Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 09/20/2006 and ending 12/31/2006

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;
- [ ] the final return/report;
- [X] an amended return/report;
- [X] 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;
- [X] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MARTHAS HANDS LLC 401K PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/20/2006

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
MARTHAS HANDS LLC

12813 FLUSING MEADOWS DRIVE
SUITE 250
ST LOUIS, MO 63131-1835

2b Employer Identification Number (EIN)
43-1710138

2c Sponsor's telephone number
314-965-4350

2d Business code (see instructions)
621610

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.	03/24/2011	JOHN L HEDRICK
	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")

MARTHAS HANDS LLC

12813 FLUSING MEADOWS DRIVE
SUITE 250
ST LOUIS, MO 63131-1835

3b Administrator's EIN: 43-1710138

3c Administrator's telephone number: 314-965-4350

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**	105
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**	109
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**	109
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	109
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	21
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2G 2J 2K 3E

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)		0	**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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 09/20/2006 and ending 12/31/2006

A Name of plan
MARTHAS HANDS LLC 401K PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MARTHAS HANDS LLC

D Employer Identification Number (EIN)
43-1710138

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)		
(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)		
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)		28888
(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	0	28888
	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	0	28888

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)	8855	
	(B) Participants	2a(1)(B)	19348	
	(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)		28203
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)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(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)		
(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)		685
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		28888
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(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)		0
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		0
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		28888
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) [X] 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 [X] No

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

(1) Name: MICHAEL CUMMINS CPA PC (2) EIN: 43-1555780

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	
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		20000
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			
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

MARTHA'S HANDS LLC 401K

PROFIT SHARING PLAN & TRUST

Audited Financial Statements
and Supplemental Schedules

As of December 31, 2009, 2008, 2007 and 2006

And for the years ended December 31, 2009, 2008, and 2007
And for the period From inception September 20, 2006
to December 31, 2006

Table of Contents

Description	Pages
Independent Auditor's Report	1-2
Financial statements	
Statement of net assets available for benefits	3
Statement of changes net assets available for benefits	4
Notes to financial statements	5-10
Supplemental Schedule of Assets Held for Investment	
December 31, 2009	11
December 31, 2008	12
December 31, 2007	13
December 31, 2006	14

Michael Cummins, CPA, P.C.

Three The Pines Court Suite E, St. Louis MO 63141
(314) 628-9494 Fax (314) 628-9495
E-mail - Mike@MichaelCumminsCPA.com

Independent Auditor's Report

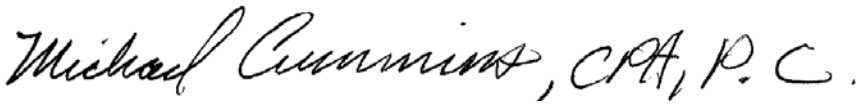
To the Trustees of
Martha's Hands LLC 401(k) Profit Sharing Plan and Trust

We have audited the accompanying statements of net assets available for benefits of Martha's Hands LLC 401(k) Profit Sharing Plan and Trust as of December 31, 2009, 2008, 2007 and 2006 the related statements of changes in net assets available for benefits for the years ended December 31, 2009, 2008, and 2007 and for the period from inception September 20, 2006 to December 31, 2006. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control over financial reporting. Accordingly, we express no such opinion. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Martha's Hands LLC 401(k) Profit Sharing Plan and Trust as of December 31, 2009, 2008, 2007, and 2006 and the changes in its net assets available for benefits for or the years ended December 31, 2009, 2008, and 2007 and for the period from inception September 20, 2006 to December 31, 2006, in conformity with accounting principles generally accepted in the United States of America.

Our audit was conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule of assets held for investment purposes at December 31, 2009, 2008, 2007 and 2006 are presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental information is the responsibility of the Plan's management. The supplemental information has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.



Michael Cummins, CPA, P.C.
March 23, 2011

MARTHA'S HANDS LLC 401K PROFIT SHARING PLAN & TRUST

Statement of Net Assets Available for Benefits

	December 31,			
	2009	2008	2007	2006
Assets				
Investments				
Participant directed investments	$ 341,090	$ 223,508	$ 174,133	$ 28,888
Loans to participants	4,912	2,693	-	-
	$ 346,002	$ 226,201	$ 174,133	$ 28,888
Liabitlies				
Excess contributions	3,287	1,494	991	-
Net assets available for benefits	$ 342,715	$ 224,707	$ 173,142	$ 28,888

