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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 24pt; font-weight: bold;">2010</div><br><br><b>This Form is Open to Public Inspection</b> |
|---|---|---|

|  |   |
|--|---|
| <b>Part I</b>  | <b>Annual Report Identification Information</b>   |
| For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u> |   |
| <b>A</b> This return/report is for:  | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| <b>B</b> This return/report is:  | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>  |
| <b>D</b> Check box if filing under:  | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|   |   |
|---|---|
| <b>Part II</b>  | <b>Basic Plan Information</b> —enter all requested information  |
| <b>1a</b> Name of plan<br><u>UNDERWOOD FRUIT AND WAREHOUSE RETIREMENT SAVINGS PLAN</u>  | <b>1b</b> Three-digit plan number (PN) ► <u>001</u><br><br><b>1c</b> Effective date of plan<br><u>01/01/1996</u>  |
| <b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br><u>UNDERWOOD FRUIT AND WAREHOUSE COMPANY, LLC</u><br><br><u>PO BOX 1467</u> <u>401 NORTH FIRST AVENUE</u><br><u>YAKIMA, WA 98907</u> <u>YAKIMA, WA 98902</u> | <b>2b</b> Employer Identification Number (EIN)<br><u>91-1179336</u><br><br><b>2c</b> Sponsor's telephone number<br><u>509-457-6177</u><br><br><b>2d</b> Business code (see instructions)<br><u>111300</u> |

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

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

|                  |   |            |  |
|------------------|---|------------|--|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/07/2011 | DON GIBSON   |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2010)  
v.092307.1

|  |   |
|--|---|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>UNDERWOOD FRUIT AND WAREHOUSE COMPANY, LLC<br><br>PO BOX 1467<br>YAKIMA, WA 98907 | <b>3b</b> Administrator's EIN<br>91-1179336<br><br><b>3c</b> Administrator's telephone number<br>509-457-6177 |
|--|---|

|  |  |
|--|--|
| <b>4</b> 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:<br><br><b>a</b> Sponsor's name<br>UNDERWOOD FRUIT AND WAREHOUSE CO. | <b>4b</b> EIN<br>91-1179336<br><br><b>4c</b> PN<br>001 |
| <b>5</b> Total number of participants at the beginning of the plan year  | <b>5</b> 471   |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).   |  |
| <b>a</b> Active participants.....  | <b>6a</b> 462  |
| <b>b</b> Retired or separated participants receiving benefits.....   | <b>6b</b> 0  |
| <b>c</b> Other retired or separated participants entitled to future benefits.....  | <b>6c</b> 9  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....   | <b>6d</b> 471  |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....  | <b>6e</b> 0  |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....  | <b>6f</b> 471  |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....   | <b>6g</b> 241  |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....   | <b>6h</b> 0  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....   | <b>7</b>   |

**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 2T 3D 3H

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

|   |   |
|---|---|
| <b>9a</b> Plan funding arrangement (check all that apply)   | <b>9b</b> Plan benefit arrangement (check all that apply)   |
| (1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | (1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |

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

**a Pension Schedules**

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

**b General Schedules**

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

|   |   |   |
|---|---|---|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2010</b><br><br><b>This Form is Open to Public Inspection</b> |
|---|---|---|

|  |   |     |
|--|---|-----|
| For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010                   |   |     |
| <b>A</b> Name of plan<br>UNDERWOOD FRUIT AND WAREHOUSE RETIREMENT SAVINGS PLAN                               | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
|  |   |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500.<br>UNDERWOOD FRUIT AND WAREHOUSE COMPANY, LLC | <b>D</b> Employer Identification Number (EIN)<br>91-1179336 |     |

|               |   |
|---------------|---|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> 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  
PRINCIPAL LIFE INSURANCE COMPANY

| (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     |
| 42-0127290 | 61271         | 422666                                | 427   | 01/01/2010              | 10/22/2010 |

**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 |
| 4551                                 | 176                           |

**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 |
| ROYAL ALLIANCE ASSOCIATES INC<br>1 WORLD FINANCIAL CTR<br>FL 15<br>NEW YORK, NY 10281-2100       |

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                      | (e) Organization code |
|---|---------------------------------|----------------------|-----------------------|
|   | (c) Amount                      | (d) Purpose          |                       |
| 4551  | 176                             | REFERRAL/SERVICE FEE | 3                     |

(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 |                       |
|   |                                 |             |                       |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|--|---------------------------------|--------------------|------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|  |                                 |                    |                              |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|--|---------------------------------|--------------------|------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|  |                                 |                    |                              |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|--|---------------------------------|--------------------|------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|  |                                 |                    |                              |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|--|---------------------------------|--------------------|------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|  |                                 |                    |                              |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|--|---------------------------------|--------------------|------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> 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** 0**5** Current value of plan's interest under this contract in separate accounts at year end ..... **5** 0**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****c** Additions: (1) Contributions deposited during the year ..... **7c(1)**(2) Dividends and credits ..... **7c(2)**(3) Interest credited during the year ..... **7c(3)**(4) Transferred from separate account ..... **7c(4)**(5) Other (specify below) ..... **7c(5)**

▶

(6) Total additions ..... **7c(6)****d** Total of balance and additions (add **b** and **c(6)**). .... **7d****e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)**(2) Administration charge made by carrier ..... **7e(2)**(3) Transferred to separate account ..... **7e(3)**(4) Other (specify below) ..... **7e(4)**

▶

(5) Total deductions ..... **7e(5)****f** Balance at the end of the current year (subtract **e(5)** from **d**) ..... **7f**

