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
HEIMOS GREENHOUSE, INC. 401K PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2000

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
N.G. HEIMOS GREENHOUSE,INC.

6627 ROUTE 158
MILLSTADT, IL 62260

2b Employer Identification Number (EIN) 43-0862490

2c Sponsor's telephone number 618-476-3991

2d Business code (see instructions) 111400

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	MICHAEL STUCKMEYER
	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")
N.G. HEIMOS GREENHOUSE,INC.

6627 ROUTE 158
MILLSTADT, IL 62260

3b Administrator's EIN
43-0862490

3c Administrator's telephone number
618-476-3991

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**	150
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**	243
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	9
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	252
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	252
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	32
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 3D 3F 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

A Name of plan	**B** Three-digit plan number (PN) ▶	
HEIMOS GREENHOUSE, INC. 401K PLAN		001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
N.G. HEIMOS GREENHOUSE,INC.	43-0862490

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ADP

22-1467904

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

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

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

ADP BROKER-DEALER

22-3319984

(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?
60 59 99 49	RECORD KEEPER	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

GOLDMAN SACHS

71 SOUTH WACKER DRIVE
SUITE 500
CHICAGO, IL 60606

(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?
63	INVESTMENT MANAGER	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	60 59 99 49	0

(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.
GOLDMAN SACHS 71 SOUTH WACKER DRIVE SUITE 500 CHICAGO, IL 60606	ANNUAL RATE 0.0015 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.0017 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
GOLDMAN SACHS	63	0

(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.
GOLDMAN SACHS 71 SOUTH WACKER DRIVE SUITE 500 CHICAGO, IL 60606	ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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(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
HEIMOS GREENHOUSE, INC. 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
N.G. HEIMOS GREENHOUSE,INC.

D Employer Identification Number (EIN)
43-0862490

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	14292	9370
(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)	587575	669816
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	601867	679186
	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	601867	679186

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)	50131	
	(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)		50131
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	834	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		834
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	7562	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		7562
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		73671
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		132198
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	52405	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		52405
f Corrective distributions (see instructions)	2f		2474
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		54879
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		77319
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: BERGMAN SCHRAIER & CO **(2)** EIN: 43-1661082

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		61000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

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

A Name of plan
HEIMOS GREENHOUSE, INC. 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
N.G. HEIMOS GREENHOUSE,INC.

D Employer Identification Number (EIN)
43-0862490

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): 57-1198022

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

HEIMOS GREENHOUSE, INC. 401(K) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2010

HEIMOS GREENHOUSE, INC. 401(k) PLAN
DECEMBER 31, 2010

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INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
Heimos Greenhouse, Inc. 401(k) Plan
Millstadt, Illinois

We were engaged to audit the statements of net assets available for plan benefits (modified cash basis) of Heimos Greenhouse, Inc. 401(k) Plan as of December 31, 2010 and 2009 and the statements of changes in net assets available for plan benefits (modified cash basis) for the years then ended, and the supplemental schedule as of December 31, 2010. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 4, which was certified by State Street Bank and Trust, the trustee of the Plan except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

As described in Note 2, these financial statements and supplemental schedules were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles.

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

Bergman Schraier & Co. P.C.

St. Louis, Missouri
September 29, 2011

Members of the American Institute of Certified Public Accountants, the Missouri Society of Certified Public Accountants, and the Private Company Practice Section of the American Institute of Certified Public Accountants.

HEIMOS GREENHOUSE, INC. 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
MODIFIED CASH BASIS
DECEMBER 31, 2010 AND 2009

	2010	2009
ASSETS		
Investments, at fair value	$ 669,816	$ 587,575
Notes receivable from participants	9,370	14,292
Total Assets	679,186	601,867
LIABILITIES	-	-
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 679,186	$ 601,867

The accompanying auditors' report and notes should be read in conjunction with the financial statements.

HEIMOS GREENHOUSE, INC. 401(k) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
MODIFIED CASH BASIS
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

	2010	2009
ADDITIONS TO NET ASSETS		
Participant contributions	$ 50,131	$ 46,003
Investment Income:		
Interest and dividends	7,562	10,367
Net realized and unrealized appreciation of investments	74,505	124,313
Net Investment Income	82,067	134,680
TOTAL ADDITIONS	132,198	180,683
DEDUCTIONS FROM NET ASSETS		
Benefits paid to participants	54,879	14,385
NET INCREASE	77,319	166,298
NET ASSETS AVAILABLE FOR PLAN BENEFITS		
Beginning of year	601,867	435,569
End of year	$ 679,186	$ 601,867

The accompanying auditors' report and notes should be read in conjunction with the financial statements.

