	-	176,359
Accrued expenses	-	(21,639)
Total Master Trust investments	\$ 873,537,118	\$ 847,912,827

Continued...

**BIMBO BAKERIES USA 401(k) PLAN
FOR FORMER SARA LEE ASSOCIATES**

**Notes to Financial Statements
December 31, 2014 and 2013**

(5) Interest in the Master Trust, Continued

Investment income of the Master Trust was as follows for the year ended December 31:

	2014	2013
Net appreciation in fair value of investments:		
Registered investment companies	\$ 8,300,919	\$ 55,310,313
Common collective trusts	40,470,735	72,905,441
Interest and dividends	8,089,868	5,706,888
	<u>\$ 56,861,522</u>	<u>\$ 133,922,642</u>

Following is a description of the valuation methodologies used for assets of the Master Trust at fair value.

Registered investment companies: Valued at the daily closing price as reported by the fund. Registered investment companies held by the Plan are open end funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The shares of registered investment companies held by the Plan are deemed to be actively traded.

Common collective trust – fixed income: Invests in conventional and synthetic guaranteed investment contracts issued by insurance companies and banks with excess cash invested in cash equivalents. The common collective fund allows for earnings stability regardless of the volatility of the financial markets. Contract value for the common collective trust fund is based on the NAV of the fund as reported by the trustee. The underlying investments in investment contracts are valued at the fair value and then adjusted by the issuer to contract value. The fund is traded in a market with no readily available quoted prices; however, the unit price is based on underlying investments which are traded on an active market.

Common collective trusts – target date and growth: Valued at the NAV of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Master Trust to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that the securities liquidations will be carried out in an orderly business manner.

Continued...

**BIMBO BAKERIES USA 401(k) PLAN
FOR FORMER SARA LEE ASSOCIATES**

**Notes to Financial Statements
December 31, 2014 and 2013**

(5) Interest in the Master Trust, Continued

The following table sets forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of December 31, 2014 and 2013:

Description	Assets at Fair Value as of December 31, 2014			
	Level 1	Level 2	Level 3	Total
Money market account	\$ 558,315	\$ -	\$ -	\$ 558,315
Registered investment companies:				
Index funds	96,098,446	-	-	96,098,446
Value funds	55,852,842	-	-	55,852,842
Growth funds	47,483,231	-	-	47,483,231
Fixed income funds	17,542,273	-	-	17,542,273
Total registered investment companies	216,976,792	-	-	216,976,792
Common collective trusts:				
Target date funds	-	484,162,823	-	484,162,823
Growth funds	-	71,502,764	-	71,502,764
Fixed income fund	-	101,735,362	-	101,735,362
Total common collective trusts	-	657,400,949	-	657,400,949
Total assets at fair value	\$ 217,535,107	\$ 657,400,949	\$ -	\$ 874,936,056

Description	Assets at Fair Value as of December 31, 2013			
	Level 1	Level 2	Level 3	Total
Money market account	\$ 491,928	\$ -	\$ -	\$ 491,928
Registered investment companies:				
Index funds	99,935,222	-	-	99,935,222
Value funds	37,633,200	-	-	37,633,200
Growth funds	121,225,990	-	-	121,225,990
Fixed income funds	40,936,808	-	-	40,936,808
Total registered investment companies	299,731,220	-	-	299,731,220
Common collective trusts:				
Target date funds	-	442,779,620	-	442,779,620
Growth funds	-	15,597,644	-	15,597,644
Fixed income fund	-	90,249,842	-	90,249,842
Total common collective trusts	-	548,627,106	-	548,627,106
Total assets at fair value	\$ 300,223,148	\$ 548,627,106	\$ -	\$ 848,850,254

There were no significant transfers among investment levels during the years ended December 31, 2014 and 2013.

BIMBO BAKERIES USA 401(k) PLAN FOR FORMER SARA LEE ASSOCIATES

**Notes to Financial Statements
December 31, 2014 and 2013**

(6) Prohibited Transactions

During 2014 and 2013, the Company failed to remit certain participant contributions to the Plan in a timely manner, as defined by ERISA. These transactions are considered prohibited transactions. The Company estimated the amount of corrective payments due to the Plan and made the necessary contributions to compensate plan participants affected for lost earnings relating to these prohibited transactions.

