Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
TAR HEEL TURKEY HATCHERY EMPLOYEES' PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1991

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
TAR HEEL TURKEY HATCHERY

P.O. BOX 150
RAEFORD, NC 28376

1140 EAST CENTRAL AVE.
RAEFORD, NC 28376

2b Employer Identification Number (EIN)
56-1006988

2c Sponsor's telephone number
910-875-2015

2d Business code (see instructions)
112300

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.	10/13/2011	JOEL CARR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
TAR HEEL TURKEY HATCHERY

P.O. BOX 150
RAEFORD, NC 28376

3b Administrator's EIN
56-1006988

3c Administrator's telephone number
910-875-2015

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

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	275
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**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	234
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	234
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	8
f	Total. Add lines **6d** and **6e**	**6f**	242
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1G 1I

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

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

A Name of plan
TAR HEEL TURKEY HATCHERY EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
TAR HEEL TURKEY HATCHERY

D Employer Identification Number (EIN)
56-1006988

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	040146	39	01/01/2010	12/31/2010

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
83584	0

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

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

SCOTT HARBIN, BRENTWOOD ASSET ADVIS
3304 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
83584			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	2786141
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE 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

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
TAR HEEL TURKEY HATCHERY EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TAR HEEL TURKEY HATCHERY

D Employer Identification Number (EIN)
56-1006988

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2010			
2	Assets:			
a	Market value	**2a**		5424893
b	Actuarial value	**2b**		5424893
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	37	2262622
b	For terminated vested participants	**3b**	124	692222
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		46898
	(2) Vested benefits	**3c(2)**		1044029
	(3) Total active	**3c(3)**	114	1090927
d	Total	**3d**	275	4045771
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**		6.59 %
6	Target normal cost	**6**		117108

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

	09/09/2011
Signature of actuary	Date
LANE B. WEST	11-02663
Type or print name of actuary	Most recent enrollment number
STANLEY, HUNT, DUPREE & RHINE	336-291-1151
Firm name	Telephone number (including area code)
7823 NATIONAL SERVICE ROAD GREENSBORO, NC 27409	
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 [ ]

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)	1183636	243461
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	81535	
9	Amount remaining (Item 7 minus item 8)	1102101	243461
10	Interest on item 9 using prior year's actual return of 30.38 %	334818	73963
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		407124
	b Interest on (a) using prior year's effective rate of 6.50 %		45934
	c Total available at beginning of current plan year to add to prefunding balance		453058
	d Portion of (c) to be added to prefunding balance		453058
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	1436919	770482

Part III Funding percentages

14	Funding target attainment percentage	14	79.52 %
15	Adjusted funding target attainment percentage	15	134.08 %
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	100.97 %
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
03/31/2010	30000				
			Totals ► 18(b)	30000	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	29537

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.60 %	6.65 %	6.76 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	65

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**	0
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**		117108
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment			
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**		117108

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	87571		87571

36 Additional cash requirement (item 34 minus item 35)	**36**	29537
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	29537
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	0
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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

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

A Name of plan
TAR HEEL TURKEY HATCHERY EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TAR HEEL TURKEY HATCHERY

D Employer Identification Number (EIN)
56-1006988

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

MORGAN STANLEY SMITH BARNEY

36-3145972

(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?
28	NONE	35503	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STANLEY HUNT DUPREE & RHINE

56-1368984

(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	NONE	30846	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DENNING & SESSOM

56-1143162

(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?
10	NONE	11750	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

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

A Name of plan
TAR HEEL TURKEY HATCHERY EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TAR HEEL TURKEY HATCHERY

D Employer Identification Number (EIN)
56-1006988

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	60506	128681
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	470000	
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	96123	
(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)	8489	
(B) Common	1c(4)(B)	2226087	1525
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2570850	2941749
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	5432055	3071955
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	5432055	3071955

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	30000	
(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)		30000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	142	
(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)		142
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	43152	
(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)		43152
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	309844	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		309844
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		370899
c Other income	2c		5135
d Total income. Add all **income** amounts in column (b) and enter total	2d		759172
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	245526	
(2) To insurance carriers for the provision of benefits	2e(2)	2786302	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3031828
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)	42596	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	35503	
(4) Other	2i(4)	9345	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		87444
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3119272
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-2360100
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: DENNING & SESSOMS, PA (2) EIN: 56-1143162

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		125000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		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)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

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

A Name of plan
TAR HEEL TURKEY HATCHERY EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TAR HEEL TURKEY HATCHERY

D Employer Identification Number (EIN)
56-1006988

Part I Distributions

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

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

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

EIN(s): _____ _____

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3** 1

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

TAR HEEL TURKEY HATCHERY
EMPLOYEES' PENSION PLAN

FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2010

DENNING & SESSOMS, PA
CERTIFIED PUBLIC ACCOUNTANTS
CLINTON, NC 28328

TAR HEEL TURKEY HATCHERY EMPLOYEES' PENSION PLAN
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Independent Auditor's Report

To the Trustee of
Tar Heel Turkey Hatchery Employees' Pension Plan
Raeford, North Carolina

We have audited the accompanying statements of net assets available for benefits and of accumulated plan benefits of Tar Heel Turkey Hatchery Employees' Pension Plan as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits and of changes in accumulated plan benefits for the year ended December 31, 2010. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of Tar Heel Turkey Hatchery Employees' Pension Plan as of December 31, 2010 and 2009, and the changes in its financial status for the years then ended in conformity with accounting principles generally accepted in the United States of America.

As further discussed in Note E to the financial statements, on December 4, 2010 it was decided to terminate the Plan. In accordance with accounting principles generally accepted in the United States of America, the Plan has changed its basis of accounting used to determine the amounts at which investments and the accumulated benefit information are stated, from the ongoing plan basis used in presenting the 2009 financial statements to the liquidation basis used in presenting the 2010 financial statements.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules listed in the table of contents are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. These supplemental schedules are the responsibility of Plan's management. The supplemental schedules have been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Denning & Sessoms

Denning & Sessoms, PA
Clinton, NC

September 28, 2011

TAR HEEL TURKEY HATCHERY EMPLOYEES' PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, **Exhibit A**

	2010	2009
ASSETS		
Investment, at Fair Value (notes B, C, and F)		
Money Funds	$ 1,526	$ 96,123
Common Stock	-	2,226,087
Preferred Stock	-	8,489
ACM Financial Trust (R.E.I.T.)	2,941,749	2,483,790
Total Investments	2,943,275	4,814,489
Receivables - Employer's Contribution		
Employer's Contribution	-	470,000
Accrued dividends & interest	-	87,060
Total receivables	-	557,060
Cash in Bank	128,681	60,506
TOTAL ASSETS	$ 3,071,956	$ 5,432,055
LIABILITIES		
Accrued Expenses	-	-
TOTAL LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 3,071,956	$ 5,432,055

See accompanying notes

TAR HEEL TURKEY HATCHERY EMPLOYEES' PENSION PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, **Exhibit B**

ADDITIONS TO NET ASSETS	2010
Investment income (loss):	
Net appreciation (depreciation) in fair value of investments (Note F)	
Common & Preferred Stock	$ 293,392
ACM Financial Trust	75,340
	368,732
Interest	142
Dividends -Common & Preferred Stock	43,121
Dividends - ACM Financial Trust	295,560
	707,555
Less investment expenses	34,980
	672,575
Contributions (Note D)	
Employer	30,000
TOTAL ADDITIONS TO NET ASSETS	702,575
DEDUCTIONS FROM NET ASSETS	
Benefits paid directly to participants	245,526
Benefits paid to insurance carriers for payments of benefits	2,786,302
Administrative expenses	30,846
TOTAL DEDUCTIONS FROM NET ASSETS	3,062,674
NET DECREASE	(2,360,099)
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	5,432,055
End of year	$ 3,071,956

See accompanying notes

TAR HEEL TURKEY HATCHERY EMPLOYEES' PENSION PLAN
STATEMENTS OF ACCUMULATED PLAN BENEFITS
DECEMBER 31,

Exhibit C

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (notes B & D)	2010	2009
Vested Benefits		
Participants currently receiving payments	$ -	$ 2,208,564
Other participants	-	945,331
Deferred vested benefits	1,896,719	633,576
Non-vested benefits	-	48,342
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	$ 1,896,719	$ 3,835,813
NET ASSETS AVAILABLE FOR BENEFITS	$ 3,071,956	$ 5,432,055

See accompanying notes

TAR HEEL TURKEY HATCHERY EMPLOYEES' PENSION PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
DECEMBER 31, **Exhibit D**

	2010
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR	$ 3,835,813
Increase (decrease) during the year attributable to	
Increase for interest due to the decrease in the discount period (note B)	164,183
Benefits paid	(3,031,828)
Assumption changes	1,299
Additional benefits earned	927,252
TOTAL DECREASE	(1,939,094)
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	$ 1,896,719

See accompanying notes

TAR HEEL TURKEY HATCHERY EMPLOYEES' PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS

NOTE A – DESCRIPTION OF PLAN

The following brief description of the Tar Heel Turkey Hatchery Employees' Pension Plan (Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General
The Plan is a defined benefit pension plan covering substantially all employees of Tar Heel Turkey Hatchery. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Pension Benefits.
Employees with 25 or more years of service are entitled to annual pension benefits beginning at normal retirement age (65) equal to 3% of their final 5-year average annual compensation for each year of service. Employees may elect to receive their pension benefits in the form of a joint and survivor annuity. If employees terminate before rendering 5 years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Company's contributions. Employees may elect to receive the value of their accumulated plan benefits as a lump sum distribution upon retirement or termination, or they may elect to receive their benefits as a life annuity payable monthly from retirement. For each employee electing a life annuity, payments will not be less than an annuity for five years.

