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 01/01/2010 and ending 12/31/2010

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;
- [ ] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
VALLEY HARVESTING & PACKAGING, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2001

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
VALLEY HARVESTING & PACKING, INC.

101 EAST MAIN STREET
HEBER, CA 92249

2b Employer Identification Number (EIN) 33-0014658

2c Sponsor's telephone number 760-352-2364

2d Business code (see instructions) 812990

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2011	JORGE REYES
	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")
VALLEY HARVESTING & PACKING, INC.

101 EAST MAIN STREET
HEBER, CA 92249

3b Administrator's EIN
33-0014658

3c Administrator's telephone number
760-352-2364

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**	127
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**	97
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	13
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	110
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	110
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	62
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:
2E 2F 2G 2J 2K 3B 3D 3H 2T

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

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)		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)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

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

A Name of plan
VALLEY HARVESTING & PACKAGING, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
VALLEY HARVESTING & PACKING, INC.

D Employer Identification Number (EIN)
33-0014658

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

1 Coverage Information:

(a) Name of insurance carrier
METLIFE INSURANCE COMPANY OF CONNECTICUT

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0566090	87726	938759	62	01/01/2010	12/31/2010

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
1067	0

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

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

MORGAN STANLEY SMITH BARNEY LLC
2000 WESTCHESTER AVENUE
PURCHASE, NY 10577

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1067			4

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	597834

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	13101
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	412		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	412
d	Total of balance and additions (add **b** and **c(6)**)			7d	13513
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	13512		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	13512
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	1

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

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

A Name of plan
VALLEY HARVESTING & PACKAGING, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VALLEY HARVESTING & PACKING, INC.

D Employer Identification Number (EIN)
33-0014658

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ING INSTITUTIONAL PLAN SERVICES LLC

02-0488491

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

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

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

ING INSTITUTIONAL PLAN SERVICES LLC

02-0488491

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
15 37 64	RECORDKEEPER	400	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

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

A Name of plan
VALLEY HARVESTING & PACKAGING, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VALLEY HARVESTING & PACKING, INC.

D Employer Identification Number (EIN)
33-0014658

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)		1570
(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)	17045	18659
(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)	488608	597834
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	13101	1
(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	518754	618064
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	518754	618064

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)	101764	
(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)		101764
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)	1071	
(F) Other	2b(1)(F)	412	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1483
(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)		66771
c Other income	2c		-1
d Total income. Add all **income** amounts in column (b) and enter total	2d		170017
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	70307	
(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)		70307
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
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)	400	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		400
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		70707
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		99310
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: OLIVA, GODDARD & WRIGHT (2) EIN: 33-0578542

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		25000
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 ☐ **Yes** ☒ **No** **Amount:**

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

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

SCHEDULE R (Form 5500)

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

2010

This Form is Open to Public Inspection.

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

A Name of plan
VALLEY HARVESTING & PACKAGING, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VALLEY HARVESTING & PACKING, INC.

D Employer Identification Number (EIN)
33-0014658

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

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

EIN(s): 04-3581074

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):

VALLEY HARVESTING & PACKING, INC.
401(k) PROFIT SHARING PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

VALLEY HARVESTING & PACKING, INC.
401(k) PROFIT SHARING PLAN
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Oliva Goddard & Wright
CERTIFIED PUBLIC ACCOUNTANTS

To the Trustees of
Valley Harvesting & Packing, Inc.
401(k) Profit Sharing Plan
101 East Main Street
Heber, CA 92249

Independent Auditor's Report

We were engaged to audit the financial statements of Valley Harvesting & Packing, Inc. 401(k) Profit Sharing Plan as of December 31, 2010 and 2009 and for the year ended December 31, 2010. 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.

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 plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by MetLife Insurance Company of Connecticut, the 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 plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2010, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information we did not audit, we are unable to and do not express an opinion on the accompanying financial statements taken as a whole. The form and content of the information included in the financial statements, other than that derived from the information certified by the custodian, have been audited by us in conformity with accounting principles 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.