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

MARTHA'S HANDS LLC 401K PROFIT SHARING PLAN & TRUST

Statement of Net Assets Available for Benefits

	Year Ended December 31,			*From Inception September 20, to December 31,*
	2009	2008	2007	2006
Increases in net assets				
Investment income				
Interest	$ 128	$ 172	$ -	$ -
Dividends	3,508	5,995	9,257	1,062
Appreciation (depreciation)	68,407	(59,955)	(266)	(378)
Total investment income	72,043	(53,788)	8,991	684
Contributions				
Company	41,696	37,720	41,348	8,855
Participants	83,778	75,361	91,899	19,349
Rollovers	-	-	2,016	-
Total contributions	125,474	113,081	135,263	28,204
Other	-	54	-	-
Total additions in net assets	197,517	59,347	144,254	28,888
Decreases in net assets				
Benefits paid to participants	79,349	7,622	-	-
Expenses	160	160	-	-
Total decreases in net assets	79,509	7,782	-	-
Net increase (decrease)	118,008	51,565	144,254	28,888
Net assets available for benefits				
Beginning of year	224,707	173,142	28,888	-
End of year	$ 342,715	$ 224,707	$ 173,142	$ 28,888

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

1. Description of plan

The following description of the Martha's Hands LLC 401(k) Profit Sharing Plan and Trust (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the plan's provisions.

General: The Plan is a defined contribution Plan covering all full-time employees of the company who have one year of service and are age twenty-one or older. In 2006, the Plan permitted participants to enter the Plan on the first day of the quarter after they met eligibility requirements. Then also in 2006, the Plan was amended to enable participants to enter the Plan immediately after they met eligibility requirements. Also, in August of 2006 the Plan was amended to include a Roth option for employee deferrals. The Plan was restated in 2006, January 1, 2007, and January 1, 2008.

Contributions: Each year, participants may contribute up to 96 percent of pretax annual compensation in 1 % increments, as defined in the plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may make elect to reduce their compensation, or elect to have the contribution designated as a Roth contribution that does not reduce their compensation. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the plan. The Plan currently offers various mutual funds as investment options for participants. The company makes a safe harbor contribution contributes 100 percent of the first 3 percent of base compensation that a participant contributes to the Plan plus an additional 50% of contributions in excess of 3% but not more that 5 % of the employee's compensation.

Participant Accounts: Each participant's account is credited with the participant's contribution and allocations of (a) the company's contribution and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants are vested immediately in their contributions and safe harbor contributions plus actual earnings thereon. Vesting in the company's contribution portion of their accounts is based on years of continuous service. Non-safe harbor contributions are vested 100% after 3 years of service.

1. Description of plan (continued)

Participant loans: Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or (95% of 50%) 47.5% of their percent of their account balance. The loans are secured by the balance in the participant's account at interest rates which are commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest is paid ratably through payroll deductions.

Payment of benefits: On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments over a ten-year period. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Forfeited accounts: At December 31, 2009, 2008, 2007 and 2006 there were no non-vested forfeited non-vested accounts.

2. Summary of accounting policies

Basis of accounting: The financial statements of the Plan are prepared on the accrual basis 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 and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

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 at the measurement date. See note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

Payment of benefits: Benefits are recorded when paid.

Operating expenses: All expenses of maintaining the Plan are paid by the company. The third party administrator and investment advisor also receive indirect compensation that is not reflected in the financial statements.

2. Summary of Accounting Policies (continued)

Subsequent events: The Plan has evaluated subsequent events through February 11 the date the financial statements were available to be issued.

3. Investments

The following table presents investments that represent 5 percent or more of the plan's net assets:

	Amount
December 31, 2006	
American Funds Europacific Gr R3	$ 5,095
American Funds Growth Fund Of Amer R3	7,582
Federated Automated Cash Manage	4,965
Federated Kaufmann Fund Class R	5,886
Federated Kaufmann Small Cap R	1,886
December 31, 2007	
American Funds Europacific Growth R3	31,251
American Funds Growth Fund Of Amer R3	42,492
Federated Automated Cash Manage	57,892
Federated Kaufmann Fund Class R	22,382
Federated Total Return Bond K	8,969
December 31, 2008	
American Funds Capital World G/I R3	20,967
American Funds Europacific Gr R3	31,543
American Funds Growth Fund Of Amer R3	44,751
Federated Automated Cash Management	60,830
Federated Kaufmann Fund Class R	22,925
Federated Total Return Bond K	12,650
MFS Mid Cap Value R2	21,677
December 31, 2009	
American Funds Europacific Gr R3	69,553
American Funds Growth Fund Of Amer R3	95,515
Federated Automated Cash Manage	85,189
Federated Kaufmann Fund Class R	46,555
Federated Total Return Bond K	21,158

3. Investments (continued)

The net appreciation and depreciation presented in the financial statements represents changes in the value of registered investment companies.

