

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2010</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information	
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
<p>A This return/report is for:</p>	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
<p>B This return/report is:</p>	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
<p>C If the plan is a collectively-bargained plan, check here. ▶ <input type="checkbox"/></p>	
<p>D Check box if filing under:</p>	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

Part II Basic Plan Information —enter all requested information	
<p>1a Name of plan <u>BAIN CAPITAL, LLC PROFIT SHARING PLAN</u></p> <p>2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>BAIN CAPITAL, LLC</u></p> <p><u>111 HUNTINGTON AVENUE</u> <u>BOSTON, MA 02199</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p> <p>1c Effective date of plan <u>01/01/2008</u></p> <p>2b Employer Identification Number (EIN) <u>04-3511291</u></p> <p>2c Sponsor's telephone number <u>617-516-2017</u></p> <p>2d Business code (see instructions) <u>523900</u></p>

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.	10/17/2011	DOUG GENTILE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2011	MICHAEL F. GOSS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") BAIN CAPITAL, LLC 111 HUNTINGTON AVENUE BOSTON, MA 02199	3b Administrator's EIN 04-3511291
	3c Administrator's telephone number 617-516-2017

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN
	4c PN

5 Total number of participants at the beginning of the plan year	5	629
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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	640
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	79
d Subtotal. Add lines 6a , 6b , and 6c	6d	719
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	719
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	691
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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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:
2E 2F 2G 3D

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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) **A** (Insurance Information)
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

SCHEDULE C (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>	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.	<small>OMB No. 1210-0110</small> 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning **01/01/2010** and ending **12/31/2010**

A Name of plan BAIN CAPITAL, LLC PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BAIN CAPITAL, LLC	D Employer Identification Number (EIN) 04-3511291	

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

BANK OF AMERICA, N.A.

94-1687665

(b) Enter name and EIN or address of person who provided you disclosure 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)

MERRILL LYNCH

13-5674085

(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 52 56 59 60 62 63 72	RECORDKEEPER	5440	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
 (complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>BAIN CAPITAL, LLC PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BAIN CAPITAL, LLC</u>	D Employer Identification Number (EIN) <u>04-3511291</u>
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: RET PRESERVATION TRUST

b Name of sponsor of entity listed in (a): MERRILL LYNCH BANK & TRUST CO., FSB

c EIN-PN <u>22-6484011-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7975864</u>
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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):

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):

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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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)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

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

A Name of plan <u>BAIN CAPITAL, LLC PROFIT SHARING 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>BAIN CAPITAL, LLC</u>		D Employer Identification Number (EIN) <u>04-3511291</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	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	14192713
(2) Participant contributions	1b(2)	
(3) Other.....	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	132
(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)	
(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)	79465
(9) Value of interest in common/collective trusts.....	1c(9)	4997222
(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)	1869878
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other	1c(15)	5490357

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	21139410	28711007

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	21139410	28711007
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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)	14730327	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)	1455455	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		16185782
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(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)	14230	
(F) Other	2b(1)(F)	137	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	113186	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		113186
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds			
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		141690
(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)		450287
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		16905312

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9328275	
(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)		9328275
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)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	3640	
(4) Other	2i(4)	1800	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		5440
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		9333715

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7571597
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: PRICEWATERHOUSECOOPER LLP

(2) EIN: 13-4008324

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
4a 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	
4b 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	
4c 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	
4d 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	
4e Was this plan covered by a fidelity bond?.....	X		500000
4f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4g 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	
4h 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	
4i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
4j 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	
4k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
4l Has the plan failed to provide any benefit when due under the plan?		X	
4m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
4n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

SCHEDULE R (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>	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.	<small>OMB No. 1210-0110</small> 2010 This Form is Open to Public Inspection.
--	--	---

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

A Name of plan <u>BAIN CAPITAL, LLC PROFIT SHARING 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>BAIN CAPITAL, LLC</u>	D Employer Identification Number (EIN) <u>04-3511291</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	0
---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 22-3513863

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

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

3	
---	--

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

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): _____

Bain Capital, LLC

Profit Sharing Plan

Financial Statements and Supplemental Schedule
December 31, 2010 and 2009

**Bain Capital, LLC Profit Sharing Plan
Index to Financial Statements and Supplemental Schedule
December 31, 2010 and 2009**