Oliva, Goddard + Wright

OLIVA, GODDARD & WRIGHT
Certified Public Accountants

September 29, 2011
San Diego, California

9333 Genesee Avenue, Suite 110, San Diego, CA 92121
(858) 554-0800 - FAX: (858) 554-0865

VALLEY HARVESTING & PACKING INC.
401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2010 AND 2009

	2010	2009
ASSETS		
INVESTMENTS		
At fair value:		
Securities and Mutual Funds	$ 597,835	$ 501,707
TOTAL INVESTMENTS	597,835	501,707
RECEIVABLES		
Participants' Contributions	1,570	4,314
Notes Receivable from Participants	18,659	17,045
TOTAL RECEIVABLES	20,229	21,359
TOTAL ASSETS	618,064	523,066
LIABILITIES		
TOTAL LIABILITIES	0	0
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 618,064	$ 523,066

See Accompanying Notes

VALLEY HARVESTING & PACKING INC.
401(k) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2010

	2010
ADDITIONS	
Additions to Net Assets Attributed to:	
Investment Income:	
Net Appreciation of Fair Value of Investments	$ 67,182
Loan Interest	1,071
Contributions:	
Participants'	97,452
TOTAL ADDITIONS	165,705
DEDUCTIONS	
Deductions from Net Assets Attributed to:	
Benefits Paid to Participants	70,307
Plan Expenses	400
TOTAL DEDUCTIONS	70,707
NET INCREASE	94,998
NET ASSETS AVAILABLE FOR PLAN BENEFITS BEGINNING OF YEAR	523,066
NET ASSETS AVAILABLE FOR PLAN BENEFITS END OF YEAR	$ 618,064

See Accompanying Notes

NOTE 1 DESCRIPTION OF PLAN

The following description of the Valley Harvesting & Packing, Inc. 401(k) Profit Sharing Plan ("Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of Valley Harvesting & Packing, Inc. and the entities in the affiliated service group. All employees who have completed six months of service, are age 21 or older, and are not an excluded employee are eligible to participate. An employee may enter the Plan after meeting the eligibility requirements and reaching an Entry Date, which is defined as the first day of the month coinciding with or next following the date eligibility is established. Once enrolled, an employee may make a change to the salary deferral election on the first day of any payroll period. A participant may revoke their salary deferral at any time. This Plan is subject to the provisions of the Employment Retirement Income Security Act of 1974 (ERISA).

Contributions

Participants in the Plan may elect to defer from income and contribute through payroll deductions any amount up to 92% of their eligible compensation. These contributions may not exceed the maximum allowed by applicable law. The Plan, at the discretion of the Plan Administrator, also allows participants to "roll-over" contributions from other qualified plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Company has the option of making discretionary matching contributions and an additional amount at the option of the Board of Directors. There were no Company contributions in 2010.

Participant Accounts

Individual accounts are maintained for each participant. Each participant's account is credited with the participant's contributions and the basic matching contribution from the Company, if applicable. Investment earnings and changes in the fair market value of Plan assets are allocated among and credited to each participant's account monthly based on their prorata share of the beginning account balance.

NOTE 1 DESCRIPTION OF PLAN (Continued)

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. Participants vest at a rate of 20% per year after each of the second through sixth year of credited service.

Trustee

MetLife Insurance Company of Connecticut, acting as a custodian, is responsible for investing and managing Plan assets, subject to the direction of the Company and the participants.

Investment Options

Upon enrollment in the Plan, a participant may direct contributions to available investment options. Participants may change the investment mix at any time.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant will receive a lump-sum amount equal to the value of the participant's vested interest in his or her account, if under $5,000. For vested amounts over $5,000, the distribution may be either a lump sum payment or an annuity.

Investment and Administrative Expenses

Certain adminstrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Investment and certain administrative expenses of the Plan are paid directly by the Company. Other expenses, such as loan fees or fees for distributions, are nominal and are charged to the participant incurring the distribution. Other plan expenses are deducted from the Plan's investment gains.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

General

The Plan maintains its accounts on the accrual basis of accounting in conformity with U.S. generally accepted accounting principles. The significant accounting policies followed are discussed below.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures, Accordingly, actual results may differ from those estimates. Estimates and assumptions are reviewed periodically and the effects of revisions are reflected in the Financial Statements in the period they are deemed necessary.

Investment Valuation and Income Recognition

Investments are stated 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 measurement. Unrealized appreciation or depreciation in the fair value of investments held at year-end is recognized in the statement of changes in net assets available for benefits using the value as of the previous year end, or purchase price if acquired during the year. Purchases and sales of investments are recognized on the date they are traded. Any gains or losses resulting from sales are recognized based upon the average cost of the investment sold. Fully benefit-responsive investment contracts held by the Plan are required to be reported at contract value. The Stable Value Option is the Plan's fully benefit-responsive investment choice, which does comply with the Financial Accounting Standards Board's fully benefit responsive requirements and is reportable at contract value.

