

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2010</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
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 <u>GOLDEN PEANUT PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>05/01/2003</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>05/01/2003</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>05/01/2003</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>GOLDEN PEANUT COMPANY, LLC</u> <u>100 NORTH POINT CENTER E., STE 400</u> <u>ALPHARETTA, GA 30022</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>58-1709658</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>770-752-8160</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>311900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>58-1709658</u>	2c Sponsor's telephone number <u>770-752-8160</u>	2d Business code (see instructions) <u>311900</u>	
2b Employer Identification Number (EIN) <u>58-1709658</u>					
2c Sponsor's telephone number <u>770-752-8160</u>					
2d Business code (see instructions) <u>311900</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.

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

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") GOLDEN PEANUT COMPANY, LLC 100 NORTH POINT CENTER E., STE 400 ALPHARETTA, GA 30022	3b Administrator's EIN 58-1709658 3c Administrator's telephone number 770-752-8160
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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
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5 Total number of participants at the beginning of the plan year	5	1015
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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	598
b Retired or separated participants receiving benefits.....	6b	64
c Other retired or separated participants entitled to future benefits.....	6c	190
d Subtotal. Add lines 6a , 6b , and 6c	6d	852
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	27
f Total. Add lines 6d and 6e	6f	879
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	107

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1A 1G

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) ☒ 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) ☒ Trust (4) ☐ General assets of the sponsor
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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) ☐ **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☒ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>GOLDEN PEANUT PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>GOLDEN PEANUT COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>58-1709658</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>
2	Assets:
a	Market value 2a <u>19622058</u>
b	Actuarial value 2b <u>19964589</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>76</u> <u>3706833</u>
b	For terminated vested participants 3b <u>192</u> <u>2328238</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>1740997</u>
(2)	Vested benefits 3c(2) <u>16502660</u>
(3)	Total active 3c(3) <u>747</u> <u>18243657</u>
d	Total 3d <u>1015</u> <u>24278728</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>6.51</u> %
6	Target normal cost 6 <u>1921127</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>10/12/2011</u>
Signature of actuary	Date
<u>ELIZABETH K. HAMMOND, F.S.A</u>	<u>11-05752</u>
Type or print name of actuary	Most recent enrollment number
<u>BRYAN PENDLETON SWATS & MCALLISTER</u>	<u>615-665-1640</u>
Firm name	Telephone number (including area code)
<u>5301 VIRGINIA WAY, SUITE 400</u> <u>BRENTWOOD, TN 37027</u>	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II	Beginning of year carryover and prefunding balances	(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	341	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	341	
9	Amount remaining (Item 7 minus item 8).....	0	0
10	Interest on item 9 using prior year's actual return of <u>22.25</u> %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		
b	Interest on (a) using prior year's effective rate of <u>8.31</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		
12	Reduction in balances due to elections or deemed elections.....		
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	0

Part III	Funding percentages		
14	Funding target attainment percentage.....	14	82.23 %
15	Adjusted funding target attainment percentage.....	15	82.23 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	98.09 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV	Contributions and liquidity shortfalls																																																						
18	Contributions made to the plan for the plan year by employer(s) and employees:																																																						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">(a) Date (MM-DD-YYYY)</th> <th style="width: 15%;">(b) Amount paid by employer(s)</th> <th style="width: 15%;">(c) Amount paid by employees</th> <th style="width: 15%;">(a) Date (MM-DD-YYYY)</th> <th style="width: 15%;">(b) Amount paid by employer(s)</th> <th style="width: 15%;">(c) Amount paid by employees</th> </tr> </thead> <tbody> <tr> <td>04/15/2010</td> <td style="text-align: right;">403000</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>07/15/2010</td> <td style="text-align: right;">403000</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>10/15/2010</td> <td style="text-align: right;">3903000</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>01/18/2011</td> <td style="text-align: right;">403000</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>03/28/2011</td> <td style="text-align: right;">325000</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3"></td> <td colspan="3"></td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;">Totals ►</td> <td style="text-align: right;">18(b)</td> <td style="text-align: right;">5437000</td> </tr> <tr> <td colspan="3"></td> <td></td> <td style="text-align: right;">18(c)</td> <td style="text-align: right;">0</td> </tr> </tbody> </table>	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	04/15/2010	403000					07/15/2010	403000					10/15/2010	3903000					01/18/2011	403000					03/28/2011	325000														Totals ►	18(b)	5437000					18(c)	0
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19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a	Contributions allocated toward unpaid minimum required contribution from prior years.....	19a
b	Contributions made to avoid restrictions adjusted to valuation date	19b
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 5175768
20	Quarterly contributions and liquidity shortfalls:	
a	Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No	
b	If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No	
c	If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of Quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 5.03 %	2nd segment: 6.73 %	3rd segment: 6.82 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 60
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	1921127
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	4314139	813292
b Waiver amortization installment		
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	2734419
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		
36 Additional cash requirement (item 34 minus item 35).....	36	2734419
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	5175768
38 Interest-adjusted excess contributions for current year (see instructions).....	38	2441349
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	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 GOLDEN PEANUT PENSION PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 GOLDEN PEANUT COMPANY, LLC	D Employer Identification Number (EIN) 58-1709658	

Part I	Service Provider Information (see instructions)
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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)

BRYAN, PENDLETON, SWATS & MCALLISTE

62-0853448

(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?
11 15 17 38	ACTUARY	216276	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLS FARGO BANK, N.A.

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19 21 38 50	TRUSTEE	97932	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLS FARGO BANK, N.A.

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19 21 38 62	SERVICE PROVID	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>	<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</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 GOLDEN PEANUT PENSION PLAN		B Three-digit plan number (PN) ► 002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 GOLDEN PEANUT COMPANY, LLC		D Employer Identification Number (EIN) 58-1709658
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)	
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERMEDIATE GOV/CRDT BOND INDEX FD		
b Name of sponsor of entity listed in (a): WELLS FARGO		
c EIN-PN 52-2282924-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3949074
a Name of MTIA, CCT, PSA, or 103-12 IE: BOND INDEX FUND		
b Name of sponsor of entity listed in (a): WELLS FARGO		
c EIN-PN 94-3226244-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1833465
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL EQUITY INDEX FUND		
b Name of sponsor of entity listed in (a): WELLS FARGO		
c EIN-PN 52-2265229-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3035819
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP GROWTH INDEX FUND		
b Name of sponsor of entity listed in (a): WELLS FARGO		
c EIN-PN 52-2265232-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4761817
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP VALUE INDEX FUND		
b Name of sponsor of entity listed in (a): WELLS FARGO		
c EIN-PN 52-2265227-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4082283
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 2000 INDEX FUND		
b Name of sponsor of entity listed in (a): WELLS FARGO		
c EIN-PN 52-2265233-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3792361
a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT-TERM INVESTMENT FUND		
b Name of sponsor of entity listed in (a): WELLS FARGO		
c EIN-PN 41-6292499-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 269603
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule D (Form 5500) 2010 v.092308.1		