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Schedule H, Line 4i - Schedule of Assets (Held at End of Year) Year Ended December 31, 2010	11



Report of Independent Auditor

To the Participants and Administrator of
Bain Capital, LLC Profit Sharing Plan

We were engaged to audit the financial statements and supplemental schedule of the Bain Capital, LLC Profit Sharing Plan (the "Plan") at December 31, 2010 and 2009 and for the year ended 2010, as listed in the accompanying index. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Bain Capital, LLC Employee Retirement Committee of the Bain Capital, LLC Profit Sharing Plan (the "Plan administrator") instructed us not to perform, and we did not perform, any auditing procedures with respect to the information, summarized in Note 3 and 4, which was certified by Bank of America, N.A. the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. 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 December 31, 2010 and 2009 and for the year then ended 2010, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

PricewaterhouseCoopers LLP

October 12, 2011

Bain Capital, LLC Profit Sharing Plan
Statements of Net Assets Available for Benefits
December 31, 2010 and 2009

	2010	2009
Assets		
Cash	\$ 10,000	\$ -
Investments, at fair value		
Common collective trusts	7,975,864	4,997,223
Registered investment companies	5,490,357	1,869,877
Total investments	<u>13,466,221</u>	<u>6,867,100</u>
Receivables		
Employer contributions	14,730,327	14,192,713
Participant loans	502,865	79,465
Accrued interest and dividends	1,594	132
Total receivables	<u>15,234,786</u>	<u>14,272,310</u>
Total assets	<u>28,711,007</u>	<u>21,139,410</u>
Liabilities		
Total liabilities	-	-
Net assets available for plan benefits	<u>\$ 28,711,007</u>	<u>\$ 21,139,410</u>

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

Bain Capital, LLC Profit Sharing Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2010

	2010
Additions to net assets attributed to	
Investment Income	
Interest and dividends	\$ 255,013
Net appreciation in fair value of investments	450,287
Interest on loans	14,230
	<u>719,530</u>
Contributions	
Employers	14,730,327
Rollovers	1,455,455
	<u>16,185,782</u>
Total contributions	<u>16,185,782</u>
Total additions	<u>16,905,312</u>
Deductions from net assets attributed to	
Benefits paid to participants	435,562
Direct rollovers	8,892,713
Other disbursements	1,800
Administrative expenses	3,640
	<u>9,333,715</u>
Total deductions	<u>9,333,715</u>
Net increase	<u>7,571,597</u>
Net assets available for plan benefits:	
Beginning of year	21,139,410
End of year	<u>\$ 28,711,007</u>

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

Bain Capital, LLC Profit Sharing Plan

Notes to Financial Statements

December 31, 2010 and 2009

1. Description of Plan

The following description of the Bain Capital, LLC Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution profit sharing plan, covering employees of Bain Capital, LLC (the "Company") who work at least 550 hours in the current plan year and are active employees of the Company as of December 31 of the end of the plan year. All eligible participants must be at least 21 years of age and eligibility in the Plan will begin as of the first day of the month coinciding with, or the next month following, the date on which all eligibility requirements are satisfied. The following will be excluded from the Plan unless otherwise selected per plan section b.3; Non-resident aliens (as defined in plan section 1.18), leased employees and other Non-resident aliens with US sourced income. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Bank of America, N.A. serves as the trustee of the Plan.

Contributions

Contributions to the Plan for eligible employees will be calculated using the social security integration method. The rates for plan year 2010 were 14.3% on gross wages (Base & Bonus) up to the 2010 social security wage limit of \$106,800 and then 20% on gross wages from \$106,800 up to the IRS maximum compensation limit for plan benefits of \$245,000. The 2010 plan contribution cap per employee would be \$42,912 for a participant reaching the maximum employer contribution for the 2010 profit sharing plan year. The Plan holds the right to adjust these contribution rates each year. The profit sharing plan is employer contributed and does not allow any employee contributions to the Plan.

Participant Accounts

Participant accounts are credited with the employer contribution in January of the year after the end of the current plan year. All assets in the Plan are 100% vested immediately upon the participant becoming eligible in the Plan. All assets in the Plan are subject to participant direction.

Employee Rollovers

Employees are eligible to invest amounts from prior eligible employer plans, as defined in the Plan documents, upon employment with the Company. Total amounts rolled over from prior employer plans were \$1,455,455 and \$467,786 for the years ended December 31, 2010 and 2009, respectively.