Subsequent Events

The plan has evaluated subsequent events through October 3, 2011, the date of the financial statements were available to be issued.

NOTE 3 FAIR VALUE MEASUREMENT

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 heirarchy 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 heirarchy under FASB ASC 820 are described as follows:

NOTE 3 FAIR VALUE MEASUREMENT (Continued)

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 proces for similar assets or liabilites 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.

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 heirarchy 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 if the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Common stocks, corporate bonds and U.S. government securities: Valued at the closing price reported on the active market on which the individual security is traded.

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

Guarenteed investment contract: Valued at contract value.

NOTE 3 FAIR VALUE MEASUREMENT (Continued)

Investments are held with a trustee under a trust agreement. At December 31, 2010 and 2009, the fair market value of the investments held in the Plan was $597,835 and $488,607 respectively. All investments held in the Plan were valued using Level 1 measurements. The fair value of individual investments in the Plan as of December 31:

Determined by quoted market price:	2010	2009
American Funds Global Growth	$ -	$ 5,606
American Growth Fund	426	0
Blackrock Aggressive Growth	5,202	678
Blackrock High Yield	1,125	802
Blackrock Legacy Lca	17,064	12,008
Blackrock Money Market Portfolio	15,728	0
Clarion GL Real Estate	0	143
Fidelity VIP Mid Cap	18,235	12,746
Fidelity Value	22,926	17,290
Harris Oakmark International	21,504	11,565
Janus Aspen Mid Cap Growth	1,556	1,256
Janus Forty	6,059	5,571
Legg Mason Aggressive Growth	77,502	54,087
Legg Mason Appreciation	23,845	18,684
Legg Mason Diversified	22,915	18,731
Legg Mason Fundamental Value	13,731	9,366
Legg Mason Investment Grade Bond	3,634	2,282
Legg Mason Small Cap Value	7,550	6,095
Legg Mason Investors	0	344
Legg Mason Var Large Cap Growth	7,158	6,478
Barclays Agregate Bond	81,144	66,154
Lord Abbett Growth & Income	48,337	35,749
Lord Abbett Mid Cap	3,042	1,976
Lord Abbett Bond	212	0
LMP Global High Yield	891	782
LMP Small Cap Growth	1,577	1,094
LMP Variable Money Market	0	39,204
Met Life Conservative Allocation	493	0
Met Life Conservative-Moderate Allocation	201	0
Met Life Aggressive Allocation	285	138

NOTE 3 FAIR VALUE MEASUREMENT (Continued)

	2010	2009
Met Life Moderate Allocation	14,253	10,946
Met Life Mod-Agg Allocation	280	86
Met Life Stock Index	9	110
MFS Total Return	15,331	12,330
MFS Value	0	158
Morgan Stanley EAFE Index	4,767	4,983
Pioneer Strategic Income	59,528	46,203
PIMCO Total Return Port	254	237
Russell 2000 Index	22,690	16,278
T Rowe Price Large Cap Growth	0	399
T Rowe Price Small Cap Growth	9,829	145
Templeton Foreign Securities Fund	57,304	53,456
Templeton Developing Markets	6,481	10,138
Templeton Growth Fund	4,767	4,303
Western Asset Management US Govt	0	6
Total Investments	$ 597,835	$ 488,607

During 2010 and 2009, the Plan's investment (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $66,770 and $76,285, respectively, which represents assets invested with registered investment companies.

NOTE 4 INVESTMENTS

The following present investments that represent five percent (5%) or more of the plan's net assets as of December 31:

	2010	2009
Barclays Agregate Bond	81,144	66,154
Legg Mason Aggressive Growth	77,502	54,087
Lord Abbett Growth & Income	48,337	35,749
Pioneer Strategic Income	59,528	46,203
Templeton Foreign Securities Fund	57,304	53,456
LMP Variable Money Market	N/A	39,204

NOTE 5 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 will become 100% vested in their accounts.

NOTE 6 TAX STATUS

The Plan is a prototype basic savings plan for which the Plan administrator has received a determination letter regarding tax-exempt status under the provisions of the Internal Revenue Service Code. The Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

NOTE 7 TERMINATED PARTICIPANTS

The amounts allocated to accounts of participants who have withdrawn from the Plan during 2010, but were not yet paid as of December 31, 2010, is $0.