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** 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):**c** EIN-PN**d** Entity
code**e** 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):**c** EIN-PN**d** Entity
code**e** 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):**c** EIN-PN**d** Entity
code**e** 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):**c** EIN-PN**d** Entity
code**e** 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):**c** EIN-PN**d** Entity
code**e** 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):**c** EIN-PN**d** Entity
code**e** 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):**c** EIN-PN**d** Entity
code**e** 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):**c** EIN-PN**d** Entity
code**e** 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):**c** EIN-PN**d** Entity
code**e** 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
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
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
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

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 GOLDEN PEANUT PENSION PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 GOLDEN PEANUT COMPANY, LLC	D Employer Identification Number (EIN) 58-1709658	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	281937	728000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	84	95
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	19340973	21724422
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	19622994	22452517

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	19622994	22452517
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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: (A) Employers	2a(1)(A)	5437000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5437000

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2441166
(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		7878166

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4672666	
(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)		4672666
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)	216276	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	97932	
(4) Other	2i(4)	61769	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		375977
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5048643

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2829523
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ 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: FRAZIER & DEETER, LLC

(2) EIN: 58-1433854

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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.).....	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.).....	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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.		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)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</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 GOLDEN PEANUT PENSION PLAN		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 GOLDEN PEANUT COMPANY, LLC		D Employer Identification Number (EIN) 58-1709658
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ 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 84
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)?..... ☐ 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		
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:

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: 68% Investment-Grade Debt: 32% 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): _____

GOLDEN PEANUT PENSION PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

GOLDEN PEANUT PENSION PLAN

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December 31, 2010 and 2009

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INDEPENDENT AUDITORS' REPORT

Plan Administrator
Golden Peanut Pension Plan
Alpharetta, GA

We were engaged to audit the accompanying financial statements and supplemental schedules of the Golden Peanut Pension Plan (the Plan) as of December 31, 2010 and 2009, and for the years then ended, as listed in the table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of and for the years ended December 31, 2010 and 2009 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 schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States 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.

October 12, 2011
Atlanta, Georgia

Frazier & Deeter, L.L.C.

GOLDEN PEANUT PENSION PLAN

Statements of Net Assets Available for Benefits

	<u>December 31,</u>	
	<u>2010</u>	<u>2009</u>
Assets:		
Investment in mutual funds, at fair value	\$ 21,724,422	\$ 19,340,973
Employer contribution receivable	728,000	281,937
Accrued investment income	<u>95</u>	<u>84</u>
Total assets	22,452,517	19,622,994
Liabilities - accrued actuarial fees	<u>-</u>	<u>85,147</u>
Net Assets Available for Benefits	<u>\$ 22,452,517</u>	<u>\$ 19,537,847</u>

See notes to financial statements.

GOLDEN PEANUT PENSION PLAN

Statements of Changes in Net Assets Available for Benefits

	<i>For the Year Ended December 31,</i>	
	<u>2010</u>	<u>2009</u>
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of common collective trust funds	\$ 2,439,770	\$ 3,583,474
Interest and dividends	<u>1,396</u>	<u>2,831</u>
	<u>2,441,166</u>	<u>3,586,305</u>
Contributions - employer	<u>5,437,000</u>	<u>1,691,937</u>
Total additions	<u>7,878,166</u>	<u>5,278,242</u>
Deductions from net assets attributed to:		
Benefits paid to participants	4,672,666	2,155,751
Administrative expenses	<u>290,830</u>	<u>367,144</u>
Total deductions	<u>4,963,496</u>	<u>2,522,895</u>
Net increase	2,914,670	2,755,347
Net Assets Available for Benefits:		
Beginning of year	<u>19,537,847</u>	<u>16,782,500</u>
End of year	<u>\$ 22,452,517</u>	<u>\$ 19,537,847</u>

See notes to financial statements.

GOLDEN PEANUT PENSION PLAN

Notes to Financial Statements

December 31, 2010 and 2009

Note 1 - Description of plan:

The following description of the Golden Peanut Pension Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan sponsor is Golden Peanut Company, LLC (the Company). The Plan is a defined benefit pension plan covering all eligible employees of the Company. Eligible employees are hourly and salaried employees age twenty-one or older that are either full-time or part-time benefits eligible, as defined in the Plan document, who have completed 1,000 hours of service in a consecutive 12-month period. Participation begins automatically for eligible employees after meeting the eligibility requirements.

The Company has the responsibility of administering the Plan, and thus is responsible for supervising and directing the administrative activities of the Plan, including investment of Plan assets. Assets of the Plan are held by Wells Fargo Bank, N.A. (Wells Fargo or the Trustee). The Trustee maintains all investment records and executes investment transactions for the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Company was owned 50/50 by Alimenta (USA) Inc. (Alimenta) and Archer-Daniels-Midland Company (ADM). Effective December 31, 2010, ADM acquired Alimenta and as a result of the transaction, now owns 100% of Golden Peanut.

Pension benefits

Salaried employees with at least 30 years of credited service receive a retirement income for life commencing at age 65 of 50% of final average compensation, as defined by the Plan, less 50% of Primary Social Security benefit. Benefits are reduced on a pro rata basis for participants with fewer than 30 years of credited service. Hourly employees receive a retirement income for life commencing at age 65 of \$11 per month times years of credited service subject to a minimum monthly pension of \$36. Reduced monthly benefits are available to hourly plan participants who elect early retirement from active employment on or after age 55. In some cases, unreduced monthly early retirement benefits are available.

GOLDEN PEANUT PENSION PLAN

Notes to Financial Statements - Continued

December 31, 2010 and 2009

Note 1 - Description of plan - continued:

The normal form of payment for retirement income for single participants is a monthly annuity payable for the life of the participant. The normal form of payment for retirement income for married participants is a monthly joint and survivor annuity payable for the life of the participant or spouse. Other forms of payment including lump sum payments, subject to spousal consent, can be elected. The spouse of a participant who is receiving a monthly retirement income continues to receive 50% of the participant's normal form of pension upon his or her death.

Death and disability benefits

The spouse of an employee who dies in service (or while accruing pension credits on disability), after completion of at least five years of service or after attainment of age 55, receives 50% of the employee's accrued retirement income. This benefit is payable on a reduced basis at the employee's earliest retirement age. Participants who become disabled after completion of five years of service continue to accrue credited service while disabled. These participants may retire under the terms of the Plan upon becoming eligible to do so.

Vesting

Employees who terminate after completion of five years of service or after attainment of age 55 are fully vested and eligible to receive a retirement income at the normal retirement date. Reduced benefits are available as early as age 55.