**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:

|   |                 |                 |  |
|---|-----------------|-----------------|--|
| <b>a</b> Premiums: (1) Amount received.....   | <b>9a(1)</b>    |                 |  |
| (2) Increase (decrease) in amount due but unpaid.....   | <b>9a(2)</b>    |                 |  |
| (3) Increase (decrease) in unearned premium reserve.....  | <b>9a(3)</b>    |                 |  |
| (4) Earned ((1) + (2) - (3)).....   |                 | <b>9a(4)</b>    |  |
| <b>b</b> Benefit charges (1) Claims paid.....   | <b>9b(1)</b>    |                 |  |
| (2) Increase (decrease) in claim reserves.....  | <b>9b(2)</b>    |                 |  |
| (3) Incurred claims (add (1) and (2)).....  |                 | <b>9b(3)</b>    |  |
| (4) Claims charged.....   |                 | <b>9b(4)</b>    |  |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --   |                 |                 |  |
| (A) Commissions.....  | <b>9c(1)(A)</b> |                 |  |
| (B) Administrative service or other fees.....   | <b>9c(1)(B)</b> |                 |  |
| (C) Other specific acquisition costs.....   | <b>9c(1)(C)</b> |                 |  |
| (D) Other expenses.....   | <b>9c(1)(D)</b> |                 |  |
| (E) Taxes.....  | <b>9c(1)(E)</b> |                 |  |
| (F) Charges for risks or other contingencies.....   | <b>9c(1)(F)</b> |                 |  |
| (G) Other retention charges.....  | <b>9c(1)(G)</b> |                 |  |
| (H) Total retention.....  |                 | <b>9c(1)(H)</b> |  |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |  |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....                                |                 | <b>9d(1)</b>    |  |
| (2) Claim reserves.....   |                 | <b>9d(2)</b>    |  |
| (3) Other reserves.....   |                 | <b>9d(3)</b>    |  |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....   |                 | <b>9e</b>       |  |

**10** Nonexperience-rated contracts:

|   |            |  |
|---|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier.....  | <b>10a</b> |  |
| <b>b</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. .... | <b>10b</b> |  |

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. ▶

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

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><b>UNDERWOOD FRUIT AND WAREHOUSE RETIREMENT SAVINGS PLAN</b>                              | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <b>001</b> |
|  |  |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>UNDERWOOD FRUIT AND WAREHOUSE COMPANY, LLC</b> | <b>D</b> Employer Identification Number (EIN)<br><b>91-1179336</b> |            |

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation  
**CAPITAL RESEARCH & MANAGEMENT CO.**

**95-1411037**

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

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

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

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

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

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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)

CAPITAL RESEARCH & MANAGEMENT CO.

95-1411037

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|--|---|---|---|--|---|
| 64 52 60 62<br>25 49 72 37    | RECORDKEEPER   | 1184  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | 0  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

LEMASTER DANIELS, PLLC

91-0292442

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|--|---|---|---|--|---|
| 29                            | ADVISOR  | 15100   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   | Yes <input type="checkbox"/> No <input type="checkbox"/>  |  | Yes <input type="checkbox"/> No <input type="checkbox"/>  |

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|--|---|---|---|--|---|
| 13 37 50 64                   | CONTRACT ADMINISTRATOR   | 7935  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | 0  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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<br>(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<br>(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. |   |
|   |  |   |

**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.

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN;       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN;       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|   |  |  |
|---|--|--|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2010</div><br><br><b>This Form is Open to Public Inspection.</b> |
|---|--|--|

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>UNDERWOOD FRUIT AND WAREHOUSE RETIREMENT SAVINGS PLAN</u>                                     | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>UNDERWOOD FRUIT AND WAREHOUSE COMPANY, LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>91-1179336</u>         |            |

|  |   |
|--|---|
| Part I   | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) |
| (Complete as many entries as needed to report all interests in DFEs) |   |

|   |                               |  |  |  |
|---|-------------------------------|--|--|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL STABLE VALUE FUND</u>         |                               |  |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>UNION BOND &amp; TRUST COMPANY</u>   |                               |  |  |  |
| <b>c</b> EIN-PN <u>93-6274328-001</u>   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">0</span> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN SMCAP BLEND SEP ACCT-R6</u>        |                               |  |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u> |                               |  |  |  |
| <b>c</b> EIN-PN <u>42-0127290-029</u>   | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">0</span> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PIRN MIDCAP BLEND SE ACCT-R6</u>        |                               |  |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u> |                               |  |  |  |
| <b>c</b> EIN-PN <u>42-0127290-020</u>   | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">0</span> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN GOVT &amp; HQ BOND SA-R6</u>       |                               |  |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u> |                               |  |  |  |
| <b>c</b> EIN-PN <u>42-0127290-007</u>   | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">0</span> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PIRN INTL SMALLCAP SEP ACCT-R6</u>      |                               |  |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u> |                               |  |  |  |
| <b>c</b> EIN-PN <u>42-0127290-014</u>   | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">0</span> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LGCAP VAUE SEP ACCT-R6</u>         |                               |  |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u> |                               |  |  |  |
| <b>c</b> EIN-PN <u>42-0127290-019</u>   | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">0</span> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN MIDCAP GROWTH SEP ACCT-R6</u>      |                               |  |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u> |                               |  |  |  |
| <b>c</b> EIN-PN <u>42-0127290-021</u>   | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">0</span> |  |  |

|  |  |  |
|--|--|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">PRIN U.S. PROPERTY SEP ACCT-R6</span>      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">PRINCIPAL LIFE INSURANCE COMPANY</span> |  |  |
| <b>c</b> EIN-PN <span style="color: blue;">42-0127290-027</span>   | <b>d</b> Entity code <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">0</span> |

|  |  |  |
|--|--|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">PRIN DIVERSIFIED INTL SA-R6</span>         |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">PRINCIPAL LIFE INSURANCE COMPANY</span> |  |  |
| <b>c</b> EIN-PN <span style="color: blue;">42-0127290-015</span>   | <b>d</b> Entity code <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">0</span> |

|  |  |  |
|--|--|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">PRIN LGCAP S&amp;P INDEX SA-R6</span>      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">PRINCIPAL LIFE INSURANCE COMPANY</span> |  |  |
| <b>c</b> EIN-PN <span style="color: blue;">42-0127290-016</span>   | <b>d</b> Entity code <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">0</span> |

|  |  |  |
|--|--|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">PRIN LARGECAP BLEND II SA-R6</span>        |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">PRINCIPAL LIFE INSURANCE COMPANY</span> |  |  |
| <b>c</b> EIN-PN <span style="color: blue;">42-0127290-065</span>   | <b>d</b> Entity code <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">0</span> |

|  |  |  |
|--|--|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">PRIN LARGECAP GROWTH II SA-R6</span>       |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">PRINCIPAL LIFE INSURANCE COMPANY</span> |  |  |
| <b>c</b> EIN-PN <span style="color: blue;">42-0127290-067</span>   | <b>d</b> Entity code <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">0</span> |

|  |  |  |
|--|--|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">PIRN LARGECAP VALUE II SA-R6</span>        |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">PRINCIPAL LIFE INSURANCE COMPANY</span> |  |  |
| <b>c</b> EIN-PN <span style="color: blue;">42-0127290-068</span>   | <b>d</b> Entity code <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">0</span> |