Death and Disability Benefits
If a vested participant dies before early retirement age of 55, a death benefit equal to the value of the employee's vested accrued benefit is paid to the surviving, eligible spouse in the form of a Qualified Preretirement Survivor Annuity. If a vested participant dies after the early retirement age, the aforementioned death benefit is paid to the surviving, eligible spouse in the form of a Qualified Joint and Survivor Annuity. Active employees who become totally disabled receive annual disability benefits as defined by the Plan. Disability benefits are paid until normal retirement age at which time disabled participants begin receiving normal retirement benefits computed as though they had been employed to normal retirement age with their annual compensation remaining the same as at the time they became disabled. Participants should refer to the Plan agreement for more details regarding death and disability benefits.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting
The accompanying financial statements are prepared on the accrual basis of accounting.

Estimates
The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investment Valuation and Income Recognition
Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note C for a discussion of fair value measurements.

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

Actuarial Present Value of Accumulated Plan Benefits
Accumulated plan benefits are those periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries (b) beneficiaries of employees who have died and, (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during the last five years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances-retirement, death, disability, and termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided from assets that are excluded from Plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by an actuary from Stanley, Hunt, Dupree & Rhine, Inc. and is the 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 the 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 significant actuarial assumptions used in the valuations as of December 31, 2010 were (a) life expectancy of participants (the IRS 2009 Generational Mortality Table was used), (b) retirement age assumptions (the assumed average retirement age was 65) and (c) investment return. The 2010 and 2009 valuations included assumed average rate of return of 7.0% and 7.5%, respectively. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Payment of Benefits
Benefit payments to participants are recorded upon distribution.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Subsequent Events
The plan has evaluated subsequent events through September 28, 2011, the date the financial statements were available to be issued.

NOTE C – FAIR VALUE MEASUREMENTS

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

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

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 assets or liability.

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

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

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

NOTE C – FAIR VALUE MEASUREMENTS (continued)

Common stocks, Preferred stocks, and Money funds: Valued at the closing price reported on the active market on which the individual securities are traded.

Real estate Investment Trusts: Valued at the net asset value (NAV) of shares held by the plan at year end.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2010 and 2009:

	Assets at Fair Value as of: December 31, 2010		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
December 31, 2010			
Money Funds	$ 1,526	$ 1,526	$ -
Common Stock	-	-	-
Preferred Stock	-	-	-
ACM Financial Trust	2,941,749	-	2,941,749
Total	$ 2,943,275	$ 1,526	$ 2,941,749

NOTE C – FAIR VALUE MEASUREMENTS (continued)

	Assets at Fair Value as of: December 31, 2009		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
December 31, 2009			
Money Funds	$ 96,123	$ 96,123	$ -
Common Stock			
Conglomerates	46,420	46,420	-
Consumer Goods & Materials	716,912	716,912	-
Energy	42,838	42,838	-
Information & Technology	318,700	318,700	-
Healthcare	226,013	226,013	-
Services & Financial	831,065	831,065	-
Utilities	44,139	44,139	-
Preferred Stock			
Consumer Goods & Materials	8,489	8,489	-
ACM Financial Trust	2,483,790	-	2,483,790
Total	$ 4,814,489	$ 2,330,699	$ 2,483,790

According to the audited financial statements of ACM Financial Trust, Inc., the fair value of the Plan's interest in ACM Financial Trust, Inc. is based on quoted prices for similar instruments in active markets; quoted prices for identical or similar instruments in markets that are not active; and model-derived valuations whose inputs are observable or whose significant value drivers are observable.

ACM Financial Trust, Inc. (ACM) is a mortgage REIT. The company invests primarily in mortgaged-backed securities securitized by the U.S. government and U.S. government agencies such as GNMA, FNMA and FHLMC. Shares of ownership interest in ACM are bought and sold only through ACM. The shares are valued at a net asset value (NAV) which is established monthly by ACM are as follows:

2010	$25.07
2009	$25.10

NOTE D – FUNDING POLICY

The Company's funding policy is to make annual contributions to the Plan. The Company's contributions for 2010 exceeded the minimum funding requirements of ERISA.

NOTE E – PLAN TERMINATION

Generally when plans terminate, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Benefits attributable to employee contributions, taking into account those paid out before termination.

2. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

3. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. government agency, up to the applicable limitations that is discussed below.

4. All other vested benefits (that is, vested benefits not insured by the PBGC).

5. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2010 that ceiling is $5,000 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Benefit improvements attributable to the Plan amendment may not be fully guaranteed even though total benefit entitlements fall below the aforementioned ceilings. For example, none of the improvement would be guaranteed if the Plan were to terminate within one year. After that date, the PBGC would guarantee 20% of any benefit improvements that resulted in benefits below the ceiling, with an additional 20% guaranteed each year the Plan continued beyond the date of amendment. If the amount of the benefit increase below the ceiling is also less than $100, $20 of the increase (rather than 20%) becomes guaranteed by the PBGC each year following the effective date of the amendment. As a result, only the primary ceiling would be applicable after 5 years.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations, and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

As of December 31, 2010, the plan had been terminated (effective December 4, 2010). Tar Heel Turkey Hatchery had been sold to Butterball, Inc, a subsidiary of Murphy Brown, LLC. All participants who had been receiving benefits under the Tar Heel plan received individual annuities with Prudential which was provided for by the sale of common and preferred stock equities held by the Plan. The remainder of the Plan's assets were liquidated in January 2011 and the balance held in an interest-bearing account awaiting transfer and joining with the Murphy Brown retirement plan. This insures that the existing employees retain retirement benefits under the Murphy Brown plan. As of September 28, 2011, these funds had not been transferred into Murphy Brown's plan but were effectively in their control.

NOTE F – INVESTMENTS

The following table presents the fair values of investments at December 31, 2010 and 2009. ACM Financial Trust is the only investments that represent 5% or more of the Plan's net assets.

	December 31,	
	2010	2009
Money Funds	$ 1,526	$ 96,123
Common Stocks	-	2,226,087
Preferred Stock	-	8,489
ACM Financial Trust	2,941,749	2,483,790
	$ 2,943,275	$ 4,814,489

During 2010 and 2009, the Plan's investments including gains and losses on investments bought and sold, as well as held during the year either (depreciated) or appreciated in value by $ 368,732 and $ 805,704 respectively as follows:

Investments at Fair Value as Determined By Quoted Market Price	December 31, 2010	2009
Common & Preferred Stocks	$ 293,392	$ 228,288
U.S. government securities	-	-
Mutual Funds	-	-
ACM Financial Trust	75,340	577,416
	$ 368,732	$ 805,704

NOTE G – PLAN AMENDMENTS

The employer reserves the right to amend the Plan at any time. Other than as described in Note E, there were no amendments to the Plan expected in 2010.

NOTE H – TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated May 24, 1995 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

NOTE I – RISKS AND UNCERTAINTIES

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

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 in process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE J – CONCENTRATION OF CREDIT RISK

The Plan maintains a checking account at a bank which is insured by the Federal Deposit Insurance Corporation (FDIC) up to $250,000 at the end of 2010. At various times throughout the year the Plan had bank balances that exceeded the FDIC limit.

Description of Weighted Average Retirement Age

The Weighted Average Retirement Age for the Plan is age 65.

Statement of Actuarial Assumptions

Prescribed Interests Rates

Funding Target Interest Rates:		
First Segment Rate (for Liabilities Payable in 0 to 5 Years)	4.60%	(Prior year: 5.32%)
Second Segment Rate (for Liabilities Payable in 5 to 20 Years)	6.65%	(Prior year: 6.45%)
Third Segment Rate (for Liabilities Payable in 20 or More Years)	6.76%	(Prior year: 6.69%)
Effective Interest Rate:	6.59%	(Prior year: 6.50%)
PBGC Variable Premium Rate:		
First Segment Rate (for Liabilities Payable in 0 to 5 Years)	2.35%	(Prior year: 6.72%)
Second Segment Rate (for Liabilities Payable in 5 to 20 Years)	5.65%	(Prior year: 7.12%)
Third Segment Rate (for Liabilities Payable in 20 or More Years)	6.45%	(Prior year: 6.36%)

Disability

None assumed.