(7) Related Party Transactions and Party-In-Interest Transactions

Plan investments are investments in the Master Trust managed by Fidelity, the trustee, as defined by the Plan and therefore, these transactions qualify as party-in-interest transactions which are exempt from the prohibited transactions rules. Personnel and facilities of the Company have been used to perform administrative functions for the Plan at no charge to the Plan. Fees incurred by the Plan for the investment management services are included in the Plan's interest in Master Trust investment income. Other fees paid by the Plan to Fidelity for administrative expenses amounted to \$372,452 for the year ended December 31, 2014. The Company pays directly certain other fees related to the Plan's operations.

(8) Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested in their employer contributions.

(9) Tax Status

As of December 31, 2014, the Plan has not applied for a tax determination letter from the Internal Revenue Service (IRS). The plan administrator, however, believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code (IRC).

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by applicable taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Continued...

BIMBO BAKERIES USA 401(k) PLAN FOR FORMER SARA LEE ASSOCIATES

**Notes to Financial Statements
December 31, 2014 and 2013**

(9) Tax Status, Continued

The Master Trust is qualified under Section 401(a) of the IRC and is entitled to favorable tax treatment. A qualified master trust is required to operate in conformity with the IRC to maintain its qualified status. Although the Master Trust has not filed for a determination letter from the IRS, plan management believes that the Master Trust is currently being operated in compliance with these requirements.

(10) Risk and Uncertainties

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

(11) Transfers (to) from Affiliated Plan

During 2014 and 2013, transfers of net assets from the Plan to the USA Plan amounted to \$1,613,223 and \$741,037, respectively. Transfers of net assets to the Plan from the USA Plan amounted to \$2,365,512 and \$205,732, during 2014 and 2013, respectively.

Transfers of net assets from the Plan to the Bimbo Bakeries USA Union Savings Plan (Union Plan) amounted to \$2,059,803 during 2014.

(12) Correction Pursuant to Employee Plan Compliance Resolution System (EPCRS)

During 2014 and 2013, the plan administration discovered operational deficiencies related to eligible compensation. The Company has made corrective contributions to participant accounts, including lost earnings, using the Self-Correction Program.

The Company does not expect the correction of the error to adversely affect the Plan's qualified tax status.

**BIMBO BAKERIES USA 401(k) PLAN
FOR FORMER SARA LEE ASSOCIATES**

**Notes to Financial Statements
December 31, 2014 and 2013**

(13) Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31:

	2014	2013
Net assets available for benefits per the financial statements	\$ 89,550,198	\$ 105,865,990
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	316,407	258,465
Net assets available for benefits per the Form 5500	\$ 89,866,605	\$ 106,124,455

The following is a reconciliation of the net decrease in assets available for benefits per the financial statements to net loss per Form 5500 for the year ended December 31, 2014:

Net decrease in net assets available for benefits per the financial statements	\$ (16,315,792)
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	57,942
Transfers from the Plan, net	1,307,514
Net loss per Form 5500	\$ (14,950,336)

SUPPLEMENTAL SCHEDULES

**BIMBO BAKERIES USA 401(k) PLAN
FOR FORMER SARA LEE ASSOCIATES**

Federal ID: 75-2490530

Plan: 005

Supplemental Schedule

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

Year Ended December 31, 2014

Participant Contributions Transferred Late to Plan	Total that Constitutes Nonexempt Prohibited Transactions			Contributions Pending Correction in VFCP	Total Fully Corrected under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP			
Check Here if Late Participant Loan Repayments are Included: ☒					
December 2013	\$ 43	\$ 1,993	\$ -	\$ -	
January to November 2014	\$ -	\$ 724	\$ -	\$ -	

**BIMBO BAKERIES USA 401(k) PLAN
FOR FORMER SARA LEE ASSOCIATES**

Federal ID: 75-2490530

Plan: 005

Supplemental Schedule

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(e) Current Value
	Participant loans	Interest rates ranging from 3.25% to 7.50%, various terms	\$ 4,241,949

BIMBO BAKERIES USA 401(k) PLAN FOR FORMER SARA LEE ASSOCIATES

Federal ID: 75-2490530

Plan: 005

Supplemental Schedule

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	Participant loans	Interest rates ranging from 3.25% to 7.5%, various terms	\$4,241,949