|  |  |  |
|--|--|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">PRIN LIFE TIME 2010 SEP ACCT-R6</span>     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">PRINCIPAL LIFE INSURANCE COMPANY</span> |  |  |
| <b>c</b> EIN-PN <span style="color: blue;">42-0127290-075</span>   | <b>d</b> Entity code <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">0</span> |

|  |  |  |
|--|--|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">PRIN LIFETIME 2020 SEP ACCT-R6</span>      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">PRINCIPAL LIFE INSURANCE COMPANY</span> |  |  |
| <b>c</b> EIN-PN <span style="color: blue;">42-0127290-076</span>   | <b>d</b> Entity code <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">0</span> |

|  |  |  |
|--|--|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">PRIN LIFETIME 2030 SEP ACCT-R6</span>      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">PRINCIPAL LIFE INSURANCE COMPANY</span> |  |  |
| <b>c</b> EIN-PN <span style="color: blue;">42-0127290-077</span>   | <b>d</b> Entity code <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">0</span> |

|  |  |  |
|--|--|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">PRIN LIFETIME 2040 SEP ACCT-R6</span>      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">PRINCIPAL LIFE INSURANCE COMPANY</span> |  |  |
| <b>c</b> EIN-PN <span style="color: blue;">42-0127290-078</span>   | <b>d</b> Entity code <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">0</span> |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **PRIN LIFETIME 2050 SEP ACCT-R6**  
**PRINCIPAL LIFE INSURANCE COMPANY**

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

|                                       |                               |  |
|---------------------------------------|-------------------------------|--|
| <b>c</b> EIN-PN <b>42-0127290-079</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |
|---------------------------------------|-------------------------------|--|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **PRIN LIFETIME STRAT INC SA-R6**  
**PRINCIPAL LIFE INSURANCE COMPANY**

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

|                                       |                               |  |
|---------------------------------------|-------------------------------|--|
| <b>c</b> EIN-PN <b>42-0127290-080</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |
|---------------------------------------|-------------------------------|--|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **PRIN CORE PLUS BOND I SA-R6**  
**PRINCIPAL LIFE INSURANCE COMPANY**

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

|                                       |                               |  |
|---------------------------------------|-------------------------------|--|
| <b>c</b> EIN-PN <b>42-0127290-115</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |
|---------------------------------------|-------------------------------|--|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **EB MAGIC 95 STABLE VALUE FUND**  
**KEYBANK, NA**

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

|                                       |                               |  |
|---------------------------------------|-------------------------------|--|
| <b>c</b> EIN-PN <b>34-6903863-002</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>2924761</b> |
|---------------------------------------|-------------------------------|--|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|



**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

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

|  |  |   |
|--|--|---|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2010</div><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|---|

|  |   |                                       |
|--|---|---------------------------------------|
| For calendar plan year 2010 or fiscal plan year beginning <span style="color: blue;">01/01/2010</span> and ending <span style="color: blue;">12/31/2010</span> |   |                                       |
| <b>A</b> Name of plan<br><span style="color: blue;">UNDERWOOD FRUIT AND WAREHOUSE RETIREMENT SAVINGS PLAN</span>   | <b>B</b> Three-digit plan number (PN)   | <span style="color: blue;">001</span> |
|  |   |                                       |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><span style="color: blue;">UNDERWOOD FRUIT AND WAREHOUSE COMPANY, LLC</span>                  | <b>D</b> Employer Identification Number (EIN)<br><br><span style="color: blue;">91-1179336</span> |                                       |

| 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b>       | 0                     | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):   |                 |                       |                 |
| (1) Employer contributions .....   | <b>1b(1)</b>    | 175256                | 196137          |
| (2) Participant contributions .....  | <b>1b(2)</b>    | 36823                 | 23153           |
| (3) Other.....   | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b> General investments:  |                 |                       |                 |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 0                     | 0               |
| (2) U.S. Government securities.....  | <b>1c(2)</b>    | 0                     | 0               |
| (3) Corporate debt instruments (other than employer securities):   |                 |                       |                 |
| (A) Preferred .....  | <b>1c(3)(A)</b> | 0                     | 0               |
| (B) All other.....   | <b>1c(3)(B)</b> | 0                     | 0               |
| (4) Corporate stocks (other than employer securities):   |                 |                       |                 |
| (A) Preferred .....  | <b>1c(4)(A)</b> | 0                     | 0               |
| (B) Common .....   | <b>1c(4)(B)</b> | 0                     | 0               |
| (5) Partnership/joint venture interests .....  | <b>1c(5)</b>    | 0                     | 0               |
| (6) Real estate (other than employer real property) .....  | <b>1c(6)</b>    | 0                     | 0               |
| (7) Loans (other than to participants) .....   | <b>1c(7)</b>    | 0                     | 0               |
| (8) Participant loans .....  | <b>1c(8)</b>    | 139928                | 66078           |
| (9) Value of interest in common/collective trusts.....   | <b>1c(9)</b>    | 2778060               | 2966579         |
| (10) Value of interest in pooled separate accounts.....  | <b>1c(10)</b>   | 2802494               |                 |
| (11) Value of interest in master trust investment accounts .....   | <b>1c(11)</b>   | 0                     | 0               |
| (12) Value of interest in 103-12 investment entities .....   | <b>1c(12)</b>   | 0                     | 0               |
| (13) Value of interest in registered investment companies (e.g., mutual funds).....  | <b>1c(13)</b>   | 0                     | 3059224         |
| (14) Value of funds held in insurance company general account (unallocated contracts).....   | <b>1c(14)</b>   | 0                     | 0               |
| (15) Other .....   | <b>1c(15)</b>   | 0                     | 0               |

**1d** Employer-related investments:

|  |              | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities .....  | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property .....                                     | <b>1d(2)</b> | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 5932561               | 6311171         |

**Liabilities**

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

**Net Assets**

|   |           |         |         |
|---|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 5932561 | 6311171 |
|---|-----------|---------|---------|

**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 Contributions:**

|  |                 | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....  | <b>2a(1)(A)</b> | 196137     |           |
| <b>(B)</b> Participants .....  | <b>2a(1)(B)</b> | 326955     |           |
| <b>(C)</b> Others (including rollovers) .....  | <b>2a(1)(C)</b> | 10952      |           |
| (2) Noncash contributions .....  | <b>2a(2)</b>    | 0          |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 534044    |