Prescribed Mortality

Mortality is based on the IRS Generational Mortality Table.

Termination

Crocker, Sarason and Straight T9 Turnover, rates graduated by age (sample rates below):

Age	Probability of Termination
25	17.2%
40	11.3%
55	4.3%

Assumed Retirement

The assumed retirement date is contingent upon attainment of age 65.

Marriage

Male spouses are assumed to be 4 years older than their wives.
It is assumed that 80 percent of male and 60 percent of female participants are married.

Expenses

Prior year's actual administrative expenses

Salary Scale

The salary scale level is currently set at 4.0%.

Covered Compensation

Covered Compensation is based on the 2009 Covered Compensation Table ($12 rounding).The Social Security Taxable Wage Base is assumed to increase at 4.5% per year.

Statement of Actuarial Assumptions (Continued)

IRS Limits

The IRS Maximum Benefit Limitation for the 2010 Plan Year is $195,000 (this was $190,000 for 2009).
The IRS Maximum Compensation Limitation is no longer applicable.

Form of Payment

100% of active participants and vested former participants or beneficiaries entitled to deferred benefits are assumed to receive a Life Annuity.

Census Data

- No Future new entrants.
- No rehire of former employees.
- No liability is held for non-vested former employees even if a break-in-service has not occurred as of the valuation date.
- All Participants are assumed to work the same number of hours in future years as reported for the year preceding the valuation date.

Assumption Changes Since Prior Valuation

The Yield Curve Segment Rates have been updated in order to reflect current market rates on corporate bonds as of the valuation date.
There were no other changes made.

Statement of Actuarial Funding Method

Actuarial Cost Method

The minimum funding requirements of the Pension Protection Act of 2006 became effective on January 1, 2008. As a result, the Unit Credit cost method is now required to be used to determine the Funding Target and the Target Normal Cost. Under this cost method, a Funding Target (an actuarial liability) is calculated for each participant as of the valuation date equal to the present value of the accrued benefit (accrued benefits are assumed to be payable at decrement dates based on the Plan Provisions, using actual salary history and benefit accrual service as of the valuation date). The present value of the projected Funding Target, based on the expected accrued benefits as of the next valuation date, is also calculated. The individual participant's Target Normal Cost is equal to the excess, if any, of this amount over the Funding Target as of the current valuation date. Under this method, inactive participants have no Target Normal Cost, and their Funding Target is the present value of the plan benefits to which they and their beneficiaries are entitled. The Plan's total annual Target Normal Cost and Funding Target are the sum of the individual participant amounts.

In the first year in which the Adjusted Plan Assets (Actuarial Value of Assets, reduced by any retained credit balances), is less than the Funding Target, then a Shortfall Amortization Base must be established. This base is amortized over a 7-year period using, as applicable based on the funding interest rate basis elected by the Plan Sponsor, the 1st and 2nd funding segment rates of the prescribed segmented corporate bond yield curve or the first seven spot rates of the prescribed full corporate bond yield curve. New Shortfall Amortization Bases are established each year based on the plan's funded status each year, and all bases are maintained until either fully amortized or until the Adjusted Plan Assets exceed the Funding Target.

Actuarial Value of Assets

The Actuarial Value of Assets is determined as the Market Value of Assets as of the Valuation Date, including contributions for the prior year which are still receivable.

Valuation Date

The Plan's valuation date is the first day of the Plan Year.

Changes Since the Prior Valuation

None.

Summary of Plan Provisions

General Information

Valuation Date	January 1, 2010
Original Effective Date	January 1, 1991
Effective Date of Last Amendment	July 1, 2007
Plan Year	January 1 to December 31
Employer Fiscal Year	April 1 to March 31
Employer ID Number	56-1006988
Plan Administrator's ID Number	56-1006988
Plan Number	001
Plan Administrator	Chairman of the Pension Committee

Eligibility Requirements

Each Employee becomes a Participant on the Plan Entry Date on or next following the attainment of age 21 and completion of 1 Qualifying Year of Service.

Plan Entry Dates

An eligible Employee will participate in the Plan on the January 1 or July 1 on or next following completion of the eligibility requirements.

Benefit Service

Prior to January 1, 1991, full calendar years of continuous full-time employment as an Employee.
On or after January 1, 1991, all Plan Years with 1,000 or more Hours of Service

Compensation

Definition

Compensation is the total compensation received by the Participant for the prior Plan Year, including any amounts deferred under a qualified 401(k), 403(b), 408(k) or 125 plan. Excluded are amounts for other fringe benefits, moving expenses, automobile allowances, taxable values of Employer paid group term life insurance, and any other special forms of payment.

Averaging

Highest five consecutive calendar years out of the last ten calendar years of Compensation

Vesting

All Participants shall be vested according to the following schedule:
A special top-heavy vesting schedule applied to the 2003 and 2004 Plan Years.

Years of Service	Percent Vested
0	0
1	0
2	0
3	0
4	0
5	100

All Participants shall be 100% vested upon attainment of Normal Retirement Age.
All Participants shall be 100% vested upon attainment of Early Retirement Date.

Summary of Plan Provisions (Continued)

Vested Benefit

The vested benefit shall be the vested portion of the Accrued Benefit as of the date of determination.

Normal Retirement

Eligibility

The Normal Retirement Age for each Participant is the first of the month coincident with or next following the attainment of age 65. The Normal Retirement Date is the first of the month following the later of age 65 or fifth anniversary of Plan participation.

Benefit

The retirement benefit payable is computed under formula (a) below. For any non-highly compensated Employee who was actively employed prior to 1/1/1993, the monthly retirement benefit is the greater of formula (a) and (b) below:

(a) 1.0% of Final Average Compensation multiplied by Years of Benefit Service (max 35 years), plus

0.65% of Final Average Compensation in excess of Covered Compensation multiplied by Years of Benefit Service (max 35 years).

(b) 30% of Final Average Compensation, plus

16.25% of Final Average Compensation in excess of Covered Compensation. The sum is reduced by 1/25 for years of Benefit Service at NRD < 25 years.

Covered compensation is the average of Social Security Taxable Wage Base for the 35-year period ending at the Participant's Social Security retirement age.

Minimum Benefit

The minimum Normal Retirement Benefit is $30.00 per month.

Accrued Benefit

The Monthly Accrued Benefit, with respect to the formula (a) above, as of any date, is calculated using actual Years of Benefit Service and Final Average Compensation as of the date of accrual. The benefit attributed to formula (b) shall be accrued multiplied by ratio of Years of Benefit Service over Years of Benefit Service Normal Retirement.

Delayed Retirement

Eligibility is the first of the month on or next following the actual date the Participant terminates employment after Normal Retirement Date. The Benefit is based on Years of Benefit Service and Final Average Compensation as of the actual Retirement Date or Actuarial Equivalent of the Normal Retirement Benefit, if greater.

Early Retirement

Eligibility

Eligibility is contingent upon the attainment of age 55 and the completion of 10 Years of Vesting Service.

Benefit

A Participant may retire on the first day of any month following attainment of eligibility. The amount of the monthly Early Retirement Benefit is the Participant's Accrued Benefit reduced to reflect the early commencement of payments.

The reduction is 1/180 for each of the first 60 months and 1/360 for each of the next 60 months by which the benefit commences prior to Normal Retirement Date.

Summary of Plan Provisions (Continued)

Disability Retirement

Eligibility
Ceases to be an Employee due to disability, is totally disabled, and is unable to engage in any substantial gainful occupation. Such disability must have continued for a period of six months and be considered permanent.

Benefit
Accrued Benefit as of the Disability Retirement Date is payable at Normal Retirement Date. A reduced benefit is available prior to Normal Retirement Date after a six month waiting period.

Death Benefit

Eligibility
Eligibility is contingent upon the vesting date and a minimum of one year of marriage.

Benefit
Benefit: A benefit computed assuming the Participant had terminated on date of death and had elected a 50% Joint and Survivor Option. If the Participant dies after Normal Retirement Date, a benefit computed assuming the Participant had terminated on the date of death and elected a 100% Joint and Survivor Option.
Type of Payment: Monthly accrued benefit. An immediate lump sum benefit is available, provided the amount does not exceed $5,000.
Date of Payment: At what would have been the Participant's Earliest Retirement Age.

Methods of Payments

Under the Normal Form of payment, a Participant's retirement benefit is payable as a monthly annuity for life, without further payments after death. A Participant may elect to receive the benefit under one of the following Actuarially Equivalent optional modes:

- A reduced benefit is paid to the Participant while the Participant and the spouse are both living, with 50%, 75% or 100% of such benefit continued after the death of the Participant, payable for the subsequent lifetime of the surviving spouse.

- A reduced benefit is paid to the Participant for life, with 120, 180 or 240 monthly payments guaranteed. If the Participant dies within the guarantee period, the payments continue to a beneficiary until 120, 180 or 240 have been paid.

