Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
F. GAVINA & SONS, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 04/01/1985

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

2700 FRUITLAND AVE
VERNON, CA 90058

2b Employer Identification Number (EIN) 95-2922751

2c Sponsor's telephone number 323-582-0671

2d Business code (see instructions) 311900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2011	JOSE GAVINA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2011	JOSE GAVINA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
F. GAVINA & SONS, INC.

2700 FRUITLAND AVE
VERNON, CA 90058

3b Administrator's EIN
95-2922751

3c Administrator's telephone number
323-582-0671

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	253
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	221
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	42
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	263
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	263
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	263
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	4
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

A Name of plan
F. GAVINA & SONS, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
F. GAVINA & SONS, INC.

D Employer Identification Number (EIN)
95-2922751

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

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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)

MERRILL, LYNCH, FENNER & SMITH

225 SOUTH LAKE AVENUE
PASADENA, CA 91101

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20	NONE	19085	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

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

A Name of plan
F. GAVINA & SONS, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
F. GAVINA & SONS, INC.

D Employer Identification Number (EIN)
95-2922751

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	16318	10734
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	785085	791569
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4480454	2697527
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1893464	2666563
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	447847	560925
(B) Common	1c(4)(B)	1574702	2590751
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)	77526	23186
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1498177	2876664
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	10773573	12217919
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	10773573	12217919

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	791569	
	(B) Participants	2a(1)(B)	264944	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1056513
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	64168	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	166769	
	(D) Loans (other than to participants)	2b(1)(D)	3292	
	(E) Participant loans	2b(1)(E)	0	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		234229
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	124563	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		124563
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1995148	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1977446	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		17702

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	547196	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		547196
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1980203
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	516772	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		516772
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	19085	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		19085
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		535857
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1444346
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unqualified (2) [ ] Qualified (3) [ ] Disclaimer (4) [ ] Adverse

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

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

(1) Name: WHITE, NELSON & CO., CPA'S (2) EIN: 33-0686301

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

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

A Name of plan
F. GAVINA & SONS, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
F. GAVINA & SONS, INC.

D Employer Identification Number (EIN)
95-2922751

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): _____ _____

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** 3

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

WHITE, NELSON & CO. LLP
Certified Public Accountants & Consultants

INDEPENDENT AUDITORS' REPORT

To the Trustee and Plan Administrator of
F. Gaviña & Sons, Inc. 401(k) Profit Sharing Plan

We have audited the accompanying statements of net assets available for benefits of F. Gaviña & Sons, Inc. 401(k) Profit Sharing 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. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of F. Gaviña & Sons, Inc. 401(k) Profit Sharing Plan as of December 31, 2010 and 2009, and the changes in its net assets available for benefits for the year ended December 31, 2010, in conformity with accounting principles generally accepted in the United States of America.

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

White, Nelson & Co. LLP

Irvine, California
October 10, 2011

2875 Michelle Drive, Suite 300, Irvine, CA 92606 • Tel: 714.978.1300 • Fax: 714.978.7893

Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	2010 This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan F. Gavina & Sons, Inc.
401(k) Profit Sharing Plan

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 04/01/1985

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
F. Gavina & Sons, Inc.

2700 Fruitland Ave

Vernon CA 90058

2b Employer Identification Number (EIN) 95-2922751

2c Sponsor's telephone number (323)582-0671

2d Business code (see instructions) 311900

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

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

SIGN HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator: Jose Gavina
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor: Jose Gavina
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (If same as plan sponsor, enter "Same") SAME	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	253
6 Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a Active participants	**6a**	221
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	42
d Subtotal. Add lines **6a, 6b, and 6c**	**6d**	263
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	263
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	263
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	4
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2A 2E 2H 2J

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	☐ Insurance	(1)	☐ Insurance
(2)	☐ Code section 412(e)(3) insurance contracts	(2)	☐ Code section 412(e)(3) insurance contracts
(3)	☒ Trust	(3)	☒ Trust
(4)	☐ General assets of the sponsor	(4)	☐ General assets of the sponsor