Payment of Benefits

Distributions from the Plan will be made in lump-sum cash payments, no annuities are allowed for distribution purposes. Plan section 6.12(b) will apply and the joint and survivor rules of code sections 401(a)(11) and 417 will not apply to the Plan. Distributions for participants who terminate employment with the Company may be made approximately 60 days following termination. Distributions upon death of participant will be made pursuant to the election of the participant or beneficiary. In service distributions may be made to a participant who has not separated from service, provided the participant has attained age 23 years old or has reached normal retirement age. In service distributions will be permitted from all accounts which are fully vested. The majority of benefit payments made represent rollovers by plan participants. The Plan allows for one rollover per calendar year out of the plan and into an IRA held by the participant.

Bain Capital, LLC Profit Sharing Plan

Notes to Financial Statements

December 31, 2010 and 2009

Loans to Participants

The Plan allows participants to take loans against their plan balances. Loans are available to participants who are active employees of the plan sponsor. The participant will receive a loan only after completing the necessary loan documentation and meeting the rules of the Plan for plan eligibility and can only have two outstanding loans at one time from the Plan. A participant will be allowed to take out a loan no more than 50% of their vested interest in the Plan, but never more than \$50,000 or no less than \$1,000. Loans from all plans of the sponsoring employer are combined to determine the eligibility and maximum available loan. Loans will be repaid by payroll deduction from the borrower's wages or by such other method as the Plan's investment company may require. In the case of termination of employment, the entire outstanding loan balance shall be payable within 60 days of termination of employment. If the participant fails to repay the loan per the payment rules of the Plan the loan will be deemed as delinquent and considered in default. Upon default, the loan will be treated as a taxable distribution to the participant and a form 1099-R will be distributed reflecting the entire amount of the outstanding loan as a taxable distribution. As of December 31, 2010, and 2009 the interest rates for loans to participants were all at a rate of 4.25%.

As a result of the adoption of the Financial Accounting Standards Board's (FASB) Accounting Standard Update 2010-25, Plan Accounting-Defined Contribution Pension Plans, the Plan retrospectively classified participant loans as notes receivable from participants in the statements of net assets available for benefits and measured them at their unpaid principal balance plus any accrued but unpaid interest.

2. Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles 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

All investments are recorded at fair value. Investments in a collective investment trust and mutual funds are valued at their reported net asset values per share (unit) on the last business day of the year. The cost of investments is determined on the average cost basis in calculating realized gains or losses. Purchases and sales of securities are recorded on trade date. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. All dividends and capital gain distributions received on investments held are reinvested in full. Participant loan receivables are valued at cost plus accrued interest, which approximates fair value.

Payment of Benefits

All benefits are recorded at the time of payment.

Operating Expenses

The expenses of maintaining the Plan are paid by the Company.

Bain Capital, LLC Profit Sharing Plan

Notes to Financial Statements

December 31, 2010 and 2009

New Accounting Pronouncements

In January 2010, the FASB issued ASU No. 2010-06 aimed at improving disclosures about fair value measurements. The standard requires entities to disclose additional information regarding assets and liabilities that are transferred between levels of the fair value hierarchy and to present information about purchases, sales, issuances and settlements on a gross basis in the reconciliation of fair value measurements using significant unobservable inputs ("Level 3 reconciliation"). Additionally, the standard clarified existing guidance regarding the level of disaggregation of fair value measurements and disclosures regarding the valuation techniques and inputs utilized in estimating Level 2 and Level 3 fair value measurements. The Plan's financial statements reflect the adoption of the accounting standard on January 1, 2010, except for the disclosures regarding purchases, sales, issuances and settlements in the Level 3 reconciliation, which will be effective, for the Plan, on January 1, 2011. The Plan does not anticipate that the adoption of this portion of the standard will have a material effect on the Plan's financial statements.

In September 2010, the FASB issued ASU No. 2010-25 allowing participant loans to be measured at unpaid principal balance plus any accrued but unpaid interest. Participant loans are no longer subject to the valuation and disclosure requirements of ASC 820. The adoption of this guidance did not have a material effect on the Plan's financial statements.