- A lump sum payment of the Actuarial Equivalence of the Participant's retirement benefit provided the amount does not exceed $5,000.00.

Contributions

The entire cost of the Plan is borne by the Employer.

Amendments

The Employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards, or is unable to pay benefits when due. If the Plan is terminated, the Plan assets will be distributed among the Plan Participants based upon a priority allocation procedure and the Employer shall be liable for any unfunded vested benefits to the extent required by law.

Changes Since Prior Valuation

None.

Change in Funding Method

Funding Method Changes Since the Prior Valuation

The interest and mortality assumptions are prescribed by the Treasury Department. The lookback month for the segment interest rates has been set as the valuation date (January).

Schedule of Active Participant Data

	Completed Years of Service											
	< 1 Yr.		1-4 Yrs.		5-9 Yrs.		10-14 Yrs.		15-19 Yrs.		20-24 Yrs.	
Age Group	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
0-24	0	0	10	0	1	0	0	0	0	0	0	0
25-29	0	0	10	0	7	0	0	0	0	0	0	0
30-34	0	0	8	0	2	0	2	0	0	0	0	0
35-39	0	0	8	0	8	0	4	0	1	0	0	0
40-44	0	0	2	0	5	0	2	0	1	0	0	0
45-49	0	0	4	0	3	0	1	0	2	0	3	0
50-54	0	0	1	0	0	0	2	0	0	0	3	0
55-59	0	0	2	0	2	0	4	0	4	0	4	0
60-64	0	0	0	0	1	0	1	0	0	0	3	0
65-69	0	0	0	0	0	0	0	0	0	0	0	0
70+	0	0	0	0	0	0	0	0	0	0	0	0
Total	**0**	**0**	**45**	**0**	**29**	**0**	**16**	**0**	**8**	**0**	**13**	**0**

	Completed Years of Service									
	25-29 Yrs.		30-34 Yrs.		35-39 Yrs.		40 Yrs. +			Totals
Age Group	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.		No.	Avg. Comp.
0-24	0	0	0	0	0	0	0	0		11	0
25-29	0	0	0	0	0	0	0	0		17	0
30-34	0	0	0	0	0	0	0	0		12	0
35-39	0	0	0	0	0	0	0	0		21	0
40-44	0	0	0	0	0	0	0	0		10	0
45-49	2	0	0	0	0	0	0	0		15	0
50-54	0	0	1	0	0	0	0	0		7	0
55-59	0	0	0	0	0	0	0	0		16	0
60-64	0	0	0	0	0	0	0	0		5	0
65-69	0	0	0	0	0	0	0	0		0	0
70+	0	0	0	0	0	0	0	0		0	0
Total	**2**	**0**	**1**	**0**	**0**	**0**	**0**	**0**		**114**	**0**

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

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

Tar Heel Turkey Hatchery Employees' Pension Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

Tar Heel Turkey Hatchery

D Employer Identification Number (EIN)

56-1006988

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2010

2	Assets:			
	a Market value		**2a**	5,424,893
	b Actuarial value		**2b**	5,424,893
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	37	2,262,622
	b For terminated vested participants	**3b**	124	692,222
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		46,898
	(2) Vested benefits	**3c(2)**		1,044,029
	(3) Total active	**3c(3)**	114	1,090,927
	d Total	**3d**	275	4,045,771
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**	6.59 %
6	Target normal cost		**6**	117,108

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

Lane B. West — Signature of actuary

Sep 9, 2011 — Date

Lane B. West — Type or print name of actuary

11-02663 — Most recent enrollment number

Stanley, Hunt, DuPree & Rhine — Firm name

(336)291-1151 — Telephone number (including area code)

7823 National Service Road

Greensboro NC 27409 — 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 [ ]

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)	1,183,636	243,461
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	81,535	
9	Amount remaining (Item 7 minus item 8)	1,102,101	243,461
10	Interest on item 9 using prior year's actual return of 30.38 %	334,818	73,963
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		407,124
	b Interest on (a) using prior year's effective rate of 6.50 %		45,934
	c Total available at beginning of current plan year to add to prefunding balance		453,058
	d Portion of (c) to be added to prefunding balance		453,058
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	1,436,919	770,482

Part III Funding percentages

14	Funding target attainment percentage	14	79.52 %
15	Adjusted funding target attainment percentage	15	134.08 %
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	100.97 %
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
03/31/2010	30,000				
			Totals ► 18(b)	30,000	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 29,537

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.60 %	6.65 %	6.76 %	☐ N/A, full yield curve used

b Applicable month (enter code) — 21b: 0

22 Weighted average retirement age — 22: 65

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: 0

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: 117,108

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment		
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: 117,108

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	87,571		87,571

36 Additional cash requirement (item 34 minus item 35) — 36: 29,537

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) — 37: 29,537

38 Interest-adjusted excess contributions for current year (see instructions) — 38: 0

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

Description of Weighted Average Retirement Age

The Weighted Average Retirement Age for the Plan is age 65.

Statement of Actuarial Assumptions

Prescribed Interests Rates

Funding Target Interest Rates:		
First Segment Rate (for Liabilities Payable in 0 to 5 Years)	4.60%	(Prior year: 5.32%)
Second Segment Rate (for Liabilities Payable in 5 to 20 Years)	6.65%	(Prior year: 6.45%)
Third Segment Rate (for Liabilities Payable in 20 or More Years)	6.76%	(Prior year: 6.69%)
Effective Interest Rate:	6.59%	(Prior year: 6.50%)
PBGC Variable Premium Rate:		
First Segment Rate (for Liabilities Payable in 0 to 5 Years)	2.35%	(Prior year: 6.72%)
Second Segment Rate (for Liabilities Payable in 5 to 20 Years)	5.65%	(Prior year: 7.12%)
Third Segment Rate (for Liabilities Payable in 20 or More Years)	6.45%	(Prior year: 6.36%)

Disability

None assumed.

Prescribed Mortality

Mortality is based on the IRS Generational Mortality Table.

Termination

Crocker, Sarason and Straight T9 Turnover, rates graduated by age (sample rates below):

Age	Probability of Termination
25	17.2%
40	11.3%
55	4.3%

Assumed Retirement

The assumed retirement date is contingent upon attainment of age 65.

Marriage

Male spouses are assumed to be 4 years older than their wives.
It is assumed that 80 percent of male and 60 percent of female participants are married.

Expenses

Prior year's actual administrative expenses

Salary Scale

The salary scale level is currently set at 4.0%.

Covered Compensation

Covered Compensation is based on the 2009 Covered Compensation Table ($12 rounding).The Social Security Taxable Wage Base is assumed to increase at 4.5% per year.

Statement of Actuarial Assumptions (Continued)

IRS Limits

The IRS Maximum Benefit Limitation for the 2010 Plan Year is $195,000 (this was $190,000 for 2009). The IRS Maximum Compensation Limitation is no longer applicable.

Form of Payment

100% of active participants and vested former participants or beneficiaries entitled to deferred benefits are assumed to receive a Life Annuity.

Census Data

- No Future new entrants.
- No rehire of former employees.
- No liability is held for non-vested former employees even if a break-in-service has not occurred as of the valuation date.
- All Participants are assumed to work the same number of hours in future years as reported for the year preceding the valuation date.

Assumption Changes Since Prior Valuation

The Yield Curve Segment Rates have been updated in order to reflect current market rates on corporate bonds as of the valuation date.
There were no other changes made.

Statement of Actuarial Funding Method

Actuarial Cost Method

The minimum funding requirements of the Pension Protection Act of 2006 became effective on January 1, 2008. As a result, the Unit Credit cost method is now required to be used to determine the Funding Target and the Target Normal Cost. Under this cost method, a Funding Target (an actuarial liability) is calculated for each participant as of the valuation date equal to the present value of the accrued benefit (accrued benefits are assumed to be payable at decrement dates based on the Plan Provisions, using actual salary history and benefit accrual service as of the valuation date). The present value of the projected Funding Target, based on the expected accrued benefits as of the next valuation date, is also calculated. The individual participant's Target Normal Cost is equal to the excess, if any, of this amount over the Funding Target as of the current valuation date. Under this method, inactive participants have no Target Normal Cost, and their Funding Target is the present value of the plan benefits to which they and their beneficiaries are entitled. The Plan's total annual Target Normal Cost and Funding Target are the sum of the individual participant amounts.

In the first year in which the Adjusted Plan Assets (Actuarial Value of Assets, reduced by any retained credit balances), is less than the Funding Target, then a Shortfall Amortization Base must be established. This base is amortized over a 7-year period using, as applicable based on the funding interest rate basis elected by the Plan Sponsor, the 1st and 2nd funding segment rates of the prescribed segmented corporate bond yield curve or the first seven spot rates of the prescribed full corporate bond yield curve. New Shortfall Amortization Bases are established each year based on the plan's funded status each year, and all bases are maintained until either fully amortized or until the Adjusted Plan Assets exceed the Funding Target.