Plan termination

Although it has not expressed any intent to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. Upon such termination of the Plan, the funds held by the Trustee must be used to benefit the plan participants and their beneficiaries and/or to pay expenses of final liquidation or termination. None of the funds may be withdrawn by the Company unless all pension rights under the Plan have been fully paid.

GOLDEN PEANUT PENSION PLAN

Notes to Financial Statements - Continued

December 31, 2010 and 2009

Note 1 - Description of plan - continued:

Plan benefits are insured by the Pension Benefit Guaranty Corporation (PBGC). Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits, and certain disability and survivor benefits. The PBGC does not guarantee all types of benefits under covered plans, and the amounts of benefit protection are subject to certain limits.

In the event of Plan termination participant benefits will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC. Some benefits may be fully or partially provided from the existing assets and the PBGC, while other benefits may not be provided for at all.

Note 2 - Summary of significant accounting policies:

Basis of presentation

The Plan has adopted the Financial Accounting Standards Board (FASB) Codification (Codification). The Codification is the single source of authoritative generally accepted accounting principles in the United States (U.S. GAAP) recognized by the FASB to be applied by nongovernmental entities. All of the Codification's content carries the same level of authority.

Basis of accounting

The financial statements of the Plan are prepared under the accrual method of accounting in accordance with U.S. GAAP.

Investment valuation and income recognition

The Plan's investments are valued at fair value based on a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

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.

GOLDEN PEANUT PENSION PLAN

Notes to Financial Statements - Continued

December 31, 2010 and 2009

Note 2 - Summary of significant accounting policies - continued:

Investment valuation and income recognition - continued

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

There have been no changes in the methodology used at December 31, 2010 and 2009. The following is a description of the valuation methodology used for assets measured at fair value:

- Mutual funds are valued by the fund's trustee based on the net asset value of shares held by the Plan by obtaining quoted prices on nationally recognized securities exchanges.

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

GOLDEN PEANUT PENSION PLAN

Notes to Financial Statements - Continued

December 31, 2010 and 2009

Note 2 - Summary of significant accounting policies - continued:

Investment valuation and income recognition - continued

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value by major categorization for debt and equity securities on the basis of nature and risk of the investments as of December 31, 2010 and 2009:

Assets at Fair Value as of December 31, 2010

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investment in mutual funds:				
Fixed income funds	\$ -	\$ 6,052,142	\$ -	\$ 6,052,142
Equity funds	-	6,828,180	-	6,828,180
Growth funds	-	4,761,817	-	4,761,817
Value funds	-	4,082,283	-	4,082,283
Total investments, at fair value	<u>\$ -</u>	<u>\$ 21,724,422</u>	<u>\$ -</u>	<u>\$ 21,724,422</u>

Assets at Fair Value as of December 31, 2009

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investment in mutual funds:				
Fixed income funds	\$ -	\$ 6,156,378	\$ -	\$ 6,156,378
Equity funds	-	6,690,299	-	6,690,299
Growth funds	-	2,616,503	-	2,616,503
Value funds	-	3,877,793	-	3,877,793
Total investments, at fair value	<u>\$ -</u>	<u>\$19,340,973</u>	<u>\$ -</u>	<u>\$ 19,340,973</u>

There were no significant transfers between Level 1 and Level 2 investments, or into or out of Level 3 investments during the year ended December 31, 2010.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

GOLDEN PEANUT PENSION PLAN

Notes to Financial Statements - Continued

December 31, 2010 and 2009

Note 2 - Summary of significant accounting policies - continued:

Use of estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make certain estimates and assumptions. These estimates and assumptions affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Payment of benefits

Benefit payments are recorded when paid.

Administrative expenses

Certain administrative expenses of the Plan are paid directly by the Company and from Plan assets through contributions by the Company. During the years ended December 31, 2010 and 2009, the Plan paid \$290,830 and \$367,144, respectively, in administrative expenses related to the Plan.

Risks and uncertainties

The Plan invests in mutual funds. Investment securities are exposed to various risks, such as interest rate risk, market risk, and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect the amounts reported in the financial statements.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

GOLDEN PEANUT PENSION PLAN

Notes to Financial Statements - Continued

December 31, 2010 and 2009

Note 2 - Summary of significant accounting policies - continued:

New accounting pronouncements

In January 2010, the FASB issued ASU No. 2010-06, *Fair Value Measurements and Disclosures*, (ASU No. 2010-06) which amended ASC Topic 820, *Fair Value Measurements and Disclosures*, by requiring disclosure of significant transfers between Levels 1 and 2 and transfers into and out of Level 3 of the fair value hierarchy and the reasons for those transfers. In addition, ASU No. 2010-06 amends the reconciliation of the beginning and ending balances of Level 3 recurring fair value measurements to present information about purchases, sales, issuances, and settlements on a gross basis rather than as a net number. Finally, ASU No. 2010-06 requires fair value disclosures for each class of assets and liabilities and changes the guidance for employers' disclosure about pension and other postretirement benefit plan assets to require that they be made for classes of assets instead of major categories. ASU No. 2010-06 was effective for periods beginning after December 15, 2009, except for the requirement to provide Level 3 activity of purchases, sales, issuances, and settlements on a gross basis, which is effective for fiscal years beginning after December 15, 2010. The Plan adopted the required provisions of ASU No. 2010-06 on January 1, 2010. The adoption of ASU No. 2010-06 did not have a material impact on the Plan's financial statements.

Subsequent events

The Plan has evaluated subsequent events through October 12, 2011, which is the date these financial statements were available to be issued. All subsequent events requiring recognition as of December 31, 2010, have been incorporated into these financial statements.

Note 3 - Funding policy:

The Company has voluntarily agreed to make contributions to the Plan sufficient to provide the Plan with assets with which to pay pension benefits to Plan participants. All contributions are made by the Company. The appropriate amount to be contributed each fiscal year is determined by the Company based on the actuary's report. The Projected Unit Credit Actuarial Cost Method was used. The Company has met the minimum funding requirements of ERISA for the years ended December 31, 2010 and 2009.

GOLDEN PEANUT PENSION PLAN

Notes to Financial Statements - Continued

December 31, 2010 and 2009

Note 4 - Investments and information certified by the trustee:

All investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2010 and 2009, and net appreciation in the fair value of the common collective trust funds and interest and dividends for the years ended December 31, 2010 and 2009, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the Trustee.