In May 2011, the FASB issued ASU 2011-04 *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRS*. ASU 2011-04 is intended to improve comparability of fair value measurements presented and disclosed in financial statements prepared in accordance with U.S. GAAP and IFRS. The amendments are of two types: (i) those that clarify the Board's intent about the application of existing fair value measurement and disclosure requirements and (ii) those that change a particular principle or requirement for measuring fair value or for disclosing information about fair value measurements. The update is effective for annual periods beginning after December 15, 2011. Plan management does not believe the adoption of this update will have a material impact on the Plan's financial statements.

3. Investments

The Plan's assets are in the form of mutual fund shares or other units of interest. Plan assets are held by the trustee, pursuant to the Trust Agreement on August 6, 2008 and are invested at the participants' direction in shares of mutual funds and collective investment trusts and which have been designated as available for participant investment by the Investment Committee.

The trustee of the Plan, certifies as to the completeness and accuracy of the following information in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. This information includes investments held at fair value (including participant loans) and investment income (including dividends and capital gain (loss) distributions, interest on loans, and net appreciation (depreciation) in the fair value of investments). In addition, the Schedule of Assets (Held at End of Year) was certified by the trustee of the Plan as complete and accurate.

Bain Capital, LLC Profit Sharing Plan
Notes to Financial Statements
December 31, 2010 and 2009

	December 31,	
	2010	2009
Investments, at fair value	<u>\$ 13,969,086</u>	<u>\$ 6,946,565</u>
	Year Ended December 31,	
	2010	2009
Interest and dividends	\$ 255,013	\$ 109,858
Interest on loans	14,230	2,937
Net realized and unrealized gain (loss) on investments		
Mutual funds	450,287	399,325
Common collective trusts	<u>-</u>	<u>-</u>
Total net realized and unrealized gain (loss) on investments	<u>\$ 450,287</u>	<u>\$ 399,325</u>

The following lists those investments, at fair value, held as December 31, 2010 and 2009 that comprise holdings in excess of 5% of net assets available for plan benefits as of the end of each year:

	2010	2009
Investments		
Common collective trust		
Merrill Lynch Retirement Preservation Trust	\$ 7,732,786	\$ 4,959,681

4. Fair Value of Plan Assets

The Plan categorizes its investments as of December 31, 2010 and 2009 based upon a three-level valuation hierarchy. The hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable valuation inputs (level 3 measurements). If the inputs used to measure an investment cross different levels of the hierarchy, categorization is based on the lowest level input that is significant to the fair value measurement. Management's assessment of the significance of a particular input to the overall fair value measurement of an investment requires judgment, and considers factors specific to the investment. The three levels are described below:

Basis of Fair Value Measurement

Level 1 Investments whose values are based on unadjusted quoted prices for identical investments in an active market;

Bain Capital, LLC Profit Sharing Plan
Notes to Financial Statements
December 31, 2010 and 2009

Level 2 Investments whose values are based on quoted prices for similar investments in active markets, and inputs that are observable for the investment, either directly or indirectly, for substantially the full term of the investment;

Level 3 Investments whose values are based on prices or valuation techniques that require inputs that are both unobservable in the market and significant to the overall fair value measurement. These inputs reflect management's judgment about the assumptions that a market participant would use in pricing the investment, and are based on the best available information, some of which is internally developed.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Mutual funds: Valued at the net asset value (NAV) of shares held by the plan at year end.

Common collective trusts: The Common collective trust fund is a comingled pool of investments, not a mutual fund, with the objective of achieving maximum long-term return. The Common collective trust is valued at the net asset value representing the value of which shares may be purchased or redeemed. The beneficial interest in the net assets of the trust is represented by units. Issues and redemption of units are recorded, upon receipt of the unit holder's instruction in good order, based on the next determined net asset value per unit. Net asset value per unit is determined each business day.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value, as of December 31, 2010 and 2009.