Actuarial Value of Assets

The Actuarial Value of Assets is determined as the Market Value of Assets as of the Valuation Date, including contributions for the prior year which are still receivable.

Valuation Date

The Plan's valuation date is the first day of the Plan Year.

Changes Since the Prior Valuation

None.

Summary of Plan Provisions

General Information

Valuation Date	January 1, 2010
Original Effective Date	January 1, 1991
Effective Date of Last Amendment	July 1, 2007
Plan Year	January 1 to December 31
Employer Fiscal Year	April 1 to March 31
Employer ID Number	56-1006988
Plan Administrator's ID Number	56-1006988
Plan Number	001
Plan Administrator	Chairman of the Pension Committee

Eligibility Requirements

Each Employee becomes a Participant on the Plan Entry Date on or next following the attainment of age 21 and completion of 1 Qualifying Year of Service.

Plan Entry Dates

An eligible Employee will participate in the Plan on the January 1 or July 1 on or next following completion of the eligibility requirements.

Benefit Service

Prior to January 1, 1991, full calendar years of continuous full-time employment as an Employee.
On or after January 1, 1991, all Plan Years with 1,000 or more Hours of Service

Compensation

Definition

Compensation is the total compensation received by the Participant for the prior Plan Year, including any amounts deferred under a qualified 401(k), 403(b), 408(k) or 125 plan. Excluded are amounts for other fringe benefits, moving expenses, automobile allowances, taxable values of Employer paid group term life insurance, and any other special forms of payment.

Averaging

Highest five consecutive calendar years out of the last ten calendar years of Compensation

Vesting

All Participants shall be vested according to the following schedule:
A special top-heavy vesting schedule applied to the 2003 and 2004 Plan Years.

Years of Service	Percent Vested
0	0
1	0
2	0
3	0
4	0
5	100

All Participants shall be 100% vested upon attainment of Normal Retirement Age.
All Participants shall be 100% vested upon attainment of Early Retirement Date.

Summary of Plan Provisions (Continued)

Vested Benefit

The vested benefit shall be the vested portion of the Accrued Benefit as of the date of determination.

Normal Retirement

Eligibility

The Normal Retirement Age for each Participant is the first of the month coincident with or next following the attainment of age 65. The Normal Retirement Date is the first of the month following the later of age 65 or fifth anniversary of Plan participation.

Benefit

The retirement benefit payable is computed under formula (a) below. For any non-highly compensated Employee who was actively employed prior to 1/1/1993, the monthly retirement benefit is the greater of formula (a) and (b) below:

(a) 1.0% of Final Average Compensation multiplied by Years of Benefit Service (max 35 years), plus

0.65% of Final Average Compensation in excess of Covered Compensation multiplied by Years of Benefit Service (max 35 years).

(b) 30% of Final Average Compensation, plus

16.25% of Final Average Compensation in excess of Covered Compensation. The sum is reduced by 1/25 for years of Benefit Service at NRD < 25 years.

Covered compensation is the average of Social Security Taxable Wage Base for the 35-year period ending at the Participant's Social Security retirement age.

Minimum Benefit

The minimum Normal Retirement Benefit is $30.00 per month.

Accrued Benefit

The Monthly Accrued Benefit, with respect to the formula (a) above, as of any date, is calculated using actual Years of Benefit Service and Final Average Compensation as of the date of accrual. The benefit attributed to formula (b) shall be accrued multiplied by ratio of Years of Benefit Service over Years of Benefit Service Normal Retirement.

Delayed Retirement

Eligibility is the first of the month on or next following the actual date the Participant terminates employment after Normal Retirement Date. The Benefit is based on Years of Benefit Service and Final Average Compensation as of the actual Retirement Date or Actuarial Equivalent of the Normal Retirement Benefit, if greater.

Early Retirement

Eligibility

Eligibility is contingent upon the attainment of age 55 and the completion of 10 Years of Vesting Service.

Benefit

A Participant may retire on the first day of any month following attainment of eligibility. The amount of the monthly Early Retirement Benefit is the Participant's Accrued Benefit reduced to reflect the early commencement of payments.

The reduction is 1/180 for each of the first 60 months and 1/360 for each of the next 60 months by which the benefit commences prior to Normal Retirement Date.

Summary of Plan Provisions (Continued)

Disability Retirement

Eligibility

Ceases to be an Employee due to disability, is totally disabled, and is unable to engage in any substantial gainful occupation. Such disability must have continued for a period of six months and be considered permanent.

Benefit

Accrued Benefit as of the Disability Retirement Date is payable at Normal Retirement Date. A reduced benefit is available prior to Normal Retirement Date after a six month waiting period.

Death Benefit

Eligibility

Eligibility is contingent upon the vesting date and a minimum of one year of marriage.

Benefit

Benefit: A benefit computed assuming the Participant had terminated on date of death and had elected a 50% Joint and Survivor Option. If the Participant dies after Normal Retirement Date, a benefit computed assuming the Participant had terminated on the date of death and elected a 100% Joint and Survivor Option.

Type of Payment: Monthly accrued benefit. An immediate lump sum benefit is available, provided the amount does not exceed $5,000.

Date of Payment: At what would have been the Participant's Earliest Retirement Age.

Methods of Payments

Under the Normal Form of payment, a Participant's retirement benefit is payable as a monthly annuity for life, without further payments after death. A Participant may elect to receive the benefit under one of the following Actuarially Equivalent optional modes:

- A reduced benefit is paid to the Participant while the Participant and the spouse are both living, with 50%, 75% or 100% of such benefit continued after the death of the Participant, payable for the subsequent lifetime of the surviving spouse.

- A reduced benefit is paid to the Participant for life, with 120, 180 or 240 monthly payments guaranteed. If the Participant dies within the guarantee period, the payments continue to a beneficiary until 120, 180 or 240 have been paid.

- A lump sum payment of the Actuarial Equivalence of the Participant's retirement benefit provided the amount does not exceed $5,000.00.

Contributions

The entire cost of the Plan is borne by the Employer.

Amendments

The Employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards, or is unable to pay benefits when due. If the Plan is terminated, the Plan assets will be distributed among the Plan Participants based upon a priority allocation procedure and the Employer shall be liable for any unfunded vested benefits to the extent required by law.

Changes Since Prior Valuation

None.

Change in Funding Method

Funding Method Changes Since the Prior Valuation

The interest and mortality assumptions are prescribed by the Treasury Department. The lookback month for the segment interest rates has been set as the valuation date (January).

Schedule of Active Participant Data

	Completed Years of Service											
	< 1 Yr.		1-4 Yrs.		5-9 Yrs.		10-14 Yrs.		15-19 Yrs.		20-24 Yrs.	
Age Group	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
0-24	0	0	10	0	1	0	0	0	0	0	0	0
25-29	0	0	10	0	7	0	0	0	0	0	0	0
30-34	0	0	8	0	2	0	2	0	0	0	0	0
35-39	0	0	8	0	8	0	4	0	1	0	0	0
40-44	0	0	2	0	5	0	2	0	1	0	0	0
45-49	0	0	4	0	3	0	1	0	2	0	3	0
50-54	0	0	1	0	0	0	2	0	0	0	3	0
55-59	0	0	2	0	2	0	4	0	4	0	4	0
60-64	0	0	0	0	1	0	1	0	0	0	3	0
65-69	0	0	0	0	0	0	0	0	0	0	0	0
70+	0	0	0	0	0	0	0	0	0	0	0	0
Total	**0**	**0**	**45**	**0**	**29**	**0**	**16**	**0**	**8**	**0**	**13**	**0**

	Completed Years of Service									
	25-29 Yrs.		30-34 Yrs.		35-39 Yrs.		40 Yrs. +			Totals
Age Group	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.		No.	Avg. Comp.
0-24	0	0	0	0	0	0	0	0		11	0
25-29	0	0	0	0	0	0	0	0		17	0
30-34	0	0	0	0	0	0	0	0		12	0
35-39	0	0	0	0	0	0	0	0		21	0
40-44	0	0	0	0	0	0	0	0		10	0
45-49	2	0	0	0	0	0	0	0		15	0
50-54	0	0	1	0	0	0	0	0		7	0
55-59	0	0	0	0	0	0	0	0		16	0
60-64	0	0	0	0	0	0	0	0		5	0
65-69	0	0	0	0	0	0	0	0		0	0
70+	0	0	0	0	0	0	0	0		0	0
Total	**2**	**0**	**1**	**0**	**0**	**0**	**0**	**0**		**114**	**0**

SCHEDULE H, LINE 4 I , SCHEDULE OF ASSETS (HELD AT END OF YEAR)
TAR HEEL TURKEY HATCHERY EMPLOYEES' PENSION PLAN, PN 001
TAR HEEL TURKEY HATCHERY, INC. -EIN- 56-1006988
FOR THE PLAN YEAR ENDED DECEMBER 31, 2010 SCHEDULE I