1. DESCRIPTION OF PLAN

The following brief description of Heimos Greenhouse, Inc. 401(k) Plan ("Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan, a defined contribution plan, covers all employees who have attained six months of service and age twenty-one or older. Upon meeting the eligibility requirements, employees can begin to participate on the first day of the following month.

Employees are eligible to receive employer matching and profit sharing contributions if still employed on the last day of the Plan year or if terminated due to death, disability, or attainment of normal retirement age.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

The Plan allows employee elective contributions in the form of salary deferrals up to 15% of pretax annual compensation (subject to IRS limitations), and also permits rollovers from other qualified plans. The Company, at the discretion of their board of directors, may contribute a matching percentage each year. The Company, also at the board's option, may contribute additional amounts. Such contributions are also subject to certain limitations. The Company did not make discretionary contributions for 2010 and 2009. Participants direct the investment of their contributions plus any employer match, if applicable, into various investment options offered by the Plan.

Participant Accounts

The Plan credits each participant's account with their contribution, earnings from investment options (which are chosen by the participant) and an allocation of the Company's contribution. The Plan allocates any Company contributions based on each participant's contributions for the year (matching), whereas Plan earnings are allocated proportionately among all participants based on their investment percentage in each fund. The benefit to which the participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants immediately vest in their voluntary contributions plus actual earnings thereon. The participant vests in the Company's contributions plus related earnings thereon based on years of continuous service. Participants vest 100% after 5 years of service. After completing year one, the employee vests 20% per year.

Notes receivable from participants

Participants may borrow from their fund accounts, a minimum of $500 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The participant's account balance secures the respective loan which bears interest at a rate commensurate with the prime rate plus 2 percent. Principal and interest is paid ratably through monthly payroll deductions. The maximum repayment period for a loan not used for the acquisition of a participant's primary residence is five years.

Payment of benefits

Upon termination of service due to death, retirement, permanent disability, or normal retirement, a participant is entitled to a distribution of 100% of his or her vested account balance. For termination of service due to other reasons, only the employee's vested interest will be available for distribution. At the option of the participant, the distribution may be made in the form of a lump-sum payment or an annuity. Participants may request a hardship distribution of their vested account balance. The balance in a participant's account becomes distributable upon termination of the participant's employment for any reason. Upon termination of employment, the Plan requires participants, with an account balance of $5,000 or less, receive a lump-sum distribution or have the payment paid as a direct rollover to a tax qualified plan.

Forfeited accounts

At December 31, 2010 and 2009, there were no forfeited non-vested account balances. The Company utilizes forfeitures of non-vested accounts to first pay administrative expenses of the plan and second to reduce employer contributions.

Administration Expenses

Administrative expenses are paid either by the company or from the assets of the Plan.

Investment Options

State Street Bank and Trust, the Plan trustee and custodian of assets, offers thirteen mutual funds as the Plan's investment options.

Administration

Heimos Greenhouse, Inc., the Plan administrator, engages Automatic Data Processing (ADP) to perform recordkeeping services and State Street Bank and Trust (State Street) to hold all plan assets.

Subsequent Events

The Plan has evaluated subsequent events through September 29, 2011, the date which the financial statements were available to be issued.

2. SUMMARY OF ACCOUNTING POLICIES

The following summary of significant accounting policies of Heimos Greenhouse, Inc. 401(k) Plan is presented to assist in understanding the Plan's financial statements. The financial statements and notes are representations of the Plan's management, who is responsible for their integrity and objectivity. These accounting policies conform to the modified cash basis of accounting and have been consistently applied in the preparation of the financial statements.

Basis of Accounting

The Plan presents the financial statements on the modified cash basis of accounting. Under that basis, certain changes in net assets available for benefits and the related assets are recognized when received by the recordkeeper rather than when earned by the Plan. Consequently, the Plan has not recognized contributions receivable at year-end from the Plan sponsor and the related effects on the change in net assets available for benefits in the accompanying financial statements.