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

a Pension Schedules		**b General Schedules**	
(1)	☒ **R** (Retirement Plan Information)	(1)	☒ **H** (Financial Information)
(2)	☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2)	☐ **I** (Financial Information – Small Plan)
		(3)	☐ **A** (Insurance Information)
		(4)	☒ **C** (Service Provider Information)
(3)	☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5)	☐ **D** (DFE/Participating Plan Information)
		(6)	☐ **G** (Financial Transaction Schedules)

F. GAVIÑA & SONS, INC.
401(k) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2010

FEIN: 95-2922751

PLAN# 002

(a)	(b) Identity Of Issue, Borrower, Lessor, Or Similar Party	(c) Description Of Investment	(d) Cost	(e) Current Value
	Corporate Bonds:			
	Accrued Interest		$ -	$ 28,669
	American Genl Fin	200,000 shares	200,000	185,944
	American Genl Fin	200,000 shares	200,000	169,466
*	BAC CAP Tr	350 shares	8,750	8,540
*	BAC MITTS DJUBS-ER	12,500 Shares	127,649	139,750
*	Bank of America	175,000 shares	175,000	176,719
	Burlington North SF	200,000 shares	201,955	209,024
	Capital One	300 shares	7,500	7,638
	Cincy Bell	50,000 shares	49,756	46,875
	CIT Group	10,738 shares	N/A	10,953
	CIT Group	16,107 shares	N/A	16,268
	CIT Group	16,107 shares	N/A	16,147
	CIT Group	26,845 shares	N/A	26,946
	CIT Group	37,582 shares	N/A	37,676
	Citigroup Capital	500 shares	12,500	11,450
	Citigroup Capital	400 shares	10,000	9,920
	Dean Foods	22,000 shares	20,912	20,185
	Edison Mission Energy	40,000 shares	33,100	34,400
	Elan Fin PLC	10,000 shares	10,180	10,150
	Fifth Third Capital	500 shares	12,500	12,505
	Ford Motor	15,000 shares	15,000	14,807
	Ford Motor	30,000 shares	30,781	34,200
	General Electric	20,0000 shares	200,000	215,954
	General Motors	15,000 shares	15,000	14,978
	General Motors	20,000 shares	20,000	20,004
	General Motors	400 shares	10,000	9,320
	H&E Equipment Services	10,000 shares	10,223	10,200
	HSBC Finl	150,000 shares	150,001	143,754
	HSBC Finl	50,000 shares	50,000	51,486
	HSBC Finl	150,000 shares	150,000	155,274
	Intl Lease Fin	45,000 shares	43,948	44,663
	Intl Lease Fin	29,000 shares	28,492	29,725
	Masco Corp	8,000 shares	7,926	8,369
	Natl City Cap	200 shares	5,000	4,996
	Natl City Cap	400 shares	10,000	9,944
	Newmont Mining	100,000 shares	102,786	109,922
	Nextel Comm	20,000 shares	19,000	19,650
	Nextel Comm	15,000 shares	14,625	15,038
	Nextel Comm	45,000 shares	43,200	45,056
	Saturns-JCP	600 shares	15,000	13,794
	Shell Intl Finl	125,000 shares	12,719	131,108