(a)	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of Investment including maturity date, rate of interest, collateral, par,	(d) Cost	(e) Value
	MORGAN STANLEY & CO. INC.			
	Morgan Stanley-Deposits and MMF	Money Funds	$ 1,526	$ 1,526
	ACM Financial Trust	REIT 117,341 shares	$ 2,594,302	$ 2,941,749
	Totals		$ 2,595,828	$ 2,943,275

SCHEDULE H, LINE 4 I , SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
TAR HEEL TURKEY HATCHERY EMPLOYEES' PENSION PLAN, PN 001
TAR HEEL TURKEY HATCHERY, INC. -EIN- 56-1006988
FOR THE PLAN YEAR ENDED DECEMBER 31, 2010

SCHEDULE II

(a) Identity of issue, borrower, lessor, or similar party	(b) description of investment including maturity date, rate of interest, collateral, par, or maturity value		(c) Costs of acquisition	(d) Proceeds of dispostions
3M Company	Common Stock	8 shares	$ 607	$ 676
A A R Corporation	Common Stock	30 shares	479	825
Abbott Laboratories	Common Stock	22 shares	1,214	1,048
Accenture PLC Ireland	Common Stock	51 shares	2,161	2,334
ACE Ltd	Common Stock	21 shares	1,155	1,271
Advance Auto Parts	Common Stock	18 shares	1,028	1,226
Advent Software	Common Stock	97 shares	5,138	5,146
Aetna Inc	Common Stock	527 shares	16,176	16,731
Affiliated Mgrs Group	Common Stock	19 shares	1,868	1,881
AGL Resources	Common Stock	38 shares	1,472	1,370
Air Prod & Chem	Common Stock	30 shares	2,294	2,664
Akzo Nobel	Common Stock	103 shares	5,824	5,970
Alaska Air Group Inc	Common Stock	159 shares	8,307	7,685
Alcatel-Lucent	Common Stock	1416 shares	4,343	4,361
Allergan Inc.	Common Stock	23 shares	1,028	1,376
Alliance Data Systems Corp	Common Stock	63 shares	3,597	4,387
Alliant Techsystem	Common Stock	81 shares	5,904	6,324
Allstate Corp	Common Stock	70 shares	2,377	2,170
Altera CP	Common Stock	363 shares	8,963	12,884
Altria Group	Common Stock	1 shares	72	117
American Eagle Outfitters	Common Stock	112 shares	1,896	1,730
American Express Co	Common Stock	87 shares	3,452	4,045
American Italian Pasta Co	Common Stock	112 shares	3,355	4,505
Ameriprise Financial	Common Stock	119 shares	5,391	6,664
Amerisourcebergen Corp	Common Stock	237 shares	6,411	7,582
Amgen Inc	Common Stock	33 shares	1,800	1,793
Anadarko Pete	Common Stock	76 shares	3,441	3,952
Annaly Capital Mgmt	Common Stock	70 shares	1,266	1,277
Aol Inc	Common Stock	434 shares	10,006	11,006
Aon Corp	Common Stock	58 shares	2,125	2,552
Apache Corp	Common Stock	113 shares	10,490	12,188
Apollo Group Inc	Common Stock	54 shares	3,238	1,977
Apollo Investment Corp	Common Stock	148 shares	1,980	1,706
Apple Inc	Common Stock	40 shares	10,320	12,974
Arcelormittal Saluxembourg	Common Stock	83 shares	2,648	3,091
Asahi Kaisei Corp	Common Stock	158 shares	1,899	1,967
AT&T Inc	Common Stock	39 shares	1,090	1,131
Atwood Oceanics Inc	Common Stock	55 shares	1,783	2,073
Autoliv Inc	Common Stock	51 shares	2,354	3,354
Autozone Inc	Common Stock	9 shares	2,098	2,384
Avnet Inc	Common Stock	58 shares	1,720	1,919
Baker Hughes	Common Stock	51 shares	2,442	2,773
Banco Santander Brasil	Common Stock	256 shares	2,980	3,405
Bank of America	Common Stock	485 shares	7,636	6,232
Bank of China	Common Stock	327 shares	4,036	4,497
Bank of New York Mellon Corp	Common Stock	60 shares	1,776	1,752
BASF SE SP	Common Stock	25 shares	1,417	2,021
Becton Dickinson & Co	Common Stock	15 shares	1,151	1,233
Beijing Enterprises	Common Stock	23 shares	1,665	1,405
Best Buy Co	Common Stock	21 shares	748	890
BG Group	Common Stock	56 shares	5,245	5,785
Biogen IDEC Inc	Common Stock	176 shares	10,131	11,649
BJ Svcs Co	Common Stock	266 shares	716	716
BNP Paribas	Common Stock	165 shares	5,335	5,739
Boeing Co	Common Stock	280 shares	19,412	18,167
Boston Scientific Corp	Common Stock	1209 shares	9,036	8,644
Brandywine Realty TR	Common Stock	330 shares	3,602	3,508
Brink's Company	Common Stock	206 shares	5,647	5,338
Broadcom Corp	Common Stock	122 shares	3,835	5,669
Bunzl PLC	Common Stock	15 shares	889	834
Cabelas Inc	Common Stock	534 shares	9,598	12,234
Cameron Intnl Corp	Common Stock	252 shares	8,400	10,391
Capital One Financial	Common Stock	536 shares	24,184	21,383
Cardinal Health Inc	Common Stock	93 shares	3,354	3,031
Carpenter Technology	Common Stock	92 shares	3,547	3,111
Carter's	Common Stock	133 shares	3,270	4,221
Caterpillar Inc	Common Stock	9 shares	466	682
CBIZ Inc	Common Stock	389 shares	2,305	2,513
CBL & Assoc	Common Stock	119 shares	1,606	2,123
Celanese Corp	Common Stock	31 shares	841	1,233
Cenovus Energy	Common Stock	148 shares	4,344	4,601

SCHEDULE H, LINE 4 I , SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
TAR HEEL TURKEY HATCHERY EMPLOYEES' PENSION PLAN, PN 001
TAR HEEL TURKEY HATCHERY, INC. -EIN- 56-1006988
FOR THE PLAN YEAR ENDED DECEMBER 31, 2010

SCHEDULE II

(a) Identity of issue, borrower, lessor, or similar party	(b) description of investment including maturity date, rate of interest, collateral, par, or maturity value		(c) Costs of acquisition	(d) Proceeds of dispostions
CenturyLink	Common Stock	109 shares	4,014	4,889
Cephalon Inc	Common Stock	40 shares	2,436	2,535
Cheesecake Factory	Common Stock	152 shares	4,180	5,072
Chevron Corp	Common Stock	144 shares	11,639	12,642
China Informat Technology	Common Stock	613 shares	4,042	3,365
Cimarex Energy	Common Stock	410 shares	26,369	27,680
Cisco Systems	Common Stock	40 shares	984	841
Citigroup Inc	Common Stock	2560 shares	10,607	12,345
Citrix Systems	Common Stock	169 shares	7,873	10,819
Cliff's Natural Resources Inc	Common Stock	108 shares	6,263	6,624
CME Group Inc	Common Stock	16 shares	4,465	4,335
CNO Financial Group	Common Stock	191 shares	1,039	1,291
CNOOC LTD	Common Stock	17 shares	2,822	4,046
Coca Cola Enterprises Inc	Common Stock	1244 shares	26,036	31,881
Coeur D'Alene Mines	Common Stock	63 shares	1,089	1,705
Cognizant Tech Solutions	Common Stock	46 shares	2,134	3,267
Comerica Inc	Common Stock	12 shares	460	495
Concho Res Inc	Common Stock	34 shares	2,374	2,881
Constellation Brands Inc	Common Stock	583 shares	9,240	11,885
Constellation Energy	Common Stock	79 shares	2,710	2,251
Copa Holdings S A	Common Stock	140 shares	8,117	8,199
Corrections Corp of America	Common Stock	166 shares	4,150	4,150
Corus Entmt	Common Stock	193 shares	3,596	4,106
Cracker Barrell	Common Stock	21 shares	1,059	1,155
Credit Suisse Group	Common Stock	46 shares	1,946	1,836
Cummins Inc	Common Stock	116 shares	9,335	12,298
Cytec Industries Inc	Common Stock	233 shares	4,249	4,108
Darden Restaurants	Common Stock	151 shares	7,003	7,491
Decker Outdoor Corporation	Common Stock	65 shares	3,020	5,427
Deere & Co	Common Stock	67 shares	4,096	5,552
Dell Inc	Common Stock	296 shares	4,297	4,061
Delta Air Lines	Common Stock	728 shares	9,064	8,892
Denbury Resources Inc	Common Stock	136 shares	2,426	2,689
Deutsche Boerse Ag	Common Stock	119 shares	865	796
Devon Energy Corp	Common Stock	228 shares	14,382	14,296
Dow Chemical	Common Stock	230 shares	6,281	6,582
Dr Pepper Snapple Group	Common Stock	364 shares	11,467	13,663
Dresser-Rand Group	Common Stock	204 shares	6,433	7,313
DTE Energy Company	Common Stock	46 shares	2,005	2,131
Du Pont El De NeMours	Common Stock	67 shares	2,783	3,275
Dun & Bradstreet	Common Stock	26 shares	1,935	2,090
Eastman Chemical Company	Common Stock	15 shares	1,098	1,221
Eaton Corporation	Common Stock	93 shares	6,500	9,213
Eaton Vance	Common Stock	43 shares	1,349	1,362
El Paso Electric	Common Stock	45 shares	1,111	1,237
ElDorado Gold	Common Stock	525 shares	7,367	9,228
EMC Corp	Common Stock	351 shares	7,168	7,887
Emerson Electric	Common Stock	82 shares	3,847	4,615
Endurance Specialty Holdings	Common Stock	16 shares	692	741
Energizer Hldgs	Common Stock	48 shares	3,485	9,769
Enpro Ind	Common Stock	32 shares	810	1,164
Expeditors Intl Wash Inc	Common Stock	157 shares	6,150	8,105
Express Scripts Inc	Common Stock	196 shares	7,817	10,735
Exxon Mobil	Common Stock	129 shares	8,631	9,346
Family Dollar Stores	Common Stock	148 shares	6,987	7,364
Federal Signal Corp	Common Stock	288 shares	1,880	1,866
Fedex Corp	Common Stock	84 shares	6,781	6,764
First Horizon National Corp	Common Stock	216 shares	2,435	2,342
First Industry Realty	Common Stock	1575 shares	13,034	9,681
FirstEnergy Corp	Common Stock	50 shares	1,900	1,790
Force Protection Inc	Common Stock	1544 shares	8,036	8,723
Ford Motor Co	Common Stock	82 shares	1,059	1,365
Forest Laboratories	Common Stock	6 shares	179	197
Freeport McMoran CP	Common Stock	86 shares	6,710	7,082
Frontier Communications	Common Stock	451 shares	3,609	4,226
Frontline Ltd New	Common Stock	44 shares	1,282	1,253
Fujitsu Ltd	Common Stock	107 shares	3,409	3,546
Gafisa S A Spons	Common Stock	247 shares	3,281	3,483
Gannett Company Inc	Common Stock	27 shares	409	426
Gardner Denver Inc	Common Stock	41 shares	1,971	2,849
General Dynamics Corp	Common Stock	115 shares	8,251	8,013