	Assets at Fair Value as of December 31, 2010		
	Level 1	Level 2	Totals
Mutual funds			
Index funds	\$ 910,865	\$ -	\$ 910,865
Balanced funds	1,251,890	-	1,251,890
Growth funds	1,894,574	-	1,894,574
Fixed income funds	1,433,028	-	1,433,028
Common collective trusts	-	7,975,864	7,975,864
	<hr/>	<hr/>	<hr/>
Total assets at fair value	\$5,490,357	\$7,975,864	\$ 13,466,221

Bain Capital, LLC Profit Sharing Plan
Notes to Financial Statements
December 31, 2010 and 2009

	Assets at Fair Value as of December 31, 2009		
	Level 1	Level 2	Totals
Mutual funds			
Index funds	\$ 458,067	\$ -	\$ 458,067
Balanced funds	463,990	-	463,990
Growth funds	656,292	-	656,292
Fixed income funds	291,528	-	291,528
Common collective trusts	-	4,997,223	4,997,223
	<hr/>	<hr/>	<hr/>
Total assets at fair value	\$1,869,877	\$4,997,223	\$ 6,867,100

5. Administration of Plan Assets

Company contributions are held and managed by the Trustee, which invests cash received, interest, and dividend income and makes distributions to participants. The Trustee also administers the payment of interest and principal on the loan, which is reimbursed to the Trustee through contributions as determined by the Company.

Certain administrative functions are performed by officers or employees of the company or its subsidiaries. No such officer or employee receives compensation from the plan. Administrative expenses for the Trustee's fees are paid directly by the Company.

6. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue employer contributions at any time and to terminate the Plan subject to the provisions of ERISA. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such manner as the Company determines.

7. Related Party Transactions

The Plan invests in funds of certain investments managed by Bank of America, N.A. which acts as the trustee and record keeper for those investments as defined by the Plan, and therefore, these transactions qualify as party-in-interest.

8. Tax Status

The Plan is a "non-standardized prototype plan" with Angell Pension Group as the prototype sponsor. The prototype sponsor did receive a letter and confirmation from the IRS as to the form of qualification of the Plan. This prototype plan was adopted by the Bain Capital, LLC Profit Sharing Plan, which will rely on the form letter received by the prototype sponsor as sufficient guidance to the qualifications of the Plan from an IRS perspective. The Plan is designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Following any amendments to the Plan in the future, the plan administrator and the Plan's tax counsel will be sure that the Plan continues to stay in compliance with all applicable provisions of the IRC. Since the Plan's establishment in 2008 no amendments have been made to the Plan.

Bain Capital, LLC Profit Sharing Plan

Notes to Financial Statements

December 31, 2010 and 2009

Accounting principles generally accepted in the United States require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however there are currently no audits for any tax periods in progress.

9. Risks and Uncertainties

The Plan provides for various investment options in mutual funds and other investments. These investments are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in valuation in the near term would materially affect participants' account balances and the amounts reported in the statement of net assets available for plan benefits and the statement of changes in net assets available for plan benefits.

10. Subsequent Events

The Plan evaluated subsequent events through the date of this report and noted no items requiring adjustment of the financial statements or additional disclosures.

Bain Capital, LLC Profit Sharing Plan
Supplemental Schedule
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2010

Identity of Issuer Borrower, Lessor or Similar Party	Description of Investment	Cost	Current Value
Common Collective Trusts			
Merrill Lynch	*Retirement Preservation Trust	**	\$ 7,732,786
Merrill Lynch	*Retirement Preservation Trust GM	**	243,078
	Total Common Collective Trusts		<u>7,975,864</u>
Mutual Funds			
Allianz	NFJ Small Cap Value Fund	**	80,855
American	Target Date Retirement 2015 Fund	**	937
American	Target Date Retirement 2020 Fund	**	9,047
American	Target Date Retirement 2025 Fund	**	1,826
American	Target Date Retirement 2030 Fund	**	33,878
American	Target Date Retirement 2035 Fund	**	211,465
American	Target Date Retirement 2040 Fund	**	71,735
American	Target Date Retirement 2045 Fund	**	149,067
American	Target Date Retirement 2050 Fund	**	68,401
Blackrock	Global Allocation Fund	**	303,702
Blackrock	Intermediate Government Bond Portfolio	**	593,654
Blackrock	Energy and Resources Portfolio	**	307,750
Blackrock	Small Cap Growth Equity Portfolio	**	153,313
Blackrock	International Index Fund	**	97,793
Blackrock	S&P 500 Index Fund	**	813,072
Dreyfus	Strategic Value Fund	**	355,386
Hartford	Capital Appreciation Fund	**	40,765
Ing	Global Real Estate Fund	**	98,728
Ivy	Asset Strategy Fund	**	401,832
Lazard	Emerging Markets Portfolio	**	358,827
Loomis Sayles	Mid Cap Growth Fund	**	255,711
Loomis Sayles	Investment Grade Bond Fund	**	839,374
Thornburg	International Value Fund	**	243,239
	Total Mutual Funds		<u>5,490,357</u>
Participant Loans	Loans made to participants	**	<u>502,865</u>
	Total investments at current value		<u>\$ 13,969,086</u>

* Denotes a party-in-interest to the Plan.