F. GAVIÑA & SONS, INC.
401(k) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2010

FEIN: 95-2922751 PLAN# 002

(a)	(b) Identity Of Issue, Borrower, Lessor, Or Similar Party	(c) Description Of Investment	(d) Cost	(e) Current Value
	Sprint Nextel	25,000 shares	$ 24,744	$ 24,156
	Supervalu	50,000 shares	50,947	48,250
	Supervalu	7,000 shares	7,057	6,703
	Tenneco Packaging	10,000 shares	9,919	8,753
	Terex Corp	65,000 shares	63,303	65,650
	Tesoro Corp	50,000 shares	5,006	50,124
	USD Manulife Finl	150,000 shares	152,615	146,930
	USG Corp	24,000 shares	24,408	23,280
	William Lyons Homes	15,000 shares	14,700	11,250
	Total Corporate Bonds		2,376,202	2,666,563
	Corporate Stocks:			
	Abbott Labs	875 Shares	$ 41,517	$ 41,921
	Acme Packet	51 Shares	2,765	2,711
	Agnico Eagle Mines	100 Shares	7,294	7,670
	Agrium, Inc.	58 Shares	3,176	5,322
	Alcoa	900 Shares	21,992	13,851
	Amazon Com	49 Shares	6,155	8,820
*	Americas United Bank	25,000 Shares	250,000	78,000
	Ameriprise Finl	123 Shares	4,121	7,079
	Amgen, Inc.	81 Shares	4,221	4,447
	Amgen, Inc.	102 Shares	5,501	5,600
	Amyris, Inc.	45 Shares	772	1,201
	Anadarko Petroleum	85 Shares	4,552	6,474
	Anadarko Petroleum	400 Shares	31,465	30,464
	Anheuser-Busch	117 Shares	5,090	6,680
	Annaly Cap	322 Shares	5,778	5,770
	ANSYS Inc	98 Shares	4,347	5,103
	Apache Corp	26 Shares	3,049	3,100
	Apple Computer	10 Shares	2,020	3,226
	Apple Computer	31 Shares	7,344	9,999
	Apple Computer	100 Shares	24,186	32,256
	Arch Capital	34 Shares	2,738	2,994
	Arden Group	150 Shares	12,926	12,375
	ASSA Abloy	244 Shares	2,184	3,465
	AT&T	521 Shares	13,819	15,307
	BAC Mitts	25,000 Shares	255,970	251,500
	Ball Corp	46 Shares	2,363	3,130
	Banco Do Brasil	251 Shares	4,106	4,895
	Baxter Intl	150 Shares	6,448	7,593
	BB&T Corp	106 Shares	2,827	2,787

F. GAVIÑA & SONS, INC.
401(k) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2010

FEIN: 95-2922751

PLAN# 002

(a)	(b) Identity Of Issue, Borrower, Lessor, Or Similar Party	(c) Description Of Investment	(d) Cost	(e) Current Value
	BCE, Inc.	245 Shares	$ 7,315	$ 8,688
	Bershire Hathaway	100 Shares	8,850	8,011
	Best Buy	157 Shares	6,982	5,384
	Best Buy	400 Shares	18,912	13,716
	BG Group	23 Shares	2,588	2,346
	BHP Billiton	56 Shares	3,120	5,204
	Bk of America	25,000 Shares	250,000	256,500
	Bombadier Inc.	1,000 Shares	6,911	5,020
	BP PLC	400 Shares	22,041	17,668
	Bristol Myers Squibb	1,100 Shares	56,702	29,128
	British Amern Tobaco	45 Shares	2,699	3,497
	Canon	55 Shares	2,750	2,824
	Capital One	154 Shares	5,556	6,554
	Caterpillar	15 Shares	1,042	1,405
	CB Richard Ellis Grp	287 Shares	4,195	5,878
	CBS Corp	310 Shares	4,503	5,906
	Chevron Corp	190 Shares	14,505	17,338
	Chipotle Mexican Grill	6 Shares	679	1,276
	Chubb	70 Shares	3,701	4,175
	Cielo SA	303 Shares	2,830	2,591
	Cisco Systems	157 Shares	3,766	3,176
	Cisco Systems	350 Shares	7,974	7,081
	CIT Group Inc	924 Shares	N/A	43,520
	Citigroup	1,749 Shares	8,110	8,273
	City National Corp	94 Shares	5,016	5,768
	Clorox	200 Shares	11,820	12,656
	Coca Cola	43 Shares	2,638	2,828
	Columbia Bkg Sys	105 Shares	1,972	2,211
	Comcast	220 Shares	4,184	4,578
	Comerica	113 Shares	4,456	4,773
	Conoco Phillips	31 Shares	2,050	2,111
	Conoco Phillips	152 Shares	8,503	10,351
	Cons Edison	500 Shares	21,157	24,785
	Crown Castle Intl Corp	123 Shares	4,743	5,391
	CSX Corp	110 Shares	5,587	7,107
	Cummins, Inc.	32 Shares	1,201	3,520
	CVS Caremark	900 Shares	26,600	31,293
	Daito TR Construction	42 Shares	2,594	2,877
	Danone-Spons	315 Shares	3,667	3,985
	Darden Restaurants	87 Shares	3,750	4,040
	Deere Co.	97 Shares	5,647	8,056
	Deere Co.	100 Shares	8,362	8,305

