Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

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

B This return/report is:
- [ ] the first return/report;
- [X] 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
ANY WAY YOU SLICE IT, INC. DBA CHEFS PRODUCE COMPANY 401K PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1982

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
ANY WAY YOU SLICE IT, INC. DBA CHEFS PRODUCE COMPANY

4007 TELEPHONE ROAD
HOUSTON, TX 77087

2b Employer Identification Number (EIN) 74-2132255

2c Sponsor's telephone number 713-643-9420

2d Business code (see instructions) 424400

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.	11/17/2010	OWEN E. TORRES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
ANY WAY YOU SLICE IT, INC. DBA CHEFS PRODUCE COMPANY

4007 TELEPHONE ROAD
HOUSTON, TX 77087

3b Administrator's EIN
74-2132255

3c Administrator's telephone number
713-643-9420

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**	164
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	0
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
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**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2A 2E 2F 2G 2J 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan
ANY WAY YOU SLICE IT, INC. DBA CHEFS PRODUCE COMPANY 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ANY WAY YOU SLICE IT, INC. DBA CHEFS PRODUCE COMPANY

D Employer Identification Number (EIN)
74-2132255

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)	0	
(2) Participant contributions	1b(2)	898	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	36168	0
(9) Value of interest in common/collective trusts	1c(9)	1993199	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	2030265	0
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2030265	0

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)	24555	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		24555
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)	1257	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1257
	(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)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(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)		30093
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		55905
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2086170	
(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)		2086170
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)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2086170
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-2030265
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) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: WEINSTEIN, SPIRA & COMPANY (2) EIN: 74-2132255

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		1028
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		250000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k	X		
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ... [X] **Yes** [ ] **No** **Amount:** 0

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan
ANY WAY YOU SLICE IT, INC. DBA CHEFS PRODUCE COMPANY 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ANY WAY YOU SLICE IT, INC. DBA CHEFS PRODUCE COMPANY

D Employer Identification Number (EIN)
74-2132255

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): 62-1549435

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

ANY WAY YOU SLICE IT, INC. dba CHEFS' PRODUCE COMPANY 401(K) PLAN

Houston, Texas

ANNUAL FINANCIAL REPORT

June 30, 2010

WEINSTEIN SPIRA & COMPANY

Certified Public Accountants
and Business Advisors

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Schedule H, Line 4j - Schedule of Reportable Transactions	12

All other schedules listed by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are omitted, as they are not applicable or required.

WEINSTEIN SPIRA & COMPANY

Certified Public Accountants
and Business Advisors

Independent Auditors' Report

October 29, 2010

Trustees
Any Way You Slice It, Inc.
dba Chefs' Produce Company 401(k) Plan
Houston, Texas

We were engaged to audit the accompanying Statements of Net Assets Available for Plan Benefits of the Any Way You Slice It, Inc. dba Chefs' Produce Company 401(k) Plan (the Plan) as of June 30, 2010 and 2009, and the related Statement of Changes in Net Assets Available for Plan Benefits, the supplemental Schedule H, Line 4a - Schedule of Delinquent Participant Contributions and the supplemental Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended June 30, 2010. These financial statements and supplemental schedules 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 trustees instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by First Mercantile Trust Company, the asset custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the trustees that the asset custodian holds the Plan's investment assets and executes investment transactions. The trustees have obtained a certification from the asset custodian as of June 30, 2010 and 2009 and for the year ended June 30, 2010, that the information provided to the trustees by the asset custodian is complete and accurate.

Because of the significance of the information in the Plan's financial statements that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the asset custodian, 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.

As discussed in Note 8, the trustees elected to terminate the Plan effective January 1, 2010, and distributed the assets to the participants.

Weinstein Spira & Company, P.C.

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A worldwide association of separate and independent accounting and consulting firms.