The following is a summary of investments, at fair value, that represent 5% or more of the Plan's net assets at December 31, 2010 and 2009:

<u>Description of Funds</u>	<u>2010</u>	<u>2009</u>
Common collective trust funds:		
Intermediate Government/Credit Index Bond Fund, 177,089 units	\$ 3,949,074	\$ 3,878,652
Bond Index Fund, 56,190 units	\$ 1,833,465	\$ 1,935,729
International Equity Index Fund, 225,209 units	\$ 3,035,819	\$ 3,824,742
Large Cap Growth Index Fund, 519,849 units	\$ 4,761,817	\$ 2,616,503
Large Cap Value Index Fund, 330,282 units	\$ 4,082,283	\$ 3,877,793
Russell 2000 Index Fund, 226,816 units	\$ 3,792,361	\$ 2,865,557

The Plan's investments in the mutual funds (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$2,439,770 and \$3,583,474 during 2010 and 2009, respectively.

Note 5 - Related party transactions:

Certain Plan investments are funds administered by Wells Fargo. Wells Fargo is the Trustee as defined by the Plan. Certain actuarial services are provided by Bryan, Pendleton, Swats & McAllister, LLC (BPS&M), which is a Wells Fargo Company. Per the Department of Labor, these transactions are considered to be exempt party-in-interest transactions. However, in accordance with U.S. GAAP, these transactions are being disclosed. Fees expensed by the Plan to Wells Fargo amounted to \$97,932 and \$85,481 for the years ended December 31, 2010 and 2009, respectively. Fees expensed by the Plan to BPS&M amounted to \$131,129 and \$240,725 for the years ended December 31, 2010 and 2009, respectively. These fees are included in administrative expenses on the statements of changes in net assets available for benefits.

GOLDEN PEANUT PENSION PLAN

Notes to Financial Statements - Continued

December 31, 2010 and 2009

Note 6 - Actuarial present value of accumulated plan benefits:

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, and (2) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits of the Plan as of January 1, 2010 and 2009 is as follows:

	<u>2010</u>	<u>2009</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 3,482,848	\$ 3,555,542
Other participants	<u>18,660,049</u>	<u>16,977,899</u>
Total present value of vested benefits	22,142,897	20,533,441
Non-vested benefits	<u>1,679,948</u>	<u>1,395,091</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 23,822,845</u>	<u>\$ 21,928,532</u>

GOLDEN PEANUT PENSION PLAN

Notes to Financial Statements - Continued

December 31, 2010 and 2009

Note 6 - Actuarial present value of accumulated plan benefits - continued:

The changes in actuarial present value of accumulated plan benefits of the Plan for the years ended January 1, 2010 and 2009 are as follows:

	<u>2010</u>	<u>2009</u>
Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 21,928,532</u>	<u>\$ 19,818,842</u>
Increase (decrease) during the year-attributable to:		
Normal cost	2,546,564	2,225,431
Interest cost	1,460,822	1,337,322
Benefits paid	(2,155,751)	(1,453,063)
Change in actuarial assumptions	<u>42,678</u>	<u>-</u>
Net increase	<u>1,894,313</u>	<u>2,109,690</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 23,822,845</u></u>	<u><u>\$ 21,928,532</u></u>

GOLDEN PEANUT PENSION PLAN

Notes to Financial Statements - Continued

December 31, 2010 and 2009

Note 6 - Actuarial present value of accumulated plan benefits - continued:

The significant assumptions underlying the computation of the actuarial present value of accumulated plan benefits as of January 1, 2010 and 2009 are as follows:

Significant Assumptions

Investment return:	2010 - 7.0%	2009 - 7.0%
Mortality rate:	2010 - RP - 2000 Combined Healthy Participant 2009 - 1994 Uninsured Pensioners Mortality Table	
Retirement rates:	Salaried	Hourly
Age:		
55	6% - 35%	12.5% - 20%
56	6% - 25%	12.5% - 20%
57 - 60	6% - 15%	12.5% - 20%
61	6% - 20%	12.5% - 20%
62	25% - 35%	33% - 60%
63	15% - 25%	10% - 30%
64	30%	10% - 30%
65 - 66	30%	33%
67 - 68	40%	33%
69	60%	33%
70+	100%	100%

Note 7 - Income tax status:

A favorable determination letter for the Plan was received from the Internal Revenue Service (IRS) on August 22, 2005, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code), and therefore the related trust is tax-exempt. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan administrator and the Plan's tax counsel believe that the Plan continues to operate in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GOLDEN PEANUT PENSION PLAN

Notes to Financial Statements - Continued

December 31, 2010 and 2009

Note 7 - Income tax status - continued:

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the IRS. The Plan Administrator has analyzed tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is not longer subject to income tax examinations for years prior to 2007.

Note 8 - Reconciliation to Form 5500:

The following schedule reconciles the net assets available for benefits disclosed in these financial statements as of December 31, 2010 and 2009 to Form 5500:

	<u>2010</u>	<u>2009</u>
Net assets available for benefits per the financial statements	\$ 22,452,517	\$ 19,537,847
Plus: Current accrued expenses not included in the Form 5500	-	85,147
Less: Prior year accrued expenses not included in the Form 5500	<u>(85,147)</u>	<u>-</u>
Net assets available for benefits per the Form 5500	<u>\$ 22,367,370</u>	<u>\$ 19,622,994</u>

GOLDEN PEANUT PENSION PLAN

Notes to Financial Statements - Continued

December 31, 2010 and 2009

Note 8 - Reconciliation to Form 5500 - continued:

The following is a reconciliation of administrative expenses per the financial statements for the years ended December 31, 2010 and 2009 to the Form 5500:

	<u>2010</u>	<u>2009</u>
Administrative expenses per the financial statements	\$ 290,830	\$ 367,144
Plus: Prior accrued expenses not included in the Form 5500	85,147	-
Less: Current accrued expenses not included in the Form 5500	<u>-</u>	<u>(85,147)</u>
Administrative expenses per Form 5500	<u>\$ 375,977</u>	<u>\$ 281,997</u>

SUPPLEMENTAL INFORMATION

GOLDEN PEANUT PENSION PLAN**EIN 58-1709658****Plan Number - 002****December 31, 2010****SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
*	Wells Fargo Bank	Short-Term Investment Fund	\$ 269,603	\$ 269,603
*	Wells Fargo Bank	Intermediate Government/Credit Index Bond Fund, 177,089 units	3,286,231	3,949,074
*	Wells Fargo Bank	Bond Index Fund, 56,190 units	1,455,722	1,833,465
*	Wells Fargo Bank	International Equity Index Fund, 225,209 units	2,611,866	3,035,819
*	Wells Fargo Bank	Large Cap Growth Index Fund, 519,849 units	4,284,258	4,761,817
*	Wells Fargo Bank	Large Cap Value Index Fund, 330,282 units	3,791,123	4,082,283
*	Wells Fargo Bank	Russell 2000 Index Fund, 226,816 units	2,778,581	3,792,361
			<u>\$18,477,384</u>	<u>\$21,724,422</u>

* Indicates a party-in-interest to the Plan, as defined by ERISA.