SCHEDULE H, LINE 4 i , SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
TAR HEEL TURKEY HATCHERY EMPLOYEES' PENSION PLAN, PN 001
TAR HEEL TURKEY HATCHERY, INC. -EIN- 56-1006988
FOR THE PLAN YEAR ENDED DECEMBER 31, 2010

SCHEDULE II

(a) Identity of issue, borrower, lessor, or similar party	(b) description of investment including maturity date, rate of interest, collateral, par, or maturity value		(c) Costs of acquisition	(d) Proceeds of dispostions
General Electric	Common Stock	113 shares	2,049	2,023
General Mills	Common Stock	54 shares	1,922	1,936
General Motors	Common Stock	50 shares	1,768	1,700
Genzyme Corp	Common Stock	294 shares	14,641	20,574
Glavaudan SA	Common Stock	180 shares	2,412	2,736
Gilead Science	Common Stock	38 shares	1,339	1,427
Goldman Sachs	Common Stock	49 shares	7,652	7,972
Google	Common Stock	8 shares	4,704	4,777
Gran Tierra Energy	Common Stock	361 shares	2,726	3,047
H&R Block	Common Stock	342 shares	6,428	1,180
Halliburton Cp	Common Stock	248 shares	8,547	7,153
Hasbro Inc	Common Stock	201 shares	6,799	10,034
Health Care REIT	Common Stock	61 shares	2,731	2,794
Helix Energy Solutions	Common Stock	216 shares	2,430	2,457
Helmerich & Payne	Common Stock	88 shares	4,036	4,237
Herbalife	Common Stock	62 shares	3,143	4,277
Hewlett Packard	Common Stock	133 shares	6,400	7,780
HJ Heinz Co	Common Stock	144 shares	6,687	6,668
Holly Corp	Common Stock	52 shares	1,421	2,012
Hologic Inc	Common Stock	357 shares	9,165	10,378
Home Depot Inc	Common Stock	405 shares	12,467	12,982
Honeywell International Inc	Common Stock	75 shares	3,184	3,910
Hospira Inc	Common Stock	33 shares	1,893	1,868
HSBC Holdings	Common Stock	1 shares	72	53
Humana Inc	Common Stock	61 shares	3,223	3,486
IAC Interactivecorp	Common Stock	112 shares	3,416	3,358
Ingersoll-Rand PLC SHS	Common Stock	28 shares	925	1,008
Intel Corp	Common Stock	126 shares	2,596	2,669
International Business Machines	Common Stock	50 shares	6,653	7,260
Intersil Holdings	Common Stock	318 shares	4,407	3,460
ITT Corp	Common Stock	106 shares	5,372	5,273
ITT Educational Services	Common Stock	28 shares	2,366	1,994
Jabil Circuit Inc	Common Stock	1006 shares	10,884	10,363
Johnson & Johnson	Common Stock	53 shares	3,263	3,282
Johnson Controls Incorporated	Common Stock	339 shares	10,137	12,611
Kellogg Co	Common Stock	84 shares	4,416	4,468
KeyCorp New	Common Stock	103 shares	794	862
Kimberly Clark Corp	Common Stock	16 shares	975	992
Kinetic Concepts Inc	Common Stock	30 shares	1,170	1,241
Kraft Foods Inc	Common Stock	381.645 shares	11,100	11,641
Kroger Co	Common Stock	358 shares	7,429	7,396
LaSalle Hotel Properties	Common Stock	38 shares	880	974
Legg Mason Inc	Common Stock	60 shares	1,761	2,127
Lexmark Intl Inc	Common Stock	140 shares	5,360	5,260
Lincoln National Corp	Common Stock	53 shares	1,282	1,504
Linde AG	Common Stock	387 shares	4,600	5,755
Lorillard Inc	Common Stock	8 shares	630	656
Lorillard Inc	Common Stock	113 shares	8,728	9,316
LSI Corp	Common Stock	666 shares	3,655	2,825
Lubrizol Corp	Common Stock	29 shares	2,874	3,080
LVMH Moet Hennessy	Common Stock	77 shares	1,879	2,518
Makita Corporation	Common Stock	112 shares	3,336	3,275
Manpower Inc	Common Stock	64 shares	3,150	4,034
Marathon Oil Co	Common Stock	92 shares	2,827	2,896
Marsh & Mclennan	Common Stock	34 shares	838	918
Martin Marietta Materials	Common Stock	103 shares	9,320	9,353
Marvell Tech Group	Common Stock	97 shares	1,767	1,906
Mastercard Inc	Common Stock	11 shares	2,324	2,800
Mattel Inc	Common Stock	179 shares	4,101	4,547
MBIA Inc	Common Stock	1058 shares	10,207	10,633
McDonald's Corp	Common Stock	29 shares	2,277	2,249
McKesson Corp	Common Stock	19 shares	1,148	1,293
Meadowbrook Insurance Group	Common Stock	251 shares	1,890	2,495
Medtronic Inc	Common Stock	31 shares	1,126	1,119
Merck & Co	Common Stock	9 shares	300	334
Metlife Inc	Common Stock	27 shares	1,061	1,195
Micheline Compagnie	Common Stock	197 shares	2,885	2,880
Micrel Inc	Common Stock	732 shares	9,232	10,065
Microsoft Corp	Common Stock	892 shares	25,094	22,494
Morgan Stanley	Common Stock	23 shares	1,059	652
Motorola Corp	Common Stock	551 shares	3,666	4,777

SCHEDULE H, LINE 4 I, SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
TAR HEEL TURKEY HATCHERY EMPLOYEES' PENSION PLAN, PN 001
TAR HEEL TURKEY HATCHERY, INC. -EIN- 56-1006988
FOR THE PLAN YEAR ENDED DECEMBER 31, 2010