ANY WAY YOU SLICE IT, INC. dba CHEFS' PRODUCE COMPANY 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

	June 30, 2010	June 30, 2009
ASSETS		
Investments, at Fair Value:		
Common/collective trust funds	$	$ 1,993,199
Participant loans		36,168
		2,029,367
Employee Contributions Receivable		898
		2,030,265
LIABILITIES		
Refundable Contributions, net of losses		5,128
Net Assets Available for Plan Benefits	$	$ 2,025,137

See accompanying notes to financial statements.

ANY WAY YOU SLICE IT, INC. dba CHEFS' PRODUCE COMPANY 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
For the Year Ended June 30, 2010

Employee Contributions	$ 23,657
Investment Income:	
Loan interest	1,257
Net appreciation in fair value of common/collective trust funds	46,728
Net Investment Income	47,985
Benefits to Participants	(2,080,914)
Administrative Expenses	(15,865)
Net Decrease	(2,025,137)
Net Assets Available for Plan Benefits - Beginning of Year	2,025,137
Net Assets Available for Plan Benefits - End of Year	$

See accompanying notes to financial statements.

Note 1 - Plan Description

The following brief description of the Any Way You Slice It, Inc. dba Chefs' Produce Company 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

The Trustees elected to terminate the Plan effective January 1, 2010, and distributed the assets to the participants.

The Plan is a defined contribution plan covering employees of Any Way You Slice It, Inc. dba Chefs' Produce Company (the Company and plan administrator) and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan was adopted by the Company on July 1, 1982. Owen E. Torres and Juan De Franco serve as the trustees for the Plan (the trustees). First Mercantile Trust Company, which serves as the asset custodian, maintains the funds in selected investment options as directed by the participants.

The Plan is provided for all eligible employees. Employees are eligible for participation in the Plan upon completion of twelve (12) months and one thousand (1,000) hours of service. The Plan includes a savings feature designed to permit the employee and the Company to contribute to the Plan amounts allowable under Section 401(k) of the Internal Revenue Code (IRC). Employee contributions are made by electing to defer up to the maximum percentage allowable of the employee's compensation and are fully vested at all times. Participant contributions, including amounts rolled into the Plan from other qualified sources, as defined, are invested in accordance with the participant's direction.

At June 30, 2009, the Plan was required to return excess contributions of $5,128, net of losses, to certain participants to satisfy the relevant non-discrimination provisions of the Plan.

The employer may elect to make matching contributions in an amount to be determined by the Company. No matching contributions were made for the year ended June 30, 2010. The Company may also contribute a discretionary amount to be determined by the Company, to be allocated as specified in the Plan document. To be eligible for the discretionary employer contribution, an employee must be actively employed at the end of the Plan year and have completed one year of service. No discretionary Company contributions were made for the year ended June 30, 2010. All contributions made by the employer are invested as directed by the trustees.

A participant's interest in the contributions made by the Company begins vesting at 20% after two years of service, increasing 20% each year thereafter, with the participant 100% vested after six years.

Under the Plan, earnings and losses of the Plan are allocated to the participants' accounts daily as provided in the Plan document.

Distributions may be made to participants upon death, disability, termination of employment, hardship, or retirement. Upon withdrawal from the Plan or termination of employment, participants may be subject to federal income tax on contributions and income earned.

Forfeitures attributable to Company discretionary contributions are first used to pay any unpaid administrative expenses and then added to any future Company discretionary contribution. Available forfeitures as of June 30, 2009 were $19,297 and were utilized to pay administrative expenses during the year ended June 30, 2010.

Loans to participants are secured by their account balance as allowed in the Plan document. Loans issued may not exceed the lesser of (a) 50% of the participant's vested account balance or (b) $50,000 less the highest outstanding loan balance in the previous 12 months. Interest rates are based on the rates available at commercial lending institutions and are set by the plan administrator. There were no loans outstanding as of June 30, 2010.