NOTE 8 PARTY-IN-INTEREST TRANSACTIONS

The Plan's investments are held and managed by MetLife Insurance Company of Connecticut. MetLife Insurance Company of Connecticut is the contract administrator as defined by the plan and, therefore, all purchases and sales of investments qualify as party-in-interest transactions. MetLife Insurance Company of Connecticut was paid $400 by the plan in 2010.

NOTE 9 RISKS AND UNCERTAINTIES

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

NOTE 10 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2010 and 2009 to Form 5500:

	2010	2009
Net Assets Available for Benefits per Form 5500	$ 618,064	$ 518,754
Adjustments to:		
Contributions Receivable	0	4,314
Net assets available for benefits per the financial statements	$ 618,064	$ 523,068
Change in Net Assets Available for Benefits per Form 5500	$ 99,310	$ 174,223
Adjustments to:		
Employee Contributions	(4,312)	4,312
Net Increase in Net Assets Available for Plan Benefits	$ 94,998	$ 178,535

VALLEY HARVESTING & PACKING, INC.
401(k) PROFIT SHARING PLAN
SCHEDULE H, PART IV, LINE 4i OF FORM 5500 -
SCHEDULE OF ASSETS HELD FOR INVESTMENT
EIN 33-0014658, PLAN NO. 001
DECEMBER 31, 2010

(b) Issuer	(c) Descriptions	(d) Cost	(e) Value
Pooled Separate Accounts:			
MetLife Insurance Co of Connecticut	American Funds Growth	N/A	426
MetLife Insurance Co of Connecticut	Blackrock Aggressive Growth	N/A	5,202
MetLife Insurance Co of Connecticut	Blackrock High Yield	N/A	1,125
MetLife Insurance Co of Connecticut	Blackrock Legacy Lca	N/A	17,064
MetLife Insurance Co of Connecticut	Blackrock Money Market Portfolio	N/A	15,728
MetLife Insurance Co of Connecticut	Fidelity VIP Mid Cap	N/A	18,235
MetLife Insurance Co of Connecticut	Fidelity Value	N/A	22,926
MetLife Insurance Co of Connecticut	Harris Oakmark International	N/A	21,504
MetLife Insurance Co of Connecticut	Janus Aspen Mid Cap Growth	N/A	1,556
MetLife Insurance Co of Connecticut	Janus Forty	N/A	6,059
MetLife Insurance Co of Connecticut	Legg Mason Aggressive Growth	N/A	77,502
MetLife Insurance Co of Connecticut	Legg Mason Appreciation	N/A	23,845
MetLife Insurance Co of Connecticut	Legg Mason Diversified	N/A	22,915
MetLife Insurance Co of Connecticut	Legg Mason Fundamental Value	N/A	13,731
MetLife Insurance Co of Connecticut	Legg Mason Investment Grade Bond	N/A	3,634
MetLife Insurance Co of Connecticut	Legg Mason Small Cap Value	N/A	7,550
MetLife Insurance Co of Connecticut	Legg Mason Var Large Cap Growth	N/A	7,158
MetLife Insurance Co of Connecticut	Lehman Brothers Agregate Bond	N/A	81,144
MetLife Insurance Co of Connecticut	Lord Abbett Growth & Income	N/A	48,337
MetLife Insurance Co of Connecticut	Lord Abbett Mid Cap	N/A	3,042
MetLife Insurance Co of Connecticut	Lord Abbett Bond	N/A	212
MetLife Insurance Co of Connecticut	LMP Global High Yield	N/A	891
MetLife Insurance Co of Connecticut	LMP Small Cap Growth	N/A	1,577
MetLife Insurance Co of Connecticut	Met Life Aggressive Allocation	N/A	285
MetLife Insurance Co of Connecticut	Met Life Conservative Allocation	N/A	493
MetLife Insurance Co of Connecticut	Met Life Conservative-Moderate	N/A	201
MetLife Insurance Co of Connecticut	Met Life Moderate Allocation	N/A	14,253
MetLife Insurance Co of Connecticut	Met Life Mod - Agg Allocation	N/A	280
MetLife Insurance Co of Connecticut	Met Life Stock Indez	N/A	9
MetLife Insurance Co of Connecticut	MFS Total Return	N/A	15,331
MetLife Insurance Co of Connecticut	Morgan Stanley EAFE Index	N/A	4,767
MetLife Insurance Co of Connecticut	Pioneer Strategic Income	N/A	59,528
MetLife Insurance Co of Connecticut	PIMCO Total Return Port	N/A	254
MetLife Insurance Co of Connecticut	Russell 2000 Index	N/A	22,690
MetLife Insurance Co of Connecticut	T Rowe Price Small Cap Growth	N/A	9,829
MetLife Insurance Co of Connecticut	Templeton Foreign Securities Fund	N/A	57,304
MetLife Insurance Co of Connecticut	Templeton Developing Markets	N/A	6,480
MetLife Insurance Co of Connecticut	Templeton Growth Fund	N/A	4,767
MetLife Insurance Co of Connecticut	Guaranteed Investments	N/A	1
MetLife Insurance Co of Connecticut	Notes Receivable From Participants	N/A	18,659
	Total Investments	N/A	$ 616,494