**b Earnings on investments:****(1) Interest:**

|  |                 |       |       |
|--|-----------------|-------|-------|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> | 0     |       |
| <b>(B)</b> U.S. Government securities .....  | <b>2b(1)(B)</b> | 0     |       |
| <b>(C)</b> Corporate debt instruments .....  | <b>2b(1)(C)</b> | 0     |       |
| <b>(D)</b> Loans (other than to participants) .....  | <b>2b(1)(D)</b> | 0     |       |
| <b>(E)</b> Participant loans .....   | <b>2b(1)(E)</b> | 4310  |       |
| <b>(F)</b> Other .....   | <b>2b(1)(F)</b> | 0     |       |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |       | 4310  |
| (2) Dividends: <b>(A)</b> Preferred stock .....  | <b>2b(2)(A)</b> | 0     |       |
| <b>(B)</b> Common stock .....  | <b>2b(2)(B)</b> | 0     |       |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                            | <b>2b(2)(C)</b> | 81184 |       |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....            | <b>2b(2)(D)</b> |       | 81184 |
| (3) Rents .....  | <b>2b(3)</b>    |       | 0     |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                           | <b>2b(4)(A)</b> | 0     |       |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....  | <b>2b(4)(B)</b> | 0     |       |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....            | <b>2b(4)(C)</b> |       | 0     |

|   |                 | (a) Amount | (b) Total |
|---|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> | 0          |           |
| (B) Other .....   | <b>2b(5)(B)</b> | 0          |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 0         |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            | 30125     |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            | 0         |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            | 0         |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            | 347524    |
| <b>c</b> Other income.....  | <b>2c</b>       |            | 0         |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 997187    |

**Expenses**

|  |              |        |        |
|--|--------------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 594358 |        |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> | 0      |        |
| (3) Other .....  | <b>2e(3)</b> | 0      |        |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |        | 594358 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |        | 0      |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |        | 0      |
| <b>h</b> Interest expense.....   | <b>2h</b>    |        | 0      |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> | 0      |        |
| (2) Contract administrator fees .....  | <b>2i(2)</b> | 24219  |        |
| (3) Investment advisory and management fees .....  | <b>2i(3)</b> | 0      |        |
| (4) Other .....  | <b>2i(4)</b> | 0      |        |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |        | 24219  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |        | 618577 |

**Net Income and Reconciliation**

|   |              |  |        |
|---|--------------|--|--------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 378610 |
| <b>l</b> Transfers of assets:   |              |  |        |
| (1) To this plan.....   | <b>2l(1)</b> |  | 0      |
| (2) From this plan .....  | <b>2l(2)</b> |  | 0      |

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: MOSS ADAMS LLP

(2) EIN: 91-0189318

**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 |
|---|-----|----|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....                 |     | X  |        |
| <b>b</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.)..... |     | X  |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....  |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?.....   | X   |    | 800000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....   |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....  |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....  |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....   | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....  |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....  |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....  |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....   | X   |    |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....  | X   |    |        |

- 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)

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

|   |  |   |  |   |     |
|---|--|---|--|---|-----|
| <div>SCHEDULE R<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>   |  | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div> |     |
| For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010  |  |   |  |   |     |
| A Name of plan<br>UNDERWOOD FRUIT AND WAREHOUSE RETIREMENT SAVINGS PLAN   |  |   |  | B Three-digit plan number (PN) ►  | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>UNDERWOOD FRUIT AND WAREHOUSE COMPANY, LLC  |  |   |  | D Employer Identification Number (EIN)<br>91-1179336  |     |
| 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):<br>EIN(s): 20-3691658 42-0127290   |  |   |  |   |     |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.  |  |   |  |   |     |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....  |  |   |  | 3   |     |
| Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)   |  |   |  |   |     |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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. <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |   |  |   |     |
| 11 a Does the ESOP hold any preferred stock? <input type="checkbox"/> Yes <input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |  |   |     |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |  |   |     |
| For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.   |  |   |  |   |     |
| Schedule R (Form 5500) 2010 v.092308.1  |  |   |  |   |     |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

|  |            |  |
|--|------------|--|
| <b>a</b> The current year .....  | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|   |            |  |
|---|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|  |            |  |
|--|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....   | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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 ..... ☐

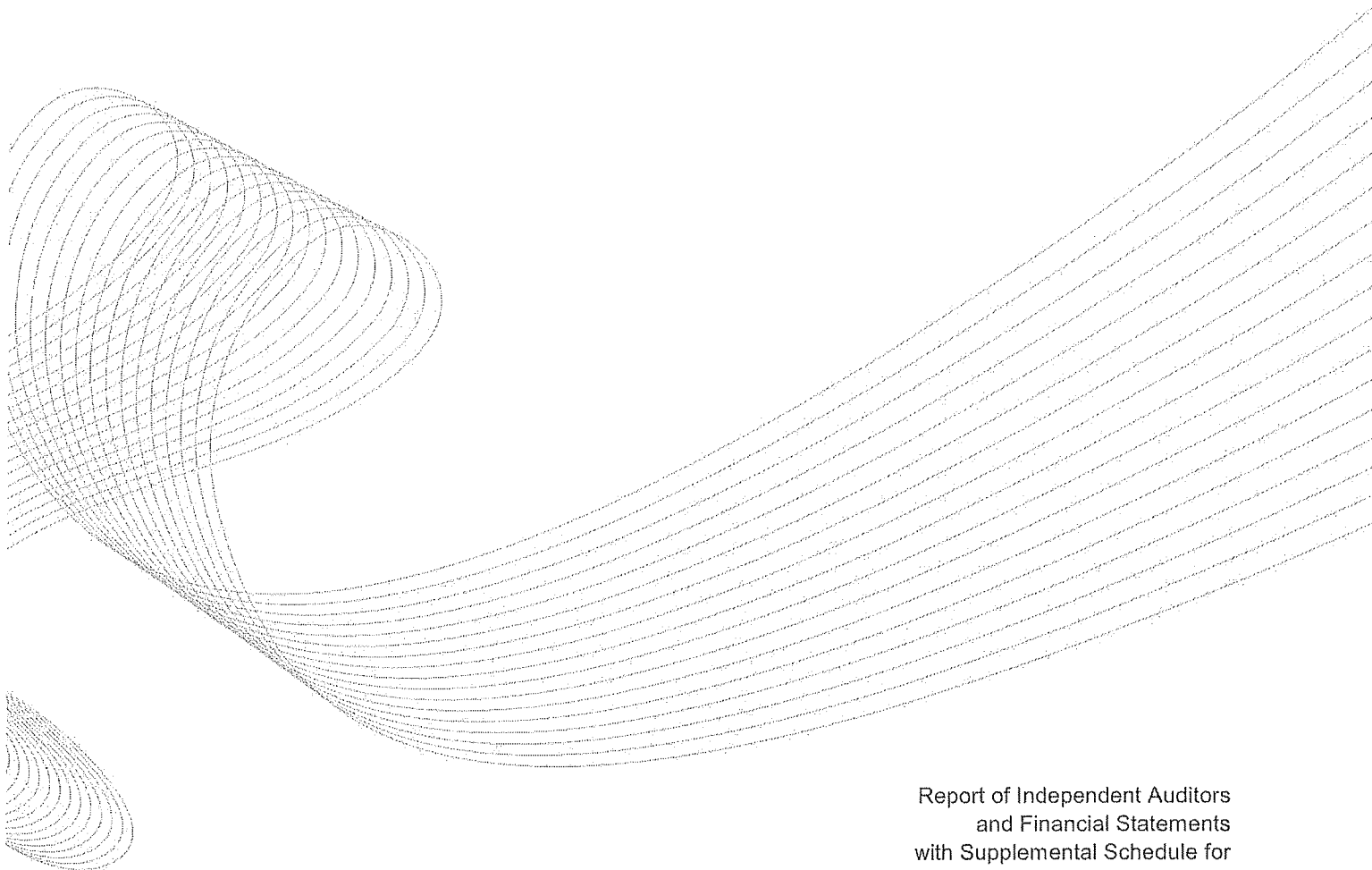
- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