Use of Estimates

The preparation of financial statements on a modified cash basis, which is a comprehensive basis of accounting other than generally accepted accounting principles, requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Payment of Benefits

The Plan records benefits and repayments of excess contributions when paid.

Investment Valuation and Income Recognition

Investments of the Plan are stated at fair value. Quoted market prices are used to value investments.

The Plan records purchases and sales of securities on a trade-date basis, interest income on the modified cash basis and dividends on the ex-dividend date.

Net appreciation/depreciation of investments is comprised of the change in market value from the beginning to the end of the Plan year or from the beginning of the year to the date the assets are sold.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant notes are reclassified as distributions based upon the terms of the plan document.

3. RISKS AND UNCERTAINTIES

The Plan provides for various investment options in professionally managed funds that purchase stocks and bonds of publicly traded companies, U.S. Government obligations and money market funds. Such investments are exposed to various risks such as interest rate, market and credit. Due to the level of risk associated with such investments and the level of uncertainty related to changes in the value of such investments, it is at least reasonably possible that changes in value of investment securities in the near term would materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Plan Benefits and the Statements of Changes in Net Assets Available for Plan Benefits.

4. INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE (UNAUDITED)

The following is a summary of the Plan's financial information included in the financial statements based on information certified by the Trustee as complete and accurate in accordance with section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

The fair value of investments at December 31, 2010 and 2009, as reported and held by the trustee:

	2010	2009
Mutual funds	$ 669,816	$ 587,575

Investment earnings (losses) for the years ended December 31, 2010 and 2009, as reported by the Trustee:

	2010	2009
Interest on loans	$ 834	$ 1,287
Dividend and interest income	6,728	9,080
Net realized and unrealized appreciation of mutual funds for the year	74,505	124,313
Net Investment Income	$ 82,067	$ 134,680

5. INVESTMENTS

Each of the named instruments represents 5% or more of the net assets of the Plan at December 31, 2010 and 2009.

	2010	2009
Goldman Sachs Tollkeeper Fund	$ 181,647	$ 142,692
Goldman Sachs Growth Opportunity Fund	62,820	46,036
Goldman Sachs Structured Large Cap Growth Fund	79,192	65,350
Goldman Sachs Government Income Fund	33,490	40,272
Goldman Sachs Structured US Equities Fund	131,437	108,829
Goldman Sachs Prime Obligations Fund	67,538	80,269
Goldman Sachs Structured International Equities Fund	66,519	59,666
	622,643	543,114
Other	47,173	44,461
Total Investments	$ 669,816	$ 587,575

6. FAIR VALUE MEASUREMENTS

FASB ASC 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes 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 assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The asset or liability's fair value measurement 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.

The methods used to determine fair value (see Note 2) may not produce results indicative of net realizable value or reflective of future 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 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

	Level 1	Level 2	Level 3	Total
Equity securities:				
U.S. large-cap	220,046	$ -	$ -	$ 220,046
U.S. mid-cap	72,524	-	-	72,524
Conservative	68,350	-	-	68,350
International	66,519	-	-	66,519
Real estate	25,515	-	-	25,515
Technology	181,647	-	-	181,647
Bond investments	1,725	-	-	1,725
U.S. government	33,490	-	-	33,490
Total	$ 669,816	$ -	$ -	$ 669,816

Assets at Fair Value as of December 31, 2009

	Level 1	Level 2	Level 3	Total
Equity securities:				
U.S. large-cap	182,253	$ -	$ -	$ 182,253
U.S. mid-cap	46,801	-	-	46,801
Conservative	81,025	-	-	81,025
International	59,666	-	-	59,666
Real estate	22,505	-	-	22,505
Technology	142,692	-	-	142,692
Bond investments	12,361	-	-	12,361
U.S. government	40,272	-	-	40,272
Total	$ 587,575	$ -	$ -	$ 587,575

7. PLAN TERMINATION

Although it has not expressed any intent to do so, company management reserves the right to discontinue the Plan at any time, subject to the terms of ERISA. In the event of Plan termination, participants will be considered 100% vested in their accounts.

8. TAX STATUS

The Company adopted a prototype plan approved by the Internal Revenue Service. The Plan and its amendments are designed in compliance with applicable requirements of the