VALLEY HARVESTING & PACKING, INC.
401(k) PROFIT SHARING PLAN
SCHEDULE 2
SCHEDULE H, PART IV, LINE 4j OF FORM 5500 -
SCHEDULE OF REPORTABLE TRANSACTIONS
EIN 33-00014658, PLAN NO. 001
FOR THE YEAR ENDED DECEMBER 31, 2010

There were no reportable transactions for the year ended December 31, 2010.

5500 PLAN 001 PLAN YEAR 20100101 20101231

VALLEY HARVESTING & PACKING, INC 401(K) PROFIT SHARING PLAN PLAN #:001 33-0014658

PART IV SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(B) IDENTITY OF ISSUE	(C) DESCRIPTION OF INVESTMENT	(D) COST	(E) CURRENT VALUE
American Fnds Grth-CL 2	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	378.75	426.38
Barclays Cap Aggrgate Bnd	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	73,526.25	81,143.91
BlackRock High Yield	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	792.25	1,125.28
BlackRock Legacy Lcap	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	12,080.04	17,064.51
BlackRock Money Mkt Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	15,807.97	15,728.07
Blackrock Agg Gr Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	4,858.87	5,199.87
Fi Value Leaders Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	22,243.90	22,925.80
Fidelity VIP Mid Cap 2	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	14,059.41	18,235.17
Harris Oakmark Intl Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	17,798.09	21,503.98
Janus Asp Enterprise Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	898.56	1,556.24
Janus Forty	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	5,468.54	6,058.90
LM Cbridge SmCap V	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	6,226.72	7,550.13
LM Western Corp Bnd	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	3,104.70	3,634.63
Legg CBridge Var FundVal	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	12,932.94	13,730.70
Legg CBridge Var SmCp Gr	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	1,483.86	1,577.58
Legg CBridge Var LCap Gr	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	6,680.75	7,157.95
Legg CBridge Var Aggr Gr	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	64,624.05	77,502.38
Legg ClBridge VarApp Prt	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	20,982.90	23,845.08
Legg Wstrn Glb Hi Yld Bnd	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	600.57	891.63
Legg Wstrn Var DivStrat	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	19,807.92	22,915.22
Loan Fund	LOANS TO PARTICIPANTS: OTHER	18,659.14	18,659.14
Lord Abbett Bnd Deb Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	205.00	212.42
Lord Abbett Grwth And Inc	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	44,325.48	48,336.62
Lord Abbett Mid Cap Val	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	2,125.00	3,041.65
MFS Total Return Port.	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	13,677.63	15,331.11
MetLife Agg Alloc Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	238.78	285.15
MetLife Conv Alloc Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	485.00	493.21
MetLife Conv-Mod Alloc	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	192.50	200.80
MetLife Mod Alloc Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	12,342.42	14,253.17
MetLife Mod-Agg Alloc	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	238.78	279.92
MetLife Stock Index	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	6.20	9.04
Morgan Stanley EAFE Index	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	6,071.44	4,764.30
PIMCO Total Ret Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	211.17	254.35
Pioneer Strategic Income	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	47,890.07	59,527.75
Russell 2000 Index	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	19,187.46	22,690.01
T Rowe Price Small Cap Gr	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	8,333.23	9,828.87
Templeton Dev Mkts Sec-2	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	5,429.72	6,480.42
Templeton Foreign Secur-2	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	50,775.81	57,304.36
Templeton Growth Fund	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	4,631.27	4,767.27

VALLEY HARVESTING & PACKING, INC.
401(k) PROFIT SHARING PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

VALLEY HARVESTING & PACKING, INC.
401(k) PROFIT SHARING PLAN
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Oliva Goddard & Wright
CERTIFIED PUBLIC ACCOUNTANTS

To the Trustees of
Valley Harvesting & Packing, Inc.
401(k) Profit Sharing Plan
101 East Main Street
Heber, CA 92249

Independent Auditor's Report

We were engaged to audit the financial statements of Valley Harvesting & Packing, Inc. 401(k) Profit Sharing Plan as of December 31, 2010 and 2009 and for the year ended December 31, 2010. 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.