**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): \_\_\_\_\_





Report of Independent Auditors  
and Financial Statements  
with Supplemental Schedule for  
Underwood Fruit & Warehouse Company  
Retirement Savings Plan

December 31, 2010 and 2009

**MOSS ADAMS** LLP

Certified Public Accountants | Business Consultants

*Acumen. Agility. Answers.*

## CONTENTS

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|  | PAGE |
|--|------|
| REPORT OF INDEPENDENT AUDITORS                                   | 1    |
| FINANCIAL STATEMENTS   |      |
| Statement of net assets available for benefits                   | 2    |
| Statement of changes in net assets available for benefits        | 3    |
| Notes to financial statements                                    | 4-10 |
| SUPPLEMENTAL SCHEDULE REQUIRED BY THE DEPARTMENT OF LABOR        |      |
| Schedule H, line 4(i) - Schedule of assets (held at end of year) | 11   |

**MOSS-ADAMS<sup>LLP</sup>**  
Certified Public Accountants | Business Consultants

## REPORT OF INDEPENDENT AUDITORS

To the Trustees  
Underwood Fruit & Warehouse Company  
Retirement Savings Plan

We were engaged to audit the accompanying statements of net assets available for benefits of the Underwood Fruit & Warehouse Company Retirement Savings Plan (the Plan) as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010, and the supplemental schedule of Schedule H, line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2010. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 6, which was certified by Capital Bank and Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that Capital Bank and Trust Company held the Plan's investment assets and executed investment transactions from May 1, 2010 to December 31, 2010, and that Principal Life Insurance Company held the Plan's investment assets and executed investment transactions as of December 31, 2009 and for the period January 1, 2010 to April 30, 2010. The plan administrator has obtained certifications from the trustees as of December 31, 2010 and 2009, and for the year ended December 31, 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by Capital Bank and Trust Company, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Moss Adams LLP*

Yakima, Washington  
September 22, 2011

**UNDERWOOD FRUIT & WAREHOUSE COMPANY  
RETIREMENT SAVINGS PLAN  
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS**

|   | December 31,               |                            |
|---|----------------------------|----------------------------|
|   | 2010                       | 2009                       |
| <b>ASSETS</b>   |                            |                            |
| Investments, at fair value  |                            |                            |
| Collective trust  | \$ 2,966,579               | \$ 2,793,555               |
| Pooled separate accounts  | -                          | 2,802,494                  |
| Registered investment companies   | 3,101,048                  | -                          |
| Total investments, at fair value  | <u>6,067,627</u>           | <u>5,596,049</u>           |
| Receivables   |                            |                            |
| Notes receivable from participants  | 66,078                     | 139,928                    |
| Participant contributions   | 23,153                     | 36,823                     |
| Employer contributions  | <u>196,137</u>             | <u>175,256</u>             |
|   | <u>285,368</u>             | <u>352,007</u>             |
| <b>TOTAL ASSETS</b>   | 6,352,995                  | 5,948,056                  |
| <b>LIABILITIES</b>  | <u>-</u>                   | <u>-</u>                   |
| <b>NET ASSETS REFLECTING ALL INVESTMENTS<br/>AT FAIR VALUE</b>                                    | 6,352,995                  | 5,948,056                  |
| Adjustment from fair value to contract value for fully<br>benefit-responsive investment contracts | <u>(41,824)</u>            | <u>(15,495)</u>            |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>  | <u><u>\$ 6,311,171</u></u> | <u><u>\$ 5,932,561</u></u> |

**UNDERWOOD FRUIT & WAREHOUSE COMPANY**  
**RETIREMENT SAVINGS PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**YEAR ENDED DECEMBER 31, 2010**

---

ADDITIONS TO NET ASSETS ATTRIBUTED TO

|   |                    |
|---|--------------------|
| Investment income                                     |                    |
| Net appreciation in fair value of investments         | \$ 377,649         |
| Interest earned on notes receivable from participants | 4,310              |
| Dividends   | 81,184             |
|   | <u>463,143</u>     |
| Contributions   |                    |
| Participant   | 326,955            |
| Employer  | 196,137            |
| Other   | 10,952             |
|   | <u>534,044</u>     |
| <br>Total additions                                   | <br><u>997,187</u> |

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO

|                               |                    |
|-------------------------------|--------------------|
| Benefits paid to participants | 594,358            |
| Administrative expenses       | 24,219             |
|                               | <u>618,577</u>     |
| <br>Total deductions          | <br><u>618,577</u> |

CHANGE IN NET ASSETS 378,610

NET ASSETS AVAILABLE FOR BENEFITS

|                   |                                |
|-------------------|--------------------------------|
| Beginning of year | <u>5,932,561</u>               |
| <br>End of year   | <br><u><u>\$ 6,311,171</u></u> |

**UNDERWOOD FRUIT & WAREHOUSE COMPANY  
RETIREMENT SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS**

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**Note 1 - Description of Plan**

The following description of the Underwood Fruit & Warehouse Company Retirement Savings Plan (the Plan) provides only general information. Participants should refer to the Plan document, as amended for a more complete description of the Plan.