Note: The above data is based upon information that has been certified as complete and accurate by the Trustee, Wells Fargo Bank, N.A.

GOLDEN PEANUT PENSION PLAN**EIN 58-1709658****Plan Number - 002****For the Year Ended December 31, 2010****SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS**

(a)	(b)	(c)	(d)	(e)	(f)	(g)
Identity of Issuer	Description	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset at Date of Transaction	Net Gains (Loss)
* Wells Fargo Bank	Short Term Investment Fund	\$ 3,903,000	\$ -	\$ 3,903,000	\$ 3,903,000	\$ -
* Wells Fargo Bank	Short Term Investment Fund	-	3,290,000	3,290,000	3,290,000	-
* Wells Fargo Bank	Short-Term Investment Fund^	8,294,410	-	8,294,410	8,294,410	-
* Wells Fargo Bank	Short-Term Investment Fund^	-	8,366,806	8,366,806	8,366,806	-
* Wells Fargo Bank	Large Cap Value Index Fund^	-	972,417	1,032,011	972,417	(59,594)
* Wells Fargo Bank	Large Cap Growth Index Fund	1,000,000	-	1,000,000	1,000,000	-
* Wells Fargo Bank	Large Cap Growth Index Fund^	2,080,000	-	2,080,000	2,080,000	-
* Wells Fargo Bank	Large Cap Growth Index Fund^	-	550,637	561,361	550,637	(10,724)
* Wells Fargo Bank	International Equity Index Fund	550,000	-	550,000	550,000	-
* Wells Fargo Bank	International Equity Index Fund	-	1,150,000	1,046,505	1,150,000	103,495
* Wells Fargo Bank	International Equity Index Fund^	-	1,519,367	1,379,621	1,519,367	139,746
* Wells Fargo Bank	Large Cap Value Index Fund	660,000	-	660,000	660,000	-
* Wells Fargo Bank	Intermediate Government/Credit Index Bond Fund	550,000	-	550,000	550,000	-
* Wells Fargo Bank	Intermediate Government/Credit Index Bond Fund^	-	703,555	564,387	703,555	139,168

* Wells Fargo Bank is a party-in-interest to the Plan as defined by ERISA.

^ Represents a series of transactions.

Note: The schedule presented above represents transactions or a series of transactions in securities of the same issue or with the same person in excess of 5% of the current value of the plan assets of the Plan as of the beginning of the year.

Note: The above data is based upon information that has been certified as complete and accurate by the Trustee, Wells Fargo Bank, N.A..

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
Golden Peanut Pension Plan
Year Ended December 31, 2010
(Unaudited)

Plan: Golden Peanut Pension Plan
Sponsor: Golden Peanut Company, LLC EIN: 58-1709658
Plan Number: 002

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
*	Wells Fargo	177088.516 units Intermediate Gov/Crdt Bond Index Fd	3,286,231	3,949,074
*	Wells Fargo	56189.551 units Bond Index Fund	1,455,722	1,833,465
*	Wells Fargo	225209.093 units International Equity Index Fund	2,611,866	3,035,819
*	Wells Fargo	519849.050 units Large Cap Growth Index Fund	4,284,258	4,761,817
*	Wells Fargo	330281.808 units Large Cap Value Index Fund	3,791,123	4,082,283
*	Wells Fargo	226815.862 units Russell 2000 Index Fund	2,778,581	3,792,361
*	Wells Fargo	269602.640 units Short-Term Investment Fund	269,603	269,603

Schedule SB, Part V – Summary of Plan Provisions
Golden Peanut Pension Plan

Basis of Valuation

Summary of Plan Provisions

Covered Employees

Effective Date:

Originally established as of July 1, 1947, as the Cotton Producers Association Plan, amended as of July 1, 1970, into the Supplemental and Basic Plans, and merged as of January 1, 1976, into the Retirement Income Plan for Salaried Employees of Gold Kist and Cotton States and the Pension Plan for Hourly Employees of Gold Kist; amended effective January 1, 1981; amended and restated as of January 1, 1985, as the Gold Kist Inc. Retirement Income Plan for Salaried Employees and the Gold Kist Inc. Pension Plan for Hourly Employees; amended and restated as of January 1, 1989; amended as of January 1, 1992, January 1, 1994, October 1, 1996; amended and restated as of January 1, 1997; amended as of May 18, 1998; amended and restated effective January 1, 2000, the Gold Kist Inc. Retirement Income Plan for Salaried Employees and the Gold Kist Inc. Pension Plan for Hourly Employees were merged to form the Gold Kist Pension Plan. Effective May 1, 2003, the Golden Peanut Pension Plan was spun-off. Employees of Golden Peanut who meet the eligibility requirements can participate. The plan was most recently restated effective January 1, 2008.

Eligibility:

All full-time and part-time benefits eligible employees upon completion of one year of service and attainment of age 21, or part-time not benefits eligible employees who worked 1000 hours or more in a 12-month period and attain age 21.

Credited Service:

Each year of service with proportionate allowance for fractional years after meeting the eligibility requirements above. Salaried employees are given credit from hire date retroactively upon becoming eligible.

Earnings:

Gross annual income including W-2 compensation, employee contributions to a 401(k) plan, and salary reductions pursuant to a cafeteria plan, but excluding severance compensation, distributions from a nonqualified deferred compensation plan, and earnings in excess of \$200,000 adjusted for cost of living factor. Under EGTRRA earnings in prior years are also limited to \$200,000.

Final-Average Earnings:

The average of the highest five years of Earnings out of the last ten years before retirement or other termination of employment.

Primary Social Security Benefit:

Estimated benefit payable from the Social Security Administration at the Participant's age 65, or termination age if later.

Schedule SB, Part V – Summary of Plan Provisions
Golden Peanut Pension Plan

Basis of Valuation

Amount of Normal Retirement Income:

Salaried Employees:

Employees with at least 30 years of Credited Service receive a retirement income for life commencing at age 65 of 50% of Final-Average Earnings less 50% of Primary Social Security benefit. Benefits are reduced on a pro rata basis for fewer than 30 years of Credited Service. The minimum monthly pension is \$15.00 for each year of Credited Service. If an employee's age plus 90-point service totals 90 or more, the 50% of Primary Social Security benefit offset above is reduced if the employee is below age 63.

Hourly Employees:

Monthly retirement income for life commencing at age 65 of \$11.00 times years of Credited Service. The minimum monthly pension is \$36.00.

Early Retirement Benefits:

Benefits may commence at age 55 with the Amount of Normal Retirement Income based on Final-Average Earnings (for Salaried Employees) and Credited Service to the time of early retirement and reduced for each year that retirement precedes age 65. This reduction is 5% annually for Salaried Employees and 4% annually for Hourly Employees. If an employee's age plus 90-point service totals 90 or more, the annual reduction for each year that retirement precedes age 65 is not applicable.