F. GAVIÑA & SONS, INC.
401(k) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2010

FEIN: 95-2922751

PLAN# 002

(a)	(b) Identity Of Issue, Borrower, Lessor, Or Similar Party	(c) Description Of Investment	(d) Cost	(e) Current Value
	Devon Energy	29 Shares	$ 2,035	$ 2,277
	Disney	160 Shares	4,428	6,002
	Disney	340 Shares	10,216	12,753
	Dreamworks	191 Shares	7,345	5,629
	Duke Energy	1,000 Shares	18,858	17,810
	EMC Corp	229 Shares	3,939	5,244
	EMC Corp.	180 Shares	2,599	4,122
	Emergency Medical	34 Shares	1,729	2,197
	Emerson Electric Co.	73 Shares	2,876	4,173
	Enterprise Products	1,600 Shares	45,461	66,576
	EOG Resources	23 Shares	2,168	2,102
	Exxon Mobil	112 Shares	7,804	8,189
	Fanuc Ltd	111 Shares	1,511	2,846
	First Horizon	830 Shares	10,131	9,777
	First Niagara	823 Shares	10,696	11,506
	Ford Motor	185 Shares	1,319	3,106
	Ford Motor	348 Shares	5,561	5,843
	Frac First Horizon Natl	21,825 Shares	0.19	2
	Freeport McMran	30 Shares	1,462	3,603
	Fulton Finl	275 Shares	2,612	2,844
	Gap, Inc.	63 Shares	1,349	1,395
	General Dynamics	61 Shares	4,338	4,329
	General Electric	700 Shares	19,580	12,803
	General Electric	1,078 Shares	17,904	19,717
	General Motors	289 Shares	10,063	10,653
	Gilead Science	300 Shares	13,501	10,872
	Glacier Bancorp	118 Shares	2,011	1,783
	Glaxosmithkline	126 Shares	4,874	4,942
	Goldman Sachs	69 Shares	8,697	11,603
	Google	4 Shares	1,192	2,376
	Grupo Televisa	142 Shares	2,628	3,682
	H J Heinz	350 Shares	16,886	17,311
	Halliburton	95 Shares	2,630	3,879
	Hartford Finl	166 Shares	3,919	4,397
	Hertz Global Holdings	340 Shares	4,169	4,927
	Hewlett Packard	230 Shares	9,367	9,683
	Hewlett Packard	500 Shares	20,396	21,050
	Honeywell	67 Shares	2,948	3,562
	Honeywell	163 Shares	6,711	8,665
	Hospira	94 Shares	4,964	5,235
	HSBC Holding	78 Shares	4,388	3,981
	IBM	49 Shares	3,946	7,191

F. GAVIÑA & SONS, INC.
401(k) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2010

FEIN: 95-2922751

PLAN# 002

(a)	(b) Identity Of Issue, Borrower, Lessor, Or Similar Party	(c) Description Of Investment	(d) Cost	(e) Current Value
	Illinois Tool Works	53 Shares	$ 2,678	$ 2,830
	Informatica	140 Shares	5,225	6,164
	Intel	127 Shares	2,500	2,671
	Intel	307 Shares	7,196	6,456
	Intel	700 Shares	13,704	14,721
	Intl Business Machine	57 Shares	7,491	8,365
	Intl Paper	126 Shares	3,181	3,432
	Intuitive Surgical	45 Shares	13,510	11,599
	ITT Corp	157 Shares	8,121	8,181
	Jefferies Group	220 Shares	4,981	5,859
	Johnson & Johnson	63 Shares	3,724	3,897
	Johnson & Johnson	600 Shares	38,918	37,110
	Jones Lang Lasalle	102 Shares	8,093	8,560
	JP Morgan Chase	205 Shares	8,413	8,696
	Kansas City Southern	95 Shares	3,649	4,547
	Kinder Morgan Energy	800 Shares	49,521	56,208
	Life Tech Corp	29 Shares	821	1,610
	Lloyds Banking	869 Shares	4,946	3,572
	Lowes	500 Shares	11,684	12,540
	Lowe's Companies	53 Shares	1,346	1,329
	Lukoil Sponsored ADR	45 Shares	2,343	2,538
	LVMH Moet	68 Shares	1,182	2,254
	Market Vectors	400 Shares	16,088	15,956
	Mastercard	11 Shares	2,065	2,465
	Mattel	130 Shares	2,663	3,306
	Merck	264 Shares	9,752	9,515
	Merck & Co.	119 Shares	3,988	4,289
	Metlife	184 Shares	7,131	8,177
	Microsoft	143 Shares	3,978	3,991
	Microsoft	600 Shares	17,713	16,746
	Mitsubishi	28 Shares	4,335	5,139
	Mobil Telesys	81 Shares	1,707	1,690
	Monsanto	134 Shares	6,997	9,332
	MS Emergin Mkts	2,500 Shares	48,125	40,375
	Mylan	292 Shares	4,980	6,170
	National Oilwell Varco	67 Shares	2,873	4,506
	Nestle Spon	250 Shares	12,460	14,705
	News Corp	284 Shares	4,046	4,135
	Novo Nordisk	20 Shares	927	2,251
	Nuance Communications	288 Shares	4,932	5,236
	Occidental Petroleum	120 Shares	8,774	11,772
	Opentable	30 Shares	1,107	2,114