Note 2 - Summary of Accounting Policies

Basis of Financial Statements

The financial statements are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Accounting principles followed by the Plan and the methods of applying those principles which materially affect the determination of financial position and changes in financial position are summarized below:

Investment Valuation and Income Recognition

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 and the measurement date. See Note 3 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest is recorded as earned. The net appreciation in fair value of common/collective trust funds consists of the net change in unrealized appreciation in fair value and realized gains (losses) that occur upon the sale of an investment. The net change in unrealized appreciation and realized gains (losses) are determined using the fair values as of the beginning year, or the purchase price if the investment was acquired since that date.

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 investment contracts that are fully benefit-responsive. The Plan invests in investment contracts through the ABN AMRO Income Plus Fund (Stable Value Fund), a common/collective trust fund. The Stable Value Fund is not fully benefit responsive and is reported at fair value.

Benefit Payments

Benefits are recorded when paid.

Administrative Expenses

Administrative expenses not paid by the Company are paid by the Plan.

Risks and Uncertainties

The Plan provides for investment in common/collective trust funds. Investment securities, including common/collective trust funds, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the risks associated with investment securities, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and amounts reported in the financial statements.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and the disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Subsequent Events

Management evaluates events occurring subsequent to the date of the financial statements in determining the account for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through October 29, 2010, which is the date the financial statements were available to be issued.

Note 3 - Fair Value Measurements

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

Following is a description of the valuation methodologies used for assets measured at fair value:

Common/Collective Trust Funds: The common/collective trust funds are valued by the issuer based on quoted market prices of the underlying investment, when available.

Participant Loans: These investments are valued at amortized cost, which approximates fair value.

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

The plan did not hold any assets as of June 30, 2010.

Summary of Level 3 Changes

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 Investments for the year ended June 30, 2010:

	Level 3 Investments
	Participant Loans
Balance, beginning of year	$ 36,168
Grants and repayments, net	(36,168)
Balance, end of year	$

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of June 30, 2009:

	Investments at Fair Value as of June 30, 2009			
	Level 1	Level 2	Level 3	Total
Common/collective trust funds		$ 1,993,199		**$ 1,993,199**
Participant loans			$ 36,168	**36,168**
Total assets at fair value	$	$ 1,993,199	$ 36,168	**$ 2,029,367**

Note 4 - Information Certified by the Asset Custodian

The trustees have elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the trustees have obtained a certification from the asset custodian of the Plan that all of the information provided is complete and accurate. Information included in the accompanying financial statements and notes to financial statements as to investments, investment income (loss) and all information in the supplemental schedules is presented in reliance solely upon this certification.

The Plan's independent auditors did not perform auditing procedures with respect to this information except for comparing such information to the related information included in the financial statements and supplemental schedules.

Note 5 - Nonparticipant-Directed Investments

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments is as follows:

	2009
Common/collective trust funds	$ 1,652,037

	Year Ended June 30, 2010
Changes in Net Assets:	
Net appreciation in fair value of common/collective trust fund	$ 46,728
Benefits to participants	(2,080,914)
	$ (2,034,186)

Note 6 - Party-In-Interest Transactions

The Plan engages in investment transactions with funds issued by the asset custodian, a party-in-interest with respect to the Plan. These transactions are covered by an exemption from the "prohibited transaction" provisions of ERISA and the IRC.

Note 7 - Federal Income Tax

The Plan has not received a determination letter from the Internal Revenue Service exempting it from federal income tax; however, the prototype adopted by the Plan was accepted by the Internal Revenue Service on October 5, 2001. The trustees have identified a discrepancy between the Plan document and the operation of the Plan; however, the operation of the Plan has been consistently applied in the manner intended by the trustees and they believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 8 - Plan Termination

The plan administrator elected to terminate the Plan effective January 1, 2010. Final distributions were determined based on all participants being 100% vested, and were made by April 1, 2010.

Note 9 - Nonexempt Party-in-Interest Transactions

As disclosed on Schedule H, Line 4a - Schedule of Delinquent Participant Contributions, there was an unintentional delay by the Company in submitting 2009 Plan year participant contributions and loan repayments in the amount of $1,028 to the Plan. The $1,028 was deposited to the Plan during February 2010.