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 plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by MetLife Insurance Company of Connecticut, the 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 plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2010, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information we did not audit, we are unable to and do not express an opinion on the accompanying financial statements taken as a whole. The form and content of the information included in the financial statements, other than that derived from the information certified by the custodian, have been audited by us in conformity with accounting principles 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.

Oliva, Goddard + Wright

OLIVA, GODDARD & WRIGHT
Certified Public Accountants

September 29, 2011
San Diego, California

9333 Genesee Avenue, Suite 110, San Diego, CA 92121
(858) 554-0800 - FAX: (858) 554-0865

VALLEY HARVESTING & PACKING INC.
401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2010 AND 2009

	2010	2009
ASSETS		
INVESTMENTS		
At fair value:		
Securities and Mutual Funds	$ 597,835	$ 501,707
TOTAL INVESTMENTS	597,835	501,707
RECEIVABLES		
Participants' Contributions	1,570	4,314
Notes Receivable from Participants	18,659	17,045
TOTAL RECEIVABLES	20,229	21,359
TOTAL ASSETS	618,064	523,066
LIABILITIES		
TOTAL LIABILITIES	0	0
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 618,064	$ 523,066

See Accompanying Notes

VALLEY HARVESTING & PACKING INC.
401(k) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2010

	2010
ADDITIONS	
Additions to Net Assets Attributed to:	
Investment Income:	
Net Appreciation of Fair Value of Investments	$ 67,182
Loan Interest	1,071
Contributions:	
Participants'	97,452
TOTAL ADDITIONS	165,705
DEDUCTIONS	
Deductions from Net Assets Attributed to:	
Benefits Paid to Participants	70,307
Plan Expenses	400
TOTAL DEDUCTIONS	70,707
NET INCREASE	94,998
NET ASSETS AVAILABLE FOR PLAN BENEFITS BEGINNING OF YEAR	523,066
NET ASSETS AVAILABLE FOR PLAN BENEFITS END OF YEAR	$ 618,064

See Accompanying Notes

NOTE 1 DESCRIPTION OF PLAN

The following description of the Valley Harvesting & Packing, Inc. 401(k) Profit Sharing Plan ("Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of Valley Harvesting & Packing, Inc. and the entities in the affiliated service group. All employees who have completed six months of service, are age 21 or older, and are not an excluded employee are eligible to participate. An employee may enter the Plan after meeting the eligibility requirements and reaching an Entry Date, which is defined as the first day of the month coinciding with or next following the date eligibility is established. Once enrolled, an employee may make a change to the salary deferral election on the first day of any payroll period. A participant may revoke their salary deferral at any time. This Plan is subject to the provisions of the Employment Retirement Income Security Act of 1974 (ERISA).

Contributions

Participants in the Plan may elect to defer from income and contribute through payroll deductions any amount up to 92% of their eligible compensation. These contributions may not exceed the maximum allowed by applicable law. The Plan, at the discretion of the Plan Administrator, also allows participants to "roll-over" contributions from other qualified plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Company has the option of making discretionary matching contributions and an additional amount at the option of the Board of Directors. There were no Company contributions in 2010.

Participant Accounts

Individual accounts are maintained for each participant. Each participant's account is credited with the participant's contributions and the basic matching contribution from the Company, if applicable. Investment earnings and changes in the fair market value of Plan assets are allocated among and credited to each participant's account monthly based on their prorata share of the beginning account balance.

NOTE 1 DESCRIPTION OF PLAN (Continued)

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. Participants vest at a rate of 20% per year after each of the second through sixth year of credited service.

Trustee

MetLife Insurance Company of Connecticut, acting as a custodian, is responsible for investing and managing Plan assets, subject to the direction of the Company and the participants.

Investment Options

Upon enrollment in the Plan, a participant may direct contributions to available investment options. Participants may change the investment mix at any time.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant will receive a lump-sum amount equal to the value of the participant's vested interest in his or her account, if under $5,000. For vested amounts over $5,000, the distribution may be either a lump sum payment or an annuity.