** Cost information not required for participant directed investments.

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

Name of Plan:

▶ BAIN CAPITAL, LLC PROFIT SHARING PLAN

Employer Identification Number: ▶ 04-3511291

For plan year (beginning/ending): ▶ 01/01/2010-12/31/2010 Plan number: ▶ 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	ML RET PRESERVATION TRUST	COMMON COLLECTIVE TRUST	7732786	7732786
*	ML RET PRES TRUST GM	COMMON COLLECTIVE TRUST	243078	243078
*	LAZARD EMERGING MARKETS OPEN	MUTUAL FUNDS	178903	222349
*	LAZARD EMRGING MRKTS	MUTUAL FUNDS	106607	136477
*	DREYFUS STRATEGIC VAL A	MUTUAL FUNDS	59359	70531
*	DREYFUS STRATG VAL A GM	MUTUAL FUNDS	244085	284855
*	IVY ASSET STRATEGY FD CL Y	MUTUAL FUNDS	88346	102173
*	IVY ASSET STRATEGY FD CL Y GM	MUTUAL FUNDS	266882	299659
*	ING GLOBAL REAL EASTATE FD CL A	MUTUAL FUNDS	43588	49523
*	ING GLOBAL REAL ESTATE A GM	MUTUAL FUNDS	42845	49205
*	HARTFORD CAPITAL CL R4	MUTUAL FUNDS	29288	40795
*	AMERICAN FUNDS 2020	MUTUAL FUNDS	8629	9047
*	AMERICAN FUNDS 2025	MUTUAL FUNDS	1660	1826
*	AMERICAN FUNDS 2030	MUTUAL FUNDS	27670	33878
*	AMERICAN FUNDS 2035	MUTUAL FUNDS	181921	211465
*	AMERICAN FUNDS 2045	MUTUAL FUNDS	116052	149067
*	AMERICAN FUNDS 2050	MUTUAL FUNDS	58335	68401
*	AMERICAN FUNDS 2015	MUTUAL FUNDS	937	937
*	AMERICAN FUNDS 2040	MUTUAL FUNDS	63564	71735
*	THORNBURG INTERNATIONAL	MUTUAL FUNDS	54707	62943
*	THORNBURG INTERNATIONAL GM	MUTUAL FUNDS	153615	180295
*	BLACKROCK GLOBAL ALLOC A	MUTUAL FUNDS	88363	101423
*	BLACKROCK GLOBAL ALLOC A GM	MUTUAL FUNDS	183595	202279
*	BLACKROCK SML CP GR A	MUTUAL FUNDS	38770	51269

*	BLACKROCK SML CP GR A GM	MUTUAL FUNDS	81658	102045
*	BLACKROCK INT GOV A	MUTUAL FUNDS	136017	135057
*	BLACKROCK INT GOV A GM	MUTUAL FUNDS	469810	458597
*	LOOMIS SAYLES MID CAP GROWTH A	MUTUAL FUNDS	55725	75660
*	LOOMIS SAYLES MID CAP GROWTH A GM	MUTUAL FUNDS	136949	180052
*	LOOMIS SAYLES INVT GRADE A	MUTUAL FUNDS	275811	284906
*	LOOMIS SAYLES INVT GRADE A GM	MUTUAL FUNDS	546086	554468
*	BLACKROCK S&P INDEX I	MUTUAL FUNDS	463244	578417
*	BLACKROCK S&P INDEX I GM	MUTUAL FUNDS	204042	234656
*	BLACKROCK INTERN INDEX A	MUTUAL FUNDS	85124	97793
*	ALLIANZ NFJ SM CAP VALUE CL A	MUTUAL FUNDS	67335	80855
*	BLACKROCK ENERGY & RESOURCES A	MUTUAL FUNDS	167508	235635
*	BLACKROCK ENERGY & RESOURCES GM	MUTUAL FUNDS	54196	72115
*	PARTICIPANT LOAN	LOAN	502715	502715