Note 10 - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of the net assets available for plan benefits per the financial statements to the Form 5500 at June 30, 2009:

	2009
Net assets available for plan benefits per financial statements	$ 2,025,137
Plus: 2009 Refundable contributions	5,128
Net assets per the Form 5500	$ 2,030,265

The following is a reconciliation of the net decrease in net assets available for Plan benefits to the Form 5500 for the year ended June 30, 2010:

Net decrease per financial statements	$ (2,025,137)
Less: 2009 Refundable contributions	(5,128)
Net income per Form 5500	$ (2,030,265)

SUPPLEMENTARY INFORMATION

ANY WAY YOU SLICE IT, INC. dba CHEFS' PRODUCE COMPANY 401(K) PLAN
PLAN SPONSOR'S EIN: 74-2132255
PLAN NUMBER: 001
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
For the Year Ended June 30, 2010

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions: Contributions Not Corrected	Total that Constitute Nonexempt Prohibited Transactions: Contributions Corrected Outside VFCP	Total that Constitute Nonexempt Prohibited Transactions: Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$ 706	$ -	$ 706	$ -	$ -

Participant Loan Repayments Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions: Loan Repayments Not Corrected	Total that Constitute Nonexempt Prohibited Transactions: Loan Repayments Corrected Outside VFCP	Total that Constitute Nonexempt Prohibited Transactions: Loan Repayments Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$ 322	$ -	$ 322	$ -	$ -

There was an unintentional delay by the Company in submitting participant contributions and loan repayments to the Plan relating to December 2009. The principal was remitted during February 2010.

ANY WAY YOU SLICE IT, INC. dba CHEFS' PRODUCE COMPANY 401(K) PLAN
PLAN SPONSOR'S EIN: 74-2132255
PLAN NUMBER: 001
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
June 30, 2010

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain
Series of Transactions (includes participant and nonparticipant-directed transactions):						
* ABN AMRO	**ABN AMRO Income Plus Fund**					
	Sales		$ 1,828,360	$ 1,822,265	$ 1,828,360	$ 6,095
* First Mercantile Trust Company	**FMT/LifeStyle Moderate Growth Strategy Fund**					
	Purchases	$ 503,890		503,890	503,890	
	Sales		540,964	536,640	540,964	4,324
Single Transactions (includes participant and nonparticipant-directed transactions):						
* ABN AMRO	**ABN AMRO Income Plus Fund**					
	Sale		1,565,864	1,560,525	1,565,864	5,339
* First Mercantile Trust Company	**FMT/LifeStyle Moderate Growth Strategy Fund**					
	Purchase	499,690		499,690	499,690	
	Sale		403,123	401,204	403,123	1,919

* Indicates a party-in-interest

Columns (e) Lease Rental and (f) Expense Incurred with Transaction do not apply to any of these transactions and are omitted accordingly. This supplemental schedule lists individual and series of transactions in excess of 5% of the Plan assets at the beginning of the year as required by the Department of Labor's Rules and Regulations for Reporting and Disclosure.

This schedule has been prepared from information certified by First Mercantile Trust Company as complete and accurate.

Client #3059
Any Way You Slice It, Inc. dba Chefs'
401(k) Plan
Plan # 001
EIN# 74-2132255

Schedule H, line 4i - Schedule of Assets (Held at End of Year)
For Plan Year Ending June 30, 2010