F. GAVIÑA & SONS, INC.
401(k) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR
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FEIN: 95-2922751 PLAN# 002

(a)	(b) Identity Of Issue, Borrower, Lessor, Or Similar Party	(c) Description Of Investment	(d) Cost	(e) Current Value
	Oracle	135 Shares	$ 3,873	$ 4,226
	Oracle	144 Shares	2,046	4,507
	Oracle	161 Shares	3,610	5,039
	Pepsico	57 Shares	3,593	3,724
	Pepsico	300 Shares	19,535	19,599
	Petrolco Bras	300 Shares	12,714	11,352
	Pfizer	418 Shares	6,990	7,319
	Pfizer	827 Shares	13,543	14,481
	PG&E Corp	82 Shares	3,599	3,923
	PNC Fincl	248 Shares	13,063	15,059
*	Popular Inc	50,000 Shares	162,877	157,001
	Precision Castparts	62 Shares	6,979	8,631
	Prudential	241 Shares	3,260	5,027
	Ralcorp Holdings	96 Shares	5,813	6,241
	Research in Motion	400 Shares	24,087	23,252
	Reynolds American	347 Shares	8,938	11,319
	Rue 21	68 Shares	1,897	1,993
	Salesforce	41 Shares	4,052	5,412
	Sampo PLC	140 Shares	1,726	1,869
	Sanofi Aventis	122 Shares	3,876	3,932
	SAP AG	85 Shares	4,105	4,302
	Schlumberger	38 Shares	2,636	3,173
	Sensata Tech	208 Shares	3,897	6,263
	Singapore Telecom	121 Shares	2,643	2,874
	Southern Company	159 Shares	5,267	6,079
	Spectra Energy	500 Shares	13,555	12,495
	Standard Bank Group	62 Shares	1,845	2,050
	Standard Pacific	5,000 Shares	18,475	23,000
	Starwood Hotels	152 Shares	6,982	9,239
	State Street Bank	160 Shares	6,176	7,414
	Sumitomo Mitsu	747 Shares	6,844	5,311
	Suntrust Bks	83 Shares	1,861	2,449
	Sysco Corp	500 Shares	14,123	14,700
	Taiwan S Manufacturing	397 Shares	3,917	4,978
	Target	144 Shares	7,531	8,659
	Technip	33 Shares	2,680	3,059
	Telekomunikasi Indonesia	118 Shares	4,129	4,206
	Telstra Corp	133 Shares	1,829	1,909
	Terex Cp New Del	500 Shares	10,616	15,520
	Teva Pharmaceuticals	650 Shares	33,781	33,885
	Time Warner	70 Shares	4,011	4,622
	TJX Companies	129 Shares	5,905	5,726