Investment and Administrative Expenses

Certain adminstrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Investment and certain administrative expenses of the Plan are paid directly by the Company. Other expenses, such as loan fees or fees for distributions, are nominal and are charged to the participant incurring the distribution. Other plan expenses are deducted from the Plan's investment gains.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

General

The Plan maintains its accounts on the accrual basis of accounting in conformity with U.S. generally accepted accounting principles. The significant accounting policies followed are discussed below.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures, Accordingly, actual results may differ from those estimates. Estimates and assumptions are reviewed periodically and the effects of revisions are reflected in the Financial Statements in the period they are deemed necessary.

Investment Valuation and Income Recognition

Investments are stated 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 measurement. Unrealized appreciation or depreciation in the fair value of investments held at year-end is recognized in the statement of changes in net assets available for benefits using the value as of the previous year end, or purchase price if acquired during the year. Purchases and sales of investments are recognized on the date they are traded. Any gains or losses resulting from sales are recognized based upon the average cost of the investment sold. Fully benefit-responsive investment contracts held by the Plan are required to be reported at contract value. The Stable Value Option is the Plan's fully benefit-responsive investment choice, which does comply with the Financial Accounting Standards Board's fully benefit responsive requirements and is reportable at contract value.

Subsequent Events

The plan has evaluated subsequent events through October 3, 2011, the date of the financial statements were available to be issued.

NOTE 3 FAIR VALUE MEASUREMENT

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 heirarchy 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 heirarchy under FASB ASC 820 are described as follows:

NOTE 3 FAIR VALUE MEASUREMENT (Continued)

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 proces for similar assets or liabilites 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.

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 heirarchy 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 if the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Common stocks, corporate bonds and U.S. government securities: Valued at the closing price reported on the active market on which the individual security is traded.

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

Guarenteed investment contract: Valued at contract value.

NOTE 3 FAIR VALUE MEASUREMENT (Continued)

Investments are held with a trustee under a trust agreement. At December 31, 2010 and 2009, the fair market value of the investments held in the Plan was $597,835 and $488,607 respectively. All investments held in the Plan were valued using Level 1 measurements. The fair value of individual investments in the Plan as of December 31:

Determined by quoted market price:	2010	2009
American Funds Global Growth	$ -	$ 5,606
American Growth Fund	426	0
Blackrock Aggressive Growth	5,202	678
Blackrock High Yield	1,125	802
Blackrock Legacy Lca	17,064	12,008
Blackrock Money Market Portfolio	15,728	0
Clarion GL Real Estate	0	143
Fidelity VIP Mid Cap	18,235	12,746
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During 2010 and 2009, the Plan's investment (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $66,770 and $76,285, respectively, which represents assets invested with registered investment companies.

NOTE 4 INVESTMENTS

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Barclays Agregate Bond	81,144	66,154
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NOTE 5 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 will become 100% vested in their accounts.

NOTE 6 TAX STATUS

The Plan is a prototype basic savings plan for which the Plan administrator has received a determination letter regarding tax-exempt status under the provisions of the Internal Revenue Service Code. The Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

NOTE 7 TERMINATED PARTICIPANTS

The amounts allocated to accounts of participants who have withdrawn from the Plan during 2010, but were not yet paid as of December 31, 2010, is $0.

NOTE 8 PARTY-IN-INTEREST TRANSACTIONS

The Plan's investments are held and managed by MetLife Insurance Company of Connecticut. MetLife Insurance Company of Connecticut is the contract administrator as defined by the plan and, therefore, all purchases and sales of investments qualify as party-in-interest transactions. MetLife Insurance Company of Connecticut was paid $400 by the plan in 2010.

NOTE 9 RISKS AND UNCERTAINTIES

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

NOTE 10 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2010 and 2009 to Form 5500:

	2010	2009
Net Assets Available for Benefits per Form 5500	$ 618,064	$ 518,754
Adjustments to:		
Contributions Receivable	0	4,314
Net assets available for benefits per the financial statements	$ 618,064	$ 523,068
Change in Net Assets Available for Benefits per Form 5500	$ 99,310	$ 174,223
Adjustments to:		
Employee Contributions	(4,312)	4,312
Net Increase in Net Assets Available for Plan Benefits	$ 94,998	$ 178,535

VALLEY HARVESTING & PACKING, INC.
401(k) PROFIT SHARING PLAN
SCHEDULE H, PART IV, LINE 4i OF FORM 5500 -
SCHEDULE OF ASSETS HELD FOR INVESTMENT
EIN 33-0014658, PLAN NO. 001
DECEMBER 31, 2010