Preretirement Spouse's Income Benefits:

The spouse of an employee who dies in service (or while accruing pension credits on disability) receives 50% of the employee's Monthly Amount of Normal Retirement Income based on his Final-Average Earnings and Credited Service to the time of death. To be eligible for benefits, the death must occur after completion of at least five years of service or after attainment of age 55.

Postretirement Spouse's Income Benefits:

The spouse of an employee who is receiving a retirement income continues to receive 50% of the employee's Normal Form pension upon his death.

Disability Benefits:

Participants who become disabled (such that they qualify for Social Security disability) after five years of service continue to accrue Credited Service while disabled. These participants may retire under the terms of the Plan upon becoming eligible to do so.

Benefits Upon Termination of Continuous Employment:

Employees who terminate after five years of service or after attaining age 55 receive the Amount of Normal Retirement Income accrued to date of termination of employment. The benefit commences on the later of date of termination or age 55. The benefit is reduced actuarially from age 65 if less than 55 at date of termination or reduced 5% for Salaried Employees and 4% for Hourly Employees per year from age 65 if 55 or older at date of termination.

Schedule SB, Part V – Summary of Plan Provisions
Golden Peanut Pension Plan

Basis of Valuation

Employee Contributions:

None, the Company pays the entire cost.

Special Situations:

Golden Peanut Company ("Golden Peanut") is jointly owned by Archer-Daniels-Midland Company ("ADM") and Alimenta.

Each participant who transferred employment from ADM and for whom liabilities and assets are transferred from the ADM plan to the Golden Peanut plan will be treated as though he had been employed by Golden Peanut in determining Continuous Employment and Credited Service under this Plan for participation, vesting, and benefit accrual purposes. The benefit will not be less than the sum of the frozen ADM benefit plus a Golden Peanut benefit as calculated using the method in effect prior to the transfer of pension assets and obligations from the ADM plans.

Participants who transferred employment from ADM prior to January 1, 2006, and for whom liabilities and assets are not transferred from the ADM plan will be treated the same as above for service purposes. However, the accrued benefit will be reduced to reflect the benefit payable from the ADM plan.

Participants who transferred employment from ADM on or after January 1, 2006, and for whom liabilities and assets are not transferred from the ADM plan will receive vesting service only for the period of employment with ADM. The participant will be treated as a new employee as of the transfer date for all other purposes under the plan.

Alimenta employees joined the plan as a member company of Golden Peanut. Salaried employees began participating on either April 2, 1989 or July 2, 1989. Hourly employees began participating July 1, 1990, after completing one year of service.

Cargill employees joined the plan as a member company of Golden Peanut. Most Salaried and Hourly employees began participating April 1, 2000; a smaller group began participating on November 1, 2002.

Effective October 1, 2002, a 5% COLA was granted to those participants in payment status for three years. A proportion of the 5% COLA was granted to those retired less than three years based upon the length of time they had been retired.

Forms of Payment:

Normal Form: Annuity payable for life for unmarried participants, Joint and Survivor Annuity with 50% continued to the beneficiary for married participants.

Optional Forms: Joint and Survivor Annuity with 75% continued to the beneficiary; Life Annuity with 120 monthly payments guaranteed, or one time Lump Sum payment

Golden Peanut Pension Plan

Plan Year: 2010

EIN/PN: 58-1709658 / 002

Schedule SB, Line 32 - Schedule of Amortization Bases

Type	Present Value of Remaining Installments	Date Established	Number of Years Remaining	Amortization Installment
Shortfall	\$2,711,449	01/01/2008	5	\$596,778
Shortfall	(\$2,460,699)	01/01/2009	6	(\$467,322)
Shortfall	\$4,063,389	01/01/2010	7	\$683,836

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods
Golden Peanut Pension Plan

Basis of Valuation

Summary of Actuarial Assumptions

(Sample Values per 1,000 Lives)

	AGE			
	20	35	50	60
<u>Mortality Rates</u>				
<u>Funding:</u>				
IRS 2010 Static Mortality Table – Pre-commencement				
Male	0.21	0.68	1.36	3.26
Female	0.13	0.36	1.09	3.47
IRS 2010 Static Mortality Table – Post-commencement				
Male	0.21	0.68	3.93	6.23
Female	0.13	0.36	1.75	5.69
<u>SFAS No. 35:</u>				
RP-2000 Combined Healthy Participant				
Male	0.35	0.77	2.14	6.75
Female	0.19	0.48	1.68	5.06
<u>Withdrawal Rates</u>				
Hourly	220	148	102	78
Salaried	250	132	68	52
<u>Salary Scale</u>				
4.00% per annum				
<u>Disability Rates</u>				
None assumed				
<u>Maximum Limitations</u>				

The maximum annual benefit limitation and the annual compensation limit are assumed to remain at their current levels.

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods
Golden Peanut Pension Plan

Basis of Valuation

Rate of Retirement

<u>Age</u>	<u>Salaried Employees</u>		<u>Hourly Employees</u>	
	Age Plus Service Less	Age Plus Service At	Age Plus Service Less	Age Plus Service At
	<u>than 90</u>	<u>Least 90</u>	<u>than 90</u>	<u>Least 90</u>
55	6.0	35.0	12.5	20.0
56	6.0	25.0	12.5	20.0
57	6.0	15.0	12.5	20.0
58	6.0	15.0	12.5	20.0
59	6.0	15.0	12.5	20.0
60	6.0	15.0	12.5	20.0
61	6.0	20.0	12.5	20.0
62	25.0	35.0	33.0	60.0
63	15.0	25.0	10.0	30.0
64	30.0	30.0	10.0	30.0
65	30.0	30.0	33.0	33.0
66	30.0	30.0	33.0	33.0
67	40.0	40.0	33.0	33.0
68	40.0	40.0	33.0	33.0
69	60.0	60.0	33.0	33.0
70	100.0	100.0	100.0	100.0

Percentage Married

80%; husbands are assumed to be three years older than wives.

Form of Payment

85% assumed to elect a lump sum option, else life annuity for unmarried participants, 50% contingent annuitant for married participants.

Lump sum present values are based on the applicable mortality table for 2010, as mandated by Internal Revenue Code section 417(e)(3), and funding valuation interest rates. Any applicable early retirement subsidy is reflected in the lump sum value.

Benefit Commencement for Terminated Vested Participants

Age 55

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods
Golden Peanut Pension Plan

Basis of Valuation

Rate of Investment Return Per Annum

Funding:	5.03% for the first 5 years; 6.73% for the next 15 years; and 6.82% thereafter
PBGC:	Same as Funding Alternative Premium Funding Target elected
SFAS No. 35:	7.00% per annum

Provision for Expenses

Administrative expenses of \$300,000 are assumed.