F. GAVIÑA & SONS, INC.
401(k) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2010

FEIN: 95-2922751 PLAN# 002

(a)	(b) Identity Of Issue, Borrower, Lessor, Or Similar Party	(c) Description Of Investment	(d) Cost	(e) Current Value
	Total Fina	500 Shares	$ 28,137	$ 26,740
	Tullow PLC	280 Shares	2,778	2,758
	Turkiye Grti Bk	222 Shares	1,066	1,143
	Tutor Perini	300 Shares	6,423	6,423
	UBS AG	274 Shares	4,790	4,513
	Unilever	130 Shares	4,037	4,082
	Unilever PLC	85 Shares	2,380	2,625
	United Parcel Service	58 Shares	3,177	4,210
	United States Steel	119 Shares	5,729	6,952
	United Techs Corp	83 Shares	4,132	6,534
	United Techs Corp	53 Shares	3,714	4,172
	UnitedHealth Group	221 Shares	6,634	7,980
	Vail Resorts	88 Shares	3,504	4,580
	Vale SA	92 Shares	2,326	3,180
	Valeo Sponsored ADR	70 Shares	1,270	1,992
	Vodafone Group	145 Shares	3,909	3,834
	Wal Mart Stores	500 Shares	26,107	26,965
	Wal-mart	114 Shares	5,804	6,148
	Wellpoint Inc.	81 Shares	4,801	4,606
	Wells Fargo	217 Shares	5,948	6,725
	Wells Fargo	296 Shares	8,309	9,173
	Wells Fargo	503 Shares	14,503	15,588
	Williams Sonoma	337 Shares	9,891	12,028
	Windstream	1,000 Shares	12,519	13,940
	WM Morrison	108 Shares	5,948	2,242
	Wynn Resorts	30 Shares	2,260	3,115
	Xstrata PLC-ADR	1,109 Shares	3,935	5,146
	Yahoo Japan Corp	18 Shares	2,217	2,305
	Subtotal		2,640,606	2,624,687
	Short Call Options:			
	Abbott Laboratories	5 Options	$ (1,021)	$ (295)
	Agnico Eagle Mines at 75	1 Option	(589)	(1,225)
	Alcoa Inc	9 Options	(373)	(630)
	Anadarko Petroleum at 70	2 Options	(843)	(2,130)
	Anadarko Petroleum at 90	2 Options	(302)	(456)
	Apple Inc	1 Option	(849)	(2,555)
	Best Buy Co	4 Options	(1,038)	(468)
	BP PLC ADS	4 Options	(881)	(572)
	Bristol Myers Squibb	11 Options	(1,175)	(814)
	CVS Corp.	9 Options	(1,434)	(1,422)

F. GAVIÑA & SONS, INC.
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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2010

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(a)	(b) Identity Of Issue, Borrower, Lessor, Or Similar Party	(c) Description Of Investment	(d) Cost	(e) Current Value
	Enterprise Prob PRTNRS	16 Options	$ (1,129)	$ (1,760)
	Gilead Science	3 Options	(630)	(429)
	Hewlett Packard	5 Options	(717)	(800)
	Johnson & Johnson	6 Options	(528)	(612)
	Kinder Morgan Energy	4 Options	(999)	(1,004)
	Lowe's Companies	5 Options	(736)	(1,440)
	Market Vectors Jr Gold	4 Options	(416)	(460)
	Microsoft Corp	6 Options	(1,769)	(1,764)
	Petroleo Bras SA	3 Options	(476)	(408)
	Research In Motion at 60	4 Options	(1,438)	(3,600)
	Standard Pacific CP	50 Options	(1,695)	(2,500)
	Sysco CP	5 Options	(353)	(375)
	Terex CP New Del	5 Options	(1,276)	(4,400)
	Teva Pharmaceuticals at 60	3 Options	(724)	(642)
	Teva Pharmaceuticals at 65	3 Options	(730)	(345)
	Total Fina Elf SA	5 Options	(1,044)	(1,750)
	Walmart Stores Inc	5 Options	(1,026)	(1,080)
	Subtotal		(24,189)	(33,936)
	Total Corporate Stocks		2,616,417	2,590,751
	Preferred Stocks:			
	Aegon	600 Shares	$ 15,000	$ 14,352
	American Intl Group	6,000 Shares	150,000	146,400
	Barclays Bank	300 Shares	7,500	7,479
	Development Div Rlty Cum	400 Shares	10,000	9,968
	Development Div Rlty Prf	1,000 Shares	25,000	23,820
	HSBC Holdings	400 Shares	10,000	9,160
	ING Group NV	4,000 Shares	100,000	92,720
	ING Group NV	300 Shares	7,500	6,120
	Lehman Bros Hdgs, Inc.	8,000 Shares	200,000	88
*	ML PFD Capital Trust III	4,000 Shares	100,000	100,320
	Public Storage 7.0% Pfd	500 Shares	12,500	12,750
	Public Storage 7.25% Pfd	400 Shares	10,000	10,124
	Royal Bank of Scotland	600 Shares	15,000	8,904
	Royal Bank Scotland Grp	8,000 Shares	200,000	118,720
	Total Preferred Stocks		862,500	560,925