(b) Issuer	(c) Descriptions	(d) Cost	(e) Value
Pooled Separate Accounts:			
MetLife Insurance Co of Connecticut	American Funds Growth	N/A	426
MetLife Insurance Co of Connecticut	Blackrock Aggressive Growth	N/A	5,202
MetLife Insurance Co of Connecticut	Blackrock High Yield	N/A	1,125
MetLife Insurance Co of Connecticut	Blackrock Legacy Lca	N/A	17,064
MetLife Insurance Co of Connecticut	Blackrock Money Market Portfolio	N/A	15,728
MetLife Insurance Co of Connecticut	Fidelity VIP Mid Cap	N/A	18,235
MetLife Insurance Co of Connecticut	Fidelity Value	N/A	22,926
MetLife Insurance Co of Connecticut	Harris Oakmark International	N/A	21,504
MetLife Insurance Co of Connecticut	Janus Aspen Mid Cap Growth	N/A	1,556
MetLife Insurance Co of Connecticut	Janus Forty	N/A	6,059
MetLife Insurance Co of Connecticut	Legg Mason Aggressive Growth	N/A	77,502
MetLife Insurance Co of Connecticut	Legg Mason Appreciation	N/A	23,845
MetLife Insurance Co of Connecticut	Legg Mason Diversified	N/A	22,915
MetLife Insurance Co of Connecticut	Legg Mason Fundamental Value	N/A	13,731
MetLife Insurance Co of Connecticut	Legg Mason Investment Grade Bond	N/A	3,634
MetLife Insurance Co of Connecticut	Legg Mason Small Cap Value	N/A	7,550
MetLife Insurance Co of Connecticut	Legg Mason Var Large Cap Growth	N/A	7,158
MetLife Insurance Co of Connecticut	Lehman Brothers Agregate Bond	N/A	81,144
MetLife Insurance Co of Connecticut	Lord Abbett Growth & Income	N/A	48,337
MetLife Insurance Co of Connecticut	Lord Abbett Mid Cap	N/A	3,042
MetLife Insurance Co of Connecticut	Lord Abbett Bond	N/A	212
MetLife Insurance Co of Connecticut	LMP Global High Yield	N/A	891
MetLife Insurance Co of Connecticut	LMP Small Cap Growth	N/A	1,577
MetLife Insurance Co of Connecticut	Met Life Aggressive Allocation	N/A	285
MetLife Insurance Co of Connecticut	Met Life Conservative Allocation	N/A	493
MetLife Insurance Co of Connecticut	Met Life Conservative-Moderate	N/A	201
MetLife Insurance Co of Connecticut	Met Life Moderate Allocation	N/A	14,253
MetLife Insurance Co of Connecticut	Met Life Mod - Agg Allocation	N/A	280
MetLife Insurance Co of Connecticut	Met Life Stock Indez	N/A	9
MetLife Insurance Co of Connecticut	MFS Total Return	N/A	15,331
MetLife Insurance Co of Connecticut	Morgan Stanley EAFE Index	N/A	4,767
MetLife Insurance Co of Connecticut	Pioneer Strategic Income	N/A	59,528
MetLife Insurance Co of Connecticut	PIMCO Total Return Port	N/A	254
MetLife Insurance Co of Connecticut	Russell 2000 Index	N/A	22,690
MetLife Insurance Co of Connecticut	T Rowe Price Small Cap Growth	N/A	9,829
MetLife Insurance Co of Connecticut	Templeton Foreign Securities Fund	N/A	57,304
MetLife Insurance Co of Connecticut	Templeton Developing Markets	N/A	6,480
MetLife Insurance Co of Connecticut	Templeton Growth Fund	N/A	4,767
MetLife Insurance Co of Connecticut	Guaranteed Investments	N/A	1
MetLife Insurance Co of Connecticut	Notes Receivable From Participants	N/A	18,659
	Total Investments	N/A	$ 616,494

VALLEY HARVESTING & PACKING, INC.
401(k) PROFIT SHARING PLAN
SCHEDULE 2
SCHEDULE H, PART IV, LINE 4j OF FORM 5500 -
SCHEDULE OF REPORTABLE TRANSACTIONS
EIN 33-00014658, PLAN NO. 001
FOR THE YEAR ENDED DECEMBER 31, 2010

There were no reportable transactions for the year ended December 31, 2010.