**General** - The Plan is a 401(k) defined contribution plan covering substantially all employees of Underwood Fruit & Warehouse Company and Independent Foods Company, collectively (the Company). The Plan is subject to provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

**Eligibility** - Employees of the Company are eligible to participate in the Plan upon reaching age 21 and after completing one year of service in which at least 1,000 hours are worked. Eligible participants do not include those that are represented by a bargaining agreement or are non-resident aliens.

**Contributions** - The Plan provides for contributions by electing participants under an elective deferral agreement up to the maximum Internal Revenue Service deferral limits. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

The Company also makes a discretionary matching contribution to the plan equal to 100% of each participant's elective deferrals, but not to exceed 4% of each participant's compensation. For the years ended December 31, 2010 and 2009, the employer matching contribution was \$196,137 and \$185,086, respectively.

**Participant Accounts** - Each participant's account is credited with the participant's contribution; the Company's matching contributions, an allocation of Plan earnings, and Plan expenses. Allocation of earnings is based on the value of the participant's account compared to the total value of all participant accounts by fund. Participants may direct the investment of their account balances into various investment options offered by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Vesting** - Participants are immediately vested in their salary deferrals and the Company's matching contribution portion of their account plus actual earnings thereon.

**Notes Receivable from Participants** - Effective January 1, 2009, the Plan agreement does not allow for participant loans. Any loans remaining in the statement of net assets are carryovers from the prior plan agreement which allowed loans. As of December 31, 2010, the rates of interest on outstanding loans range from 6.00% to 10.25% with various maturities through December 31, 2014.

**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 account balance, or various annuity options. 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. At December 31, 2010 and 2009, amounts owed to terminated and withdrawn participants were \$461,610 and \$718,836, respectively.

**UNDERWOOD FRUIT & WAREHOUSE COMPANY**  
**RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**

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**Note 2 - Summary of Significant Accounting Policies**

**Basis of Accounting** - The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America, using the accrual method of accounting.

**Use of Estimates** - The preparation of financial statements requires the use of estimates and assumptions that may affect certain amounts and disclosures. Accordingly, actual results could differ from those estimates.

**Recent Accounting Pronouncement** - In September 2010, the FASB issued ASU 2010-25, *Plan Accounting-Defined Contribution Pension Plans*, which amends existing guidance by requiring participant loans to be classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. The amendments to the Accounting Standards Codification included in ASU 2010-25 are effective for fiscal years ending after December 15, 2010. The Plan has adopted this guidance effective December 31, 2010 and has reclassified participant loans of \$66,078 and \$139,928 at December 31, 2010 and 2009, respectively, from investments to notes receivable from participants.

**Investment Valuation** - Investments are stated at fair value as certified by the Plan's trustee, Capital Bank and Trust Company, and the Plan's custodian, Principal Life Insurance Company, for the years ended December 31, 2010 and 2009, respectively.

Fair value is the price that would be received to sell an asset or paid to transfer a liability (i.e., the "exit price") in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

**Income Recognition** - Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. The net appreciation in fair value of investments consists of both the realized gains or losses and unrealized appreciation (depreciation) of those investments.

**Notes Receivable from Participants** - Notes receivable from participants are measured at amortized cost, which represents unpaid principal balance plus accrued but unpaid interest, and are classified as notes receivable.

**Payment of Benefits** - Benefits are recorded when paid.

**Administrative Fees** - The Company pays the accounting fees of the Plan. All other administrative fees are paid by the Plan.

**UNDERWOOD FRUIT & WAREHOUSE COMPANY**  
**RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**

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**Note 2 - Summary of Significant Accounting Policies (continued)**

**Risks and Uncertainties** - The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, and credit risks. It is reasonably possible, given the level of risk associated with investment securities that changes in the near term could materially affect a participant's account balance and the amounts reported in the financial statements.

**Subsequent Events** - Subsequent events are events or transactions that occur after the statement of net assets available for benefits date but before financial statements are issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of net assets available for benefits, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of net assets available for benefits but arose after the statement of net assets available for benefits date and before financial statements are available to be issued.

The Plan has evaluated subsequent events through September 22, 2011, which is the date the financial statements were available to be issued.

**Reclassification** - Certain amounts reported in the December 31, 2009 financial statements have been reclassified to conform to the December 31, 2010 financial statement presentation.

**Note 3 - Investments**

The following table presents the fair value of the Plan's investments representing 5% or more of net assets available for benefits as of December 31:

|                                     | <u>2010</u>  | <u>2009</u>  |
|-------------------------------------|--------------|--------------|
| Principal Stable Value Fund         | *            | \$ 2,793,555 |
| Principal Government and HQ Bond    | *            | 383,660      |
| Principal Large Cap S&P 500 Index   | *            | 643,365      |
| Principal Small Cap Blend           | *            | 518,795      |
| EB Magic 95 Stable Value Fund       | \$ 2,966,579 | **           |
| American Funds Small Cap World Fund | 841,122      | **           |
| Federated Max Cap Index             | 664,436      | **           |
| American Century Ginnie Mae         | 437,656      | **           |

\* Did not exceed 5% at December 31, 2010.

\*\* Did not exceed 5% at December 31, 2009.

During 2010, the Plan's investments, including gains and losses on investments purchased, sold, as well as held during the year, appreciated in fair value as follows:

|   |                          |
|---|--------------------------|
| Realized and unrealized appreciation on investments |                          |
| Collective trust                                    | \$ 49,009                |
| Registered investment companies                     | <u>328,640</u>           |
| Net appreciation in fair value of investments       | <u><u>\$ 377,649</u></u> |



**UNDERWOOD FRUIT & WAREHOUSE COMPANY**  
**RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**

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**Note 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 measurement) 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:

**Basis of Fair Value Measurement**

- 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** - Quoted prices in markets that are not considered to be active or financial instruments without quoted market prices, but for which all significant inputs are observable, either directly or indirectly.
- 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.

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

*Registered investment companies:* Valued at the net asset value (NAV) of shares held by the plan at year end using prices quoted by the relevant pricing agent.