Social Security

Social Security benefits are assumed to increase in the future based on increases in the national average wage index of 4.50% per year and increases in the cost of living of 3.50% per year.

Actuarial Valuation Method

All liabilities and normal costs shown in this report are calculated based on the Traditional Unit Credit method as described in IRC Section 430 and relevant final and proposed regulations. This method is prescribed for funding, PBGC, and SFAS No. 35 calculations.

Under the Traditional Unit Credit method, the liability is the present value of all benefits that have been accrued or earned under the plan as of the first day of the plan year. The normal cost is the present value of all benefits that are expected to accrue or be earned during the plan year, including any expected increase in compensation during the year.

Asset Valuation Method

The actuarial value of assets is equal to the average of the market value of assets as of the valuation date and the adjusted market value of assets for the prior two years. The adjusted market value of assets as of a prior determination date is the market value of assets as of that date adjusted for contributions, benefit payments, expenses, and expected earnings for periods after the determination date but prior to the current valuation date. In no event will the actuarial value of assets be less than 90%, or greater than 110% of the current market value of assets.

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods
Golden Peanut Pension Plan

Basis of Valuation

Miscellaneous

The interest rates used for funding purposes are based on the rates in effect for the fourth month prior to the beginning of the plan year and do not reflect the optional phase-in of rates used under the prior law.

The limitations under IRC Sections 401(a)(17) and 415(b) have been taken into account in our calculations.

Any actual or potential limitations under IRC Section 436 have not been taken into account for any purpose.

To the best of our knowledge, all benefits payable from the plan, including retirement-type and ancillary benefits, have been incorporated into our calculations.

No liability is included for participants who terminated without vested benefits prior to the first day of the plan year.

No liability is included for any employees who are not yet participants as of the first day of the plan year.

At-Risk Assumptions

At-Risk liabilities are calculated using the assumptions outlined above, modified to assume that all participants eligible to retire within eleven years of the valuation date will do so at the later of the end of the year and their earliest retirement date under the plan. Upon retirement, all married participants are assumed to elect a 50% joint & survivor annuity; all unmarried participants are assumed to elect an immediate lump sum distribution.

PLAN YEAR: 2010
EIN/PN: 58-1709658 / 002

Schedule SB, Line 22 - Description of Weighted Average Retirement Age
Golden Peanut Pension Plan

Salaried: Age plus service less than 90

Age (1)	Retirement Rate (2)	Number of Lives (3)	Number Retiring (4)	Weighting (1) x (4)
55	6.00%	1,000.0000	60.0000	3,300.0000
56	6.00%	940.0000	56.4000	3,158.4000
57	6.00%	883.6000	53.0160	3,021.9120
58	6.00%	830.5840	49.8350	2,890.4323
59	6.00%	780.7490	46.8449	2,763.8513
60	6.00%	733.9040	44.0342	2,642.0545
61	6.00%	689.8698	41.3922	2,524.9234
62	25.00%	648.4776	162.1194	10,051.4027
63	15.00%	486.3582	72.9537	4,596.0849
64	30.00%	413.4045	124.0213	7,937.3658
65	30.00%	289.3831	86.8149	5,642.9710
66	30.00%	202.5682	60.7705	4,010.8501
67	40.00%	141.7977	56.7191	3,800.1792
68	40.00%	85.0786	34.0315	2,314.1390
69	60.00%	51.0472	30.6283	2,113.3534
70	100.00%	20.4189	20.4189	1,429.3211
		0.0000	0.0000	0.0000
SUB-TOTALS			1,000.0000	62,197.2408
Weighted Average Age =				62.197

PLAN YEAR: 2010
EIN/PN: 58-1709658 / 002

Schedule SB, Line 22 - Description of Weighted Average Retirement Age
Golden Peanut Pension Plan

Salaried: Age plus service at least 90

Age (1)	Retirement Rate (2)	Number of Lives (3)	Number Retiring (4)	Weighting (1) x (4)
55	35.00%	1,000.0000	350.0000	19,250.0000
56	25.00%	650.0000	162.5000	9,100.0000
57	15.00%	487.5000	73.1250	4,168.1250
58	15.00%	414.3750	62.1563	3,605.0625
59	15.00%	352.2188	52.8328	3,117.1359
60	15.00%	299.3859	44.9079	2,694.4734
61	20.00%	254.4780	50.8956	3,104.6322
62	35.00%	203.5824	71.2539	4,417.7389
63	25.00%	132.3286	33.0821	2,084.1752
64	30.00%	99.2464	29.7739	1,905.5316
65	30.00%	69.4725	20.8418	1,354.7139
66	30.00%	48.6308	14.5892	962.8889
67	40.00%	34.0415	13.6166	912.3130
68	40.00%	20.4249	8.1700	555.5577
69	60.00%	12.2550	7.3530	507.3549
70	100.00%	4.9020	4.9020	343.1386
		0.0000	0.0000	0.0000
SUB-TOTALS			1,000.0000	58,082.8418
Weighted Average Age =				58.083

PLAN YEAR: 2010
EIN/PN: 58-1709658 / 002

Schedule SB, Line 22 - Description of Weighted Average Retirement Age
Golden Peanut Pension Plan

Hourly: Age plus service less than 90

Age (1)	Retirement Rate (2)	Number of Lives (3)	Number Retiring (4)	Weighting (1) x (4)
55	12.50%	1,000.0000	125.0000	6,875.0000
56	12.50%	875.0000	109.3750	6,125.0000
57	12.50%	765.6250	95.7031	5,455.0781
58	12.50%	669.9219	83.7402	4,856.9336
59	12.50%	586.1816	73.2727	4,323.0896
60	12.50%	512.9089	64.1136	3,846.8170
61	12.50%	448.7953	56.0994	3,422.0643
62	33.00%	392.6959	129.5896	8,034.5582
63	10.00%	263.1063	26.3106	1,657.5694
64	10.00%	236.7956	23.6796	1,515.4920
65	33.00%	213.1161	70.3283	4,571.3396
66	33.00%	142.7878	47.1200	3,109.9175
67	33.00%	95.6678	31.5704	2,115.2151
68	33.00%	64.0974	21.1522	1,438.3463
69	33.00%	42.9453	14.1719	977.8639
70	100.00%	28.7733	28.7733	2,014.1335
		0.0000	0.0000	0.0000
SUB-TOTALS			1,000.0000	60,338.4182
Weighted Average Age =				60.338

PLAN YEAR: 2010
EIN/PN: 58-1709658 / 002

Schedule SB, Line 22 - Description of Weighted Average Retirement Age
Golden Peanut Pension Plan