(a) Party in Interest?	(b) Identity of issue, borrower, leaser, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value		(d) Cost	(e) Current Value
	First Merc	ABN AMRO	Common/Collective Trusts	1,752,720.56	0.00
	First Merc	BlackRock Capital Management, Inc.	Common/Collective Trusts	5,120.28	0.00
	First Merc	Brandes Investment Partners, LP	Common/Collective Trusts	18,037.23	0.00
	First Merc	Brandywine Global Investment Mgmt, LLC	Common/Collective Trusts	13,894.58	0.00
	First Merc	Columbus Circle Investors	Common/Collective Trusts	20,438.12	0.00
	First Merc	Delaware Investments	Common/Collective Trusts	11,060.03	0.00
	First Merc	Frontier Capital Management	Common/Collective Trusts	17,141.30	0.00
	First Merc	IronOak Advisors LLC	Common/Collective Trusts	14,137.15	0.00
	First Merc	Large Cap Core Equity Multi Manager Strategy	Common/Collective Trusts	10,098.79	0.00
	First Merc	LifeStyle Conservative Growth Strategy	Common/Collective Trusts	33,665.74	0.00
	First Merc	LifeStyle Income and Conservative Growth Strategy	Common/Collective Trusts	4,619.16	0.00
	First Merc	LifeStyle Moderate Growth Strategy	Common/Collective Trusts	32,749.47	0.00
	First Merc	Metropolitan West Capital Mgmt, LLC Large Cap Value	Common/Collective Trusts	13,080.09	0.00
	First Merc	Miller/Howard Investments Utilities	Common/Collective Trusts	11,365.59	0.00
	First Merc	NWQ Investment Management, LLC	Common/Collective Trusts	1,011.15	0.00
	First Merc	Payden and Rygel Investment Management	Common/Collective Trusts	24,427.93	0.00
	First Merc	Zevenbergen Capital Investments LLC	Common/Collective Trusts	9,631.73	0.00
	First Merc	Loan Fund	Common/Collective Trusts	36,167.42	0.00
TOTAL				**$2,029,366.32**	**$0.00**

COPY

Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	2009 This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan Any Way You Slice It, Inc. dba Chefs Produce Company 401k Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1982

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
Any Way You Slice It, Inc. dba
Chefs Produce Company

4007 Telephone Road

Houston TX 77087

2b Employer Identification Number (EIN) 74-2132255

2c Sponsor's telephone number (713) 643-9420

2d Business code (see instructions) 424400

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	Owen E Torres Signature of plan administrator	11/12/10 Date	OWEN E. TORRES Enter name of individual signing as plan administrator
SIGN HERE	Owen E Torres Signature of employer/plan sponsor	11/12/10 Date	OWEN E. TORRES 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 (2009) v.092307.1

3059/KWW/AMA

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3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SAME	**3b** Administrator's EIN	
	3c Administrator's telephone number	

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

5 Total number of participants at the beginning of the plan year	**5**	164
6 Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c, and 6d**).		
a Active participants	**6a**	0
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a, 6b,** and **6c**	**6d**	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
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**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2A 2E 2F 2G 2J 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)	☐ 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)	☐ ___ **A** (Insurance Information)
		(4)	☐ **C** (Service Provider Information)
(3)	☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5)	☐ **D** (DFE/Participating Plan Information)
		(6)	☐ **G** (Financial Transaction Schedules)

Any Way You Slice It, Inc. dba Chefs'
Produce Company 401(k) Plan

Authorization to File the Plan's Form 5500 Electronically

Plan Sponsor: Any Way You Slice It, Inc. dba Chefs'

On behalf of the above named plan sponsor, the undersigned hereby grants permission to the Loren D. Stark Co., Inc. (LDSCO) to electronically file the plan sponsor's Form(s) 5500 annually but only upon LDSCO's receipt of the signed **red-stamped COPY** of Form 5500 and this signed **Authorization**.

The plan sponsor authorizes Loren D. Stark Co., Inc. to use it's PIN to file the 5500 or 5500-SF Forms and any applicable schedules for the plan.

The sponsor has been notified that the image of the plan administrator's/plan sponsor's **red-stamped COPY** will be included with the rest of the return/report posted by the Department of Labor on the Internet for public disclosure.

The sponsor has been notified that the signature of the individual signing the 5500 Form will be posted on the DOL Website.

The employer may revoke or change this authorization any time by notification in writing to LDSCO.

Signature: Owen E Torres

Print Name: OWEN E. TORRES

Date: 11/12/10

3059