*Collective trust:* Units held in collective trusts are valued using the net asset value (NAV) of the fund. The NAV is based on the fair value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of units outstanding. The net asset value of a collective investment is calculated based on a compilation of primarily observable market information. The number of units of the trust that are outstanding on the calculation date is derived from observable purchase and redemption activity in the trust. Accordingly, the unit value for a collective investment is classified within Level 2 of the valuation hierarchy. The Plan invests in the following significant collective trust fund:

EB Magic 95 Stable Value Fund is a collective trust designed to provide preservation of capital and returns that are consistent regardless of stock and bond market volatility. The Fund seeks to earn a high level of income consistent with those objectives. The Fund holds guaranteed investment contracts which typically have a fixed maturity. Each contract contains a provision that the issuer will, if required, repay principal at the stated contract value for the purpose of paying benefit payments (fully benefit-responsive).

*Pooled separate accounts:* Units held in pooled separate accounts are valued using the net asset value (NAV) of the fund. The NAV is based on the fair value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of units outstanding. The net asset value of a pooled separate account is calculated based on a compilation of primarily observable market information. The number of units of the fund that are outstanding on the calculation date is derived from observable purchase and redemption activity in the fund. Accordingly, the unit value for a collective investment fund is classified within Level 2 of the valuation hierarchy. During the year ended December 31, 2009,

**UNDERWOOD FRUIT & WAREHOUSE COMPANY**  
**RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**

**Note 4 - Fair Value Measurements (continued)**

the Plan invested in the following pooled investment funds: Edge Asset Management Government & HQ Bond Fund, Pimco Core Plus Bond Fund, Principal Investors Large Cap S&P Index Fund, Alliance Bernstein Westwood Large Cap Value Fund, Principal Investors Small Cap Fund, Principal Investors Diversified International Fund, and Principal Investors Small Cap Blend Fund.

One of the pooled separate accounts invests mainly in commercial real estate and includes mortgage loans which are backed by the associated properties. These underlying real estate investments have unobservable pricing inputs. The fair value of the underlying real estate is estimated using discounted cash flow valuation models that utilize public real estate market data inputs such as transaction prices, market rents, vacancy levels, leasing absorption, market cap rates and discount rates. In addition, each property is appraised annually by an independent appraiser. Accordingly, the unit value for this investment is classified within Level 3 of the valuation hierarchy.

The following table discloses by level the fair value hierarchy discussed in Note 2:

| Investment Assets at Fair Value as of December 31, 2010 |                     |                     |                  |                     |
|---|---------------------|---------------------|------------------|---------------------|
|   | Level 1             | Level 2             | Level 3          | Total               |
| Registered investment companies                         |                     |                     |                  |                     |
| Growth Funds  | \$ 1,484,376        | \$ -                | \$ -             | \$ 1,484,376        |
| Equity Funds  | 664,436             | -                   | -                | 664,436             |
| Bond Funds  | 655,062             | -                   | -                | 655,062             |
| Target Fund   | 297,174             | -                   | -                | 297,174             |
| Total registered investment companies                   | 3,101,048           | -                   | -                | 3,101,048           |
| Collective trust  |                     |                     |                  |                     |
| EB Magic 95 Stable Value Fund                           | -                   | 2,966,579           | -                | 2,966,579           |
|   | <u>\$ 3,101,048</u> | <u>\$ 2,966,579</u> | <u>\$ -</u>      | <u>\$ 6,067,627</u> |
| Investment Assets at Fair Value as of December 31, 2009 |                     |                     |                  |                     |
|   | Level 1             | Level 2             | Level 3          | Total               |
| Pooled separate accounts                                |                     |                     |                  |                     |
| Growth Funds  | \$ -                | \$ 115,389          | \$ 88,376        | \$ 203,765          |
| Equity Funds  | -                   | 958,676             | -                | 958,676             |
| Bond Funds  | -                   | 535,066             | -                | 535,066             |
| Blend Fund  | -                   | 688,150             | -                | 688,150             |
| Value Fund  | -                   | 199,336             | -                | 199,336             |
| Target Fund   | -                   | 217,501             | -                | 217,501             |
| Total pooled separate accounts                          | -                   | 2,714,118           | 88,376           | 2,802,494           |
| Collective trust  |                     |                     |                  |                     |
| Principal Stable Value Fund                             | -                   | 2,793,555           | -                | 2,793,555           |
|   | <u>\$ -</u>         | <u>\$ 5,507,673</u> | <u>\$ 88,376</u> | <u>\$ 5,596,049</u> |

**UNDERWOOD FRUIT & WAREHOUSE COMPANY**  
**RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**

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**Note 4 - Fair Value Measurements (continued)**

The following table discloses the summary of changes in the fair value of the Plan's Level 3 investment assets:

|  | <u>Pooled<br/>Separate Account</u> |
|--|------------------------------------|
| Balance, beginning of year                   | \$ 88,376                          |
| Total realized and unrealized gain           | 3,748                              |
| Purchases, sales, issuances, and settlements | <u>(92,124)</u>                    |
| Balance, end of year                         | <u><u>\$ -</u></u>                 |

**Note 5 - Tax Status**

The Internal Revenue Service has determined and informed the Company by a letter dated August 30, 1996 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 believes that the Plan is designed and currently being operated in compliance with the applicable requirement of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

**Note 6 - Information Certified by the Trustee**

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Capital Bank and Trust Company, the trustee of the Plan, and Principal Life Insurance Company, the custodian of the Plan, as of December 31, 2010 and 2009, respectively, have certified to the completeness and accuracy of:

- Investments and notes receivable from participants reflected on the accompanying statements of net assets available for benefits as of December 31, 2010 and 2009.
- Net appreciation in fair value of investments, dividends, and interest reflected on the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2010.
- Investments reflected on the supplemental schedule of assets (held at end of year).

**Note 7 - Party-in-Interest Transactions**

Plan investments include shares of registered investment company funds and collective trusts managed by Capital Bank and Trust Company who is the trustee of the Plan and, therefore, transactions with these entities qualify as exempt party-in-interest transactions.

**UNDERWOOD FRUIT & WAREHOUSE COMPANY  
RETIREMENT SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS**

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**Note 8 - Plan Termination**

Although it has not expressed any intention to do so, the Company has the right to terminate the Plan and discontinue its contributions at any time. If the Plan is terminated, amounts allocated to a participant's account become fully vested.

**Note 9 - Transfer of Assets**

On May 1, 2010, Capital Bank and Trust Company was appointed the new trustee of the Plan. Plan assets transferred to the new trustee were transferred into funds comparable to those offered by the previous trustee.