4. Fair Value Measurements

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

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

Level 2 - Inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement. The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

4. Fair value measurements (continued)

The Plans investments are all level 1 investments in mutual funds. Mutual funds are publicly traded at are valued at the net asset value (NAV) of shares held by the Plan at year end. The following table classifies the investments in registered investment companies by objective for December 31, 2009, 2008, 2007 and 2006:

	December 31,			
	2009	2008	2007	2006
Registered investment companies				
Objectives of funds				
Growth	$ 144,028	$ 88,643	$ 65,210	$ 14,591
Money market	85,189	60,830	57,892	4,965
International	69,553	31,543	31,251	5,095
Fixed income	21,158	12,650	8,969	1,419
Mid-CAP	4,011	21,677	2,363	689
Small CAP	10,255	3,954	5,486	1,886
Index	3,492	2,053	2,449	-
Income	2,606	617	-	-
Other	798	1,541	513	243
Total	$ 341,090	$ 223,508	$ 174,133	$ 28,888

5. Participant loans

In September 2010, the Financial Accounting Standards Board passed an accounting standard update that requires participant loans be classified as notes receivable instead of investments. The standard will be effective for fiscal years ending after December 15, 2010. The Plan has elected to adopt that standard for all years of the Plan included in these financial statements. The form 5500 will continue to classify the participant loans as investments.

6. Party-in-interest transactions

The Plan has several service providers who are parties-in-interest. Transactions with the parties-in-interest are believed to be exempt.

7. Excess contributions

Excess contributions reported in the financial statements represent contributions by employees who were not eligible to participate in the Plan.

8. Plan termination

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

9. Tax status

The Internal Revenue Service has approved the prototype Plan document and informed the trustees that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

10. Compliance

The Plan has not complied with the requirement to a file form 5500 audit requirements for large Plans. The Plan management engaged an auditor in December 2010. The Plan will an file amended form 5500 for the year ended December 31, 2006, and file delinquent form 5500 with the related audits for the years ended December 31, 2007 to 2009. The Plan trustees are responsible for any and all penalties that may be assessed.

10. Risks and uncertainties

The Plan invests in various registered investment companies. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants'

11. Accounts of terminated participants

Amounts in accounts for participants who have been terminated but not withdrawn was $ 16,071, $ 9,977, and $ 12,262 as of December 31, 2007, 2008, and 2009 respectively.

12. Reconciliation of financial statements to form 5500

There are no differences between the net assets reported on form 5500 and the financial statements.

MARTHA'S HANDS LLC 401K PROFIT SHARING PLAN & TRUST

Schedule H, Line 4i

Schedule of Assets (Held At End of Year)

Employer Identification Number: 43-1710138 Plan number: 001

December 31, 2006

(a)	**(b)** Identity of issue, borrower, lessor, or similar party	investment including maturity date, rate of interest, collateral, par or maturity value	**(d)** Cost	**(e)** Current value
		Units		
	American Funds Europacific Gr R3	111.0123	*	$ 5,095
	American Funds Growth Fund Of Amer R	233.6559	*	7,582
	Federated Automated Cash Manage	4,964.5600	*	4,965
	Federated Capital Appreciation	45.9594	*	1,123
	Federated Kaufmann Fund Classr	1,039.9134	*	5,886
	Federated Kaufmann Small Cap R	77.7604	*	1,886
	Federated Stock & Bond Fund Cla	12.9855	*	241
	Federated Total Return Bond K	134.6757	*	1,419
	MFS Midcap Value Fund Class R2	50.3365	*	691
				$ 28,888

* Cost not required for participant directed investments.

See Independent Auditor's Report regarding this information.

MARTHA'S HANDS LLC 401K PROFIT SHARING PLAN & TRUST

Schedule H, Line 4i

Schedule of Assets (Held At End of Year)

Employer Identification Number: 43-1710138 Plan number: 001

December 31, 2008

(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
		Units		
	American Century Equity Income	102.5972	*	$ 617
	American Funds Capital World G/I R3	792.9961	*	20,967
	American Funds Europacific Gr R3	1,144.5337	*	31,543
	American Funds Growth Fund Of Amer R	2,215.4163	*	44,751
	Federated Automated Cash Manage	60,829.9700	*	60,830
	Federated Kaufmann Fund Classr	6,368.1230	*	22,925
	Federated Kaufmann Small Cap R	261.5628	*	3,811
	Federated Max-Cap Index K	201.4258	*	2,053
	Federated Total Return Bond K	1,242.6209	*	12,650
	Fidelity Advisor Real Estate C	1.1774	*	11
	Franklin Small Cap Value R	5.3530	*	143
	Franklin Templeton Founding Allc R	195.2077	*	1,530
	MFS Mid Cap Value R2	2,953.2751	*	21,678
	Participant loans interest rate 4.25%			2,692
				$ 226,201

* Cost not required for participant directed investments.