Hourly: Age plus service at least 90

Age (1)	Retirement Rate (2)	Number of Lives (3)	Number Retiring (4)	Weighting (1) x (4)
55	20.00%	1,000.0000	200.0000	11,000.0000
56	20.00%	800.0000	160.0000	8,960.0000
57	20.00%	640.0000	128.0000	7,296.0000
58	20.00%	512.0000	102.4000	5,939.2000
59	20.00%	409.6000	81.9200	4,833.2800
60	20.00%	327.6800	65.5360	3,932.1600
61	20.00%	262.1440	52.4288	3,198.1568
62	60.00%	209.7152	125.8291	7,801.4054
63	30.00%	83.8861	25.1658	1,585.4469
64	30.00%	58.7203	17.6161	1,127.4289
65	33.00%	41.1042	13.5644	881.6846
66	33.00%	27.5398	9.0881	599.8168
67	33.00%	18.4517	6.0890	407.9663
68	33.00%	12.3626	4.0797	277.4171
69	33.00%	8.2830	2.7334	188.6028
70	100.00%	5.5496	5.5496	388.4705
		0.0000	0.0000	0.0000
SUB-TOTALS			1,000.0000	58,417.0363
Weighted Average Age =				58.417

PLAN YEAR: 2010
EIN/PN: 58-1709658 / 002

Schedule SB, Line 22 - Description of Weighted Average Retirement Age
Golden Peanut Pension Plan

<u>Weighted Average Retirement Age</u>				
<u>Group</u>	<u>Age Plus Service Less Than 90</u>	<u>Age Plus Service At Least 90</u>	<u>Average</u>	<u>Weighting</u>
Salaried	62.197	58.083	60.140	35.000%
Hourly	60.338	58.417	59.378	65.000%
Final Weighted Average Retirement Age				59.644

PLAN YEAR: 2010
EIN/PN: 58-1709658 / 002

Schedule SB, line 26 – Schedule of Active Participant Data
Golden Peanut Pension Plan

Attained Age	Years of Credited Service										Total
	Under 1	1 – 4	5 – 9	10 – 14	15 – 19	20 – 24	25 – 29	30 – 34	35 – 39	Over 39	
Under 25	18	15									33
25 – 29	13	44	14								71
30 – 34	12	40	14	4							70
35 – 39	4	19	15	9	7	1					55
40 – 44	8	23	23	11	9	4					78
45 – 49	8	33	37	11	16	12	4				121
50 – 54	8	26	34	14	13	5	8	5	6		119
55 – 59	4	15	28	15	17	6	8	8	4		105
60 – 64	2	6	22	5	10	7	7	3	1	2	65
65 – 69		1	7	4	1	2	2	1	1		19
Over 69	1	5	3	2							11
Total	78	227	197	75	73	37	29	17	12	2	747

Schedule H, line 4j - Schedule of Reportable Transactions
Golden Peanut Pension Plan
Year Ended December 31, 2010

Plan: Golden Peanut Pension Plan
Sponsor: Golden Peanut EIN: 58-1709658
Plan Number: 002

Schedule H, Item 4j

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Wells Fargo	Short-Term Investment Fund G	3,903,000				3,903,000	3,903,000	N/A
Wells Fargo	Short-Term Investment Fund G		3,290,000			3,290,000	3,290,000	0
Wells Fargo	Large Cap Growth Index Fund G	1,000,000				1,000,000	1,000,000	N/A
Wells Fargo	International Equity Index Fund G		1,150,000			1,046,505	1,150,000	103,495
Wells Fargo	Short-Term Investment Fund G	8,294,410				8,294,410	8,294,410	N/A
Wells Fargo	Short-Term Investment Fund G		8,366,806			8,366,806	8,366,806	0
Wells Fargo	Large Cap Value Index Fund G	660,000				660,000	660,000	N/A
Wells Fargo	Large Cap Value Index Fund G		972,417			1,032,011	972,417	(59,594)
Wells Fargo	Large Cap Growth Index Fund G	2,080,000				2,080,000	2,080,000	N/A
Wells Fargo	Large Cap Growth Index Fund G		550,637			561,361	550,637	(10,724)
Wells Fargo	International Equity Index Fund G	550,000				550,000	550,000	N/A
Wells Fargo	International Equity Index Fund G		1,519,367			1,379,621	1,519,367	139,746
Wells Fargo	Interm. Gov./Crd. Index Bond Fund G	550,000				550,000	550,000	N/A
Wells Fargo	Interm. Gov./Crd. Index Bond Fund G		703,555			564,387	703,555	139,168

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

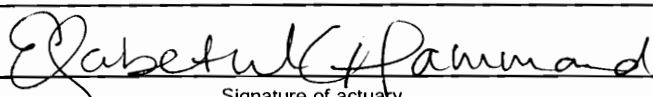
A Name of plan Golden Peanut Pension Plan		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Golden Peanut Company, LLC		D Employer Identification Number (EIN) 58-1709658
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2010</u>			
2 Assets:			
a Market value.....		2a	19,622,058
b Actuarial value.....		2b	19,964,589
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....		3a	76
b For terminated vested participants.....		3b	192
c For active participants:			
(1) Non-vested benefits.....		3c(1)	1,740,997
(2) Vested benefits.....		3c(2)	16,502,660
(3) Total active.....		3c(3)	747
d Total.....		3d	1,015
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions.....		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....		4b	
5 Effective interest rate.....		5	6.51 %
6 Target normal cost.....		6	1,921,127

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		<u>10/12/2011</u>
Signature of actuary		Date
ELIZABETH K. HAMMOND, F.S.A.		11-05752
Type or print name of actuary		Most recent enrollment number
BRYAN PENDLETON SWATS & MCALLISTER		(615) 665-1640
Firm name		Telephone number (including area code)
5301 VIRGINIA WAY, SUITE 400		
BRENTWOOD TN 37027		
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	341	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	341	
9 Amount remaining (Item 7 minus item 8).....	0	0
10 Interest on item 9 using prior year's actual return of <u>22.25</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		
b Interest on (a) using prior year's effective rate of <u>8.31</u> %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance.....		
12 Reduction in balances due to elections or deemed elections.....		
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	0

Part III Funding percentages

14 Funding target attainment percentage.....	14	82.23 %
15 Adjusted funding target attainment percentage.....	15	82.23 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	98.09 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2010	403,000				
07/15/2010	403,000				
10/15/2010	3,903,000				
01/18/2011	403,000				
03/28/2011	325,000				
Totals ▶			18(b)	5,437,000	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	5,175,768

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 5.03 %	2nd segment: 6.73 %	3rd segment: 6.82 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 60
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	1,921,127
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	4,314,139	813,292
b Waiver amortization installment		
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	2,734,419
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		0
36 Additional cash requirement (item 34 minus item 35)	36	2,734,419
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	5,175,768
38 Interest-adjusted excess contributions for current year (see instructions)	38	2,441,349
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0