**SUPPLEMENTAL SCHEDULE  
REQUIRED BY THE DEPARTMENT OF LABOR**

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**UNDERWOOD FRUIT & WAREHOUSE COMPANY RETIREMENT SAVINGS PLAN**  
**EIN: 91-1179336**  
**SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2010**

| (a) | (b)<br>Identity of issuer, borrower,<br>lessor or similar party      | (c)<br>Description of investment, including<br>maturity date, rate of interest, collateral,<br>par or maturity value | (d)<br>Cost | (e)<br>Current<br>value |
|-----|--|--|-------------|-------------------------|
| *   | American Funds EuroPacific Growth Fund                               | Registered Investment Company - 4,514.87 shares  | **          | \$ 183,439              |
| *   | American Funds Growth Fund of America                                | Registered Investment Company - 2,381.47 shares  | **          | 71,395                  |
| *   | American Funds New Economy Fund                                      | Registered Investment Company - 3,643.83 shares  | **          | 91,132                  |
| *   | American Funds Smallcap World Fund                                   | Registered Investment Company - 22,099.89 shares   | **          | 841,122                 |
|     | American Century Heritage  | Registered Investment Company - 401.47 shares  | **          | 8,326                   |
| *   | American Funds American Mutual Fund                                  | Registered Investment Company - 8,010.50 shares  | **          | 201,704                 |
| *   | American Funds Fundamental Investors                                 | Registered Investment Company - 2,382.09 shares  | **          | 87,256                  |
| *   | Federated Max- Cap Index   | Registered Investment Company - 51,426.91 shares   | **          | 664,436                 |
| *   | American Funds Income Fund of America                                | Registered Investment Company - 372.41 shares  | **          | 6,145                   |
|     | American Century Ginnie Mae  | Registered Investment Company - 40,188.77 shares   | **          | 437,656                 |
|     | PIMCO Total Return Fund  | Registered Investment Company - 19,471.13 shares   | **          | 211,262                 |
|     | EB Magic 95 Stable Value Fund  | Collective Trust - 262,298.07 units  | **          | 2,924,755               |
| *   | American Funds 2010 Target Date Fund                                 | Registered Investment Company - 10,410.66 shares   | **          | 94,529                  |
| *   | American Funds 2015 Target Date Fund                                 | Registered Investment Company - 44.03 shares   | **          | 401                     |
| *   | American Funds 2020 Target Date Fund                                 | Registered Investment Company - 4,497.76 shares  | **          | 40,615                  |
| *   | American Funds 2030 Target Date Fund                                 | Registered Investment Company - 13,539.92 shares   | **          | 126,328                 |
| *   | American Funds 2040 Target Date Fund                                 | Registered Investment Company - 1,503.71 shares  | **          | 14,060                  |
| *   | American Funds 2050 Target Date Fund                                 | Registered Investment Company - 2,319.02 shares  | **          | 21,242                  |
|     | Participant loans  | Various maturities with interest rates of 6.00% to 10.25%  | \$ -        | 66,078                  |
|     |  |  |             | <u>\$ 6,091,881</u>     |
| *   | Indicates party-in-interest.   |  |             |                         |
| **  | Information is not required as investments are participant directed. |  |             |                         |

**Attachment to 2010 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** UNDERWOOD FRUIT AND WAREHOUSE RETIREMENT SAVINGS PLAN  
**Plan Sponsor's Name** UNDERWOOD FRUIT AND WAREHOUSE COMPANY, LLC

**EIN:** 91-1179336  
**PN:** 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|-----|---|--|----------|-------------------|
|     | AMERICAN FUNDS EUROPACIFIC GROWTH F                       | N/A  | 169,327  | 183,439           |
|     | AMERICAN FUNDS GROWTH FUND OF AMERI                       | N/A  | 67,350   | 71,396            |
|     | AMERICAN FUNDS NEW ECONOMY FUND R3                        | N/A  | 84,717   | 91,132            |
|     | AMERICAN FUNDS SMALLCAP WORLD FUND                        | N/A  | 755,753  | 841,122           |
|     | AMERICAN CENTURY HERITAGE R                               | N/A  | 7,278    | 8,327             |
|     | AMERICAN FUNDS AMERICAN MUTUAL FUND                       | N/A  | 194,283  | 201,704           |
|     | AMERICAN FUNDS FUNDAMENTAL INVESTOR                       | N/A  | 82,006   | 87,256            |

**Attachment to 2010 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** UNDERWOOD FRUIT AND WAREHOUSE RETIREMENT SAVINGS PLAN  
**Plan Sponsor's Name** UNDERWOOD FRUIT AND WAREHOUSE COMPANY, LLC

**EIN:** 91-1179336  
**PN:** 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost  | (e) Current value |
|-----|---|--|-----------|-------------------|
|     | FEDERATED MAX-CAP INDEX R                                 | N/A  | 663,728   | 664,436           |
|     | AMERICAN FUNDS INCOME FUND OF AMERI                       | N/A  | 5,931     | 6,145             |
|     | AMERICAN CENTURY GINNIE MAE R                             | N/A  | 433,702   | 437,656           |
|     | PIMCO TOTAL RETURN FUND - R                               | N/A  | 216,420   | 211,262           |
|     | EB MAGIC 95 STABLE VALUE FUND                             | N/A  | 2,895,573 | 2,924,755         |
|     | AMERICAN FUNDS 2010 TARGET DATE FUN                       | N/A  | 92,710    | 94,529            |
|     | AMERICAN FUNDS 2015 TARGET DATE FUN                       | N/A  | 405       | 401               |



**Attachment to 2010 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** UNDERWOOD FRUIT AND WAREHOUSE RETIREMENT SAVINGS PLAN  
**Plan Sponsor's Name** UNDERWOOD FRUIT AND WAREHOUSE COMPANY, LLC

**EIN:** 91-1179336  
**PN:** 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|-----|---|--|----------|-------------------|
|     | AMERICAN FUNDS 2020 TARGET DATE FUN                       | N/A  | 39,529   | 40,615            |
|     | AMERICAN FUNDS 2030 TARGET DATE FUN                       | N/A  | 119,726  | 126,328           |
|     | AMERICAN FUNDS 2040 TARGET DATE FUN                       | N/A  | 13,294   | 14,060            |
|     | AMERICAN FUNDS 2050 TARGET DATE FUN                       | N/A  | 20,340   | 21,242            |
|     | PARTICIPANT LOANS   | Interest Rate - 6.000-10.250<br>Maturity Date - VARIOUS  | 65,790   | 66,078            |
|     | FORFEITURES   | N/A  | 6        | 6                 |
|     |   |  |          |                   |