See Independent Auditor's Report regarding this information.

MARTHA'S HANDS LLC 401K PROFIT SHARING PLAN & TRUST

Schedule H, Line 4i

Schedule of Assets (Held At End of Year)

Employer Identification Number: 43-1710138 Plan number: 001

December 31, 2007

(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
		Units		
	American Funds Capital World G/I R3	335.8100	*	$ 336
	American Funds Europacific Gr R3	31,251.1700	*	31,251
	American Funds Growth Fund Of Amer R	42,492.3500	*	42,492
	Federated Automated Cash Manage	57,891.6700	*	57,892
	Federated Kaufmann Fund Classr	22,381.5900	*	22,382
	Federated Kaufmann Small Cap R	5273.0500	*	5,273
	Federated Max-Cap Index K	2,449.1000	*	2,449
	Federated Total Return Bond K	8,968.6300	*	8,969
	Franklin Small Cap Value R	213.3200	*	213
	Franklin Templeton Founding Allc R	513.3000	*	513
	MFS Midcap Value Fund Class R2	2,362.7000	*	2,363
				$ 174,133

* Cost not required for participant directed investments.

See Independent Auditor's Report regarding this information.

MARTHAS HANDS LLC 401K PROFIT SHARING PLAN & TRUST

Schedule H, Line 4i

Schedule of Assets (Held At End of Year)

Employer Identification Number: 43-1710138 Plan number: 001

December 31, 2006

(a)	(b) Identity of issue, borrower, lessor, or similar party	investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
		Units		
	American Funds Europacific Gr R3	111.0123	*	$ 5,095
	American Funds Growth Fund Of Amer R	233.6559	*	7,582
	Federated Automated Cash Manage	4,964.5600	*	4,965
	Federated Capital Appreciation	45.9594	*	1,123
	Federated Kaufmann Fund Classr	1,039.9134	*	5,886
	Federated Kaufmann Small Cap R	77.7604	*	1,886
	Federated Stock & Bond Fund Cla	12.9855	*	241
	Federated Total Return Bond K	134.6757	*	1,419
	MFS Midcap Value Fund Class R2	50.3365	*	691
				$ 28,888

* Cost not required for participant directed investments.

See Independent Auditor's Report regarding this information.

Official Use Only

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 sections 104 and 4065 of the Employee Retirement 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

2006

This Form is Open to Public Inspection.

For calendar year 2006 or fiscal plan year beginning 09/20/2006 , and ending 12/31/2006 ,

A Name of plan
MARTHAS HANDS LLC 401K PROFIT SHARING PLAN & TRUST

B Three-digit plan number ► 001

C Plan sponsor's name as shown on line 2a of Form 5500
MARTHAS HANDS LLC

D Employer Identification Number
43-1710138

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). 16-1470238

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

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

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

4 Is the plan administrator making an election under Code section 412(c)(8) or ERISA section 302(c)(8)? . . . . . ☐ Yes ☒ No ☐ N/A

If the plan is a defined benefit plan, go to line 7.

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 . . . . . ► Month ____ Day ____ Year ____

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

6a 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 7 and 8 and complete line 9.

7 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

8 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. (See instructions) . . . . . ☐ Increase ☐ Decrease ☐ No

Part IV Coverage (See Instructions.)

9 Check the box for the test this plan used to satisfy the coverage requirements . . . . ☐ the ratio percentage test ☐ average benefit test

2 2 0 6 0 1 0 1 0 C

MARTHAS HANDS LLC 401K PROFIT SHARING PLAN & TRUST

Schedule H, Line 4i

Schedule of Assets (Held At End of Year)

Employer Identification Number: 43-1710138 Plan number: 001

December 31, 2006

(a)	(b) Identity of issue, borrower, lessor, or similar party	investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
		Units		
	American Funds Europacific Gr R3	111.0123	*	$ 5,095
	American Funds Growth Fund Of Amer R	233.6559	*	7,582
	Federated Automated Cash Manage	4,964.5600	*	4,965
	Federated Capital Appreciation	45.9594	*	1,123
	Federated Kaufmann Fund Classr	1,039.9134	*	5,886
	Federated Kaufmann Small Cap R	77.7604	*	1,886
	Federated Stock & Bond Fund Cla	12.9855	*	241
	Federated Total Return Bond K	134.6757	*	1,419
	MFS Midcap Value Fund Class R2	50.3365	*	691
				$ 28,888

* Cost not required for participant directed investments.

See Independent Auditor's Report regarding this information.