SCHEDULE II

(a) Identity of Issue, borrower, lessor, or similar party	(b) description of investment including maturity date, rate of interest, collateral, par, or maturity value		(c) Costs of acquisition	(d) Proceeds of dispostions
MSC Indl Direct	Common Stock	67 shares	3,765	4,348
MTN Group LTD	Common Stock	131 shares	2,067	2,421
Nabors Industries	Common Stock	2 shares	44	46
National Oilwell Varco	Common Stock	426 shares	18,571	24,340
NBTY Inc	Common Stock	256 shares	10,343	11,775
Nestle Spon	Common Stock	24 shares	1,300	1,376
NET Tnd	Common Stock	882 shares	10,498	12,140
Netapp Inc	Common Stock	197 shares	8,057	10,760
Netlogic Microsystems Inc	Common Stock	105 shares	2,885	3,518
Neutral Tandem Inc	Common Stock	130 shares	1,685	2,015
New Gold Inc	Common Stock	453 shares	3,963	4,235
New Market Corp	Common Stock	42 shares	4,821	5,356
Nike Inc	Common Stock	153 shares	10,711	12,584
No Amer Energy Partners	Common Stock	138 shares	1,258	3,472
Nobel Biocare Holdings	Common Stock	306 shares	4,124	2,690
Noble Corp	Common Stock	70 shares	2,325	2,441
Norfolk Southern Corp	Common Stock	94 shares	5,140	5,927
Northern Trust Corp	Common Stock	112 shares	5,788	6,073
Northrop Grumman	Common Stock	125 shares	6,792	7,268
Novellus System	Common Stock	59 shares	1,458	1,953
NYSE Euronext	Common Stock	46 shares	1,327	1,372
O.M Group Inc	Common Stock	36 shares	1,233	1,357
Occidental Petroleum Corp	Common Stock	13 shares	4,311	3,992
Oil States Intl Inc	Common Stock	260 shares	11,448	13,211
Old Dominion Freight Line	Common Stock	408 shares	10,258	12,725
Old National Bancorp	Common Stock	142 shares	1,410	1,600
Omnicom Group	Common Stock	296 shares	11,471	12,835
Omnicare Inc	Common Stock	46 shares	1,225	1,122
Oracle Corp	Common Stock	330 shares	8,749	9,900
OshKosh Corp	Common Stock	136 shares	4,808	4,837
PA RL Est Invt	Common Stock	73 shares	873	1,103
Parker Hannifin Corp	Common Stock	61 shares	4,292	5,278
Patterson -UTI Energy	Common Stock	72 shares	1,189	1,585
Petsmart Inc	Common Stock	116 shares	4,325	4,588
Pfizer Inc	Common Stock	222 shares	3,783	3,807
PG&E Corporation	Common Stock	25 shares	1,133	1,184
Philip Morris International	Common Stock	20 shares	1,132	1,164
Pico Holdings Inc	Common Stock	90 shares	2,701	2,790
Pitney Bowes Inc	Common Stock	33 shares	723	775
PNC Financial Svcs	Common Stock	349 shares	17,665	21,127
Polaris Industries Inc	Common Stock	32 shares	2,286	2,469
PPG Industries	Common Stock	60 shares	3,854	4,862
Praxair Inc	Common Stock	27 shares	2,390	2,530
Priceline.com Inc	Common Stock	9 shares	2,258	3,803
Protective Life	Common Stock	48 shares	1,108	1,279
Prudential Financial Inc	Common Stock	67 shares	3,474	3,832
Qlogic Corp	Common Stock	211 shares	4,136	3,752
Qualcomm Inc	Common Stock	70 shares	2,826	3,465
Quest Diagnostics Inc	Common Stock	33 shares	1,534	1,692
Reed Elsevier PLC	Common Stock	25 shares	784	820
Reinsurance Group of America	Common Stock	11 shares	522	593
Rio Tinto PLC	Common Stock	100 shares	6,627	7,088
Roceh Holdings	Common Stock	84 shares	3,102	3,053
Royal Dutch Shell PLC	Common Stock	57 shares	3,748	3,724
Safeway Inc Com	Common Stock	126 shares	2,886	2,875
Sage Group	Common Stock	51 shares	727	912
Sandisk Corp	Common Stock	240 shares	8,562	11,296
Schlumberger Ltd	Common Stock	183 shares	9,550	10,890
Schneider Electric	Common Stock	280 shares	3,283	4,441
Schnitzer Steel	Common Stock	11 shares	537	679
Seagate Technology	Common Stock	399 shares	6,842	5,642
Sealed Air CP	Common Stock	175 shares	3,892	4,259
Service Corp	Common Stock	717 shares	5,758	6,080
Signet Jewelers Limited	Common Stock	5 shares	143	211
Silver Wheaton	Common Stock	278 shares	4,646	11,148
Sirona Dental Systems	Common Stock	39 shares	1,348	1,540
Skyworks Solutions Inc	Common Stock	331 shares	7,043	9,351
Smucker JM Co	Common Stock	64 shares	3,837	3,703
Sony Corp	Common Stock	56 shares	1,889	2,023
Southern Copper Corp	Common Stock	232 shares	6,379	7,117
Southwest Energy Company	Common Stock	12 shares	556	496

SCHEDULE H, LINE 4 I , SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
TAR HEEL TURKEY HATCHERY EMPLOYEES' PENSION PLAN, PN 001
TAR HEEL TURKEY HATCHERY, INC. -EIN- 56-1006988
FOR THE PLAN YEAR ENDED DECEMBER 31, 2010

SCHEDULE II

(a) Identity of issue, borrower, lessor, or similar party	(b) description of investment including maturity date, rate of interest, collateral, par, or maturity value		(c) Costs of acquisition	(d) Proceeds of dispostions
Southwestern Energy Company	Common Stock	36 shares	1,667	1,488
St Jude Medical Inc	Common Stock	98 shares	3,867	4,000
Stanley Black & Decker	Common Stock	42 shares	2,230	2,710
Starbucks Corp	Common Stock	209 shares	5,371	6,840
Sun Hung Kai	Common Stock	51 shares	741	858
Supervalu Inc	Common Stock	90 shares	1,328	930
Supervalu Inc	Common Stock	387 shares	5,661	4,100
Symantec Corp	Common Stock	191 shares	2,623	3,287
Target Corp	Common Stock	76 shares	4,259	4,501
Techne CP	Common Stock	19 shares	1,168	1,206
Teck Resources Ltd	Common Stock	53 shares	2,820	3,085
Tejon Ranch Co	Common Stock	41 shares	958	1,045
Terex CP	Common Stock	198 shares	4,236	4,210
Teva Pharmaceuticals	Common Stock	180 shares	9,953	9,664
Textron Inc	Common Stock	424 shares	9,129	6,952
THQ Inc	Common Stock	359 shares	2,185	2,082
Time Warner Cable	Common Stock	92 shares	4,779	6,044
Time Warner Inc	Common Stock	80 shares	2,506	2,551
Timken Co	Common Stock	66 shares	2,421	3,171
Titanium Metals	Common Stock	592 shares	10,360	11,790
TNT N.V. ADS	Common Stock	5 shares	79	129
Transocean Ltd	Common Stock	96 shares	8,001	4,065
Travelers Companies Inc	Common Stock	22 shares	1,091	1,208
Tredegar Corporation	Common Stock	271 shares	5,125	5,360
Turkiye Garanti Bankasi	Common Stock	662 shares	3,504	3,628
Tyco International Ltd	Common Stock	106 shares	3,880	4,392
Tyson Foods Inc	Common Stock	155 shares	2,597	2,761
Union Pacific Corp	Common Stock	53 shares	4,056	4,917
United Continental Holdings Inc	Common Stock	131 shares	2,868	3,470
United Online Inc	Common Stock	279 shares	1,658	1,897
United Parcel Service Inc	Common Stock	141 shares	8,042	9,153
United Sts Stl CP	Common Stock	150 shares	8,879	7,079
United Technologies Corp	Common Stock	360 shares	26,616	25,444
UnitedHealth Group	Common Stock	169 shares	4,809	5,324
Valeo Sponsored	Common Stock	114 shares	3,129	3,322
Valero Energy	Common Stock	252 shares	4,405	5,488
Value Click Inc	Common Stock	863 shares	10,300	14,671
Verifone Systems Inc	Common Stock	17 shares	451	684
Verizon Communications	Common Stock	88 shares	2,512	3,013
Viacom Inc	Common Stock	61 shares	2,213	2,418
W W Grainger Inc	Common Stock	34 shares	3,922	4,561
Wal Mart Stores Inc	Common Stock	153 shares	8,107	8,314
Walgreen Co	Common Stock	67 shares	2,320	2,453
Walt Disney Co	Common Stock	72 shares	2,331	2,564
Walter Energy Inc	Common Stock	70 shares	5,266	8,112
Warnaco GP Inc	Common Stock	61 shares	3,417	2,845
Warner Chilcott PLC	Common Stock	24 shares	616	511
Washington Federal Inc	Common Stock	94 shares	1,916	1,484
Wells Fargo & Co	Common Stock	124 shares	3,325	3,777
Western Digital Corporation	Common Stock	44 shares	1,683	1,156
Western UN Co	Common Stock	818 shares	13,187	14,001
Whirlpool Corp	Common Stock	20 shares	1,784	1,476
Whiting Petroleum Corp	Common Stock	28 shares	5,152	5,071
Williams Co	Common Stock	68 shares	1,307	1,251
Williams Sonoma	Common Stock	91 shares	2,677	3,179
Winn-Dixie Stores Inc	Common Stock	267 shares	1,911	1,880
World Fuel Services	Common Stock	440 shares	12,313	11,899
Xerox Corp	Common Stock	560 shares	5,291	6,748
Zimmer Hldgs Inc	Common Stock	61 shares	3,310	3,251