F. GAVIÑA & SONS, INC.
401(k) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR
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(a)	(b) Identity Of Issue, Borrower, Lessor, Or Similar Party	(c) Description Of Investment	(d) Cost	(e) Current Value
	Mortgages Receivable:			
	Aida Behr - Property As Collateral	Mortgage	$ 25,203	$ 25,203
	Felix Birba - Property As Collateral	Mortgage	(2,017)	(2,017)
	Total Mortgages Receivable		23,186	23,186
	Money Market Accounts:			
*	Merrill Lynch	CMA Money Fund	$ 20,952	$ 20,952
*	Merrill Lynch	CMA Money Fund	11,073	11,073
*	Merrill Lynch	CMA Money Fund	33,089	33,089
*	Merrill Lynch	CMA Money Fund	84,408	84,408
*	Americas United Bank	Business Money Market	862,719	862,719
*	Banco Popular	Business Money Market	440,137	440,137
	Total Money Market Accounts		1,452,378	1,452,378
	Certificates Of Deposit:			
	American Express Bank	4.8% MAT 12/10/13	$ 250,000	$ 262,541
	HSBC Bank USA	Variable 2/26/15	225,000	263,610
	Barclays Bk Del Wilmington CTF DEP	Variable 5/27/15	125,000	129,675
*	Bank Amer N A Certificate Of	Variable 05/28/10	125,000	128,494
	HSBC Bank USA	Variable 5/28/10	125,000	132,238
	HSBC Bank USA	Variable 5/28/10	125,000	125,863
	Discover Bank	4.1% MAT 6/20/11	200,000	202,728
	Total Certificates Of Deposit		1,175,000	1,245,149
	Mutual Funds (Non-Participant Directed):			
	Allianz AGIC Pacific Rim	2,949 Shares	$ 40,339	$ 37,405
	Eaton Vance Tax Mgd	6,100 Shares	99,918	64,233
	Franklin Mutual European	4,269 Shares	117,057	91,679
	Loomis Sayles Strategic	14,560 Shares	208,453	216,521
	Pimco Foreign Bond	17,502 Shares	200,212	184,656
	Pimco Real Return	28,999 Shares	319,133	105,270
	Pimco Total Return	9,266 Shares	101,029	314,642
	Prudential Jennison	12,836 Shares	151,151	163,283
	Total Mutual Funds (Non-Participant Directed)		1,237,291	1,177,689

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	401(k) Mutual Funds (Participant Directed):			
*	American Funds	AMCAP Fund	$ **	$ 26,196
*	American Funds	American Balanced Fund	**	25,617
*	American Funds	American High Income Trust	**	11,078
*	American Funds	Capital World Growth And Income Fund	**	71,564
*	American Funds	Europacific Growth Fund	**	159,980
*	American Funds	SMALL CAP World Fund	**	113,951
*	American Funds	The Bond Fund Of America	**	394,786
*	American Funds	American Funds Money Market Fund	**	121,186
*	American Funds	The Growth Fund Of America	**	368,966
*	American Funds	The Investment Company Of America	**	69,703
*	American Funds	U.S. Government Securities Fund	**	92,818
*	American Funds	Washington Mutual Investors Fund	**	243,130
	Total 401(k) Mutual Funds (Participant Directed)			1,698,975
	Total Net Assets Held For Investment			$ 11,415,616

* Party-In Interest
** Cost information not available as permitted for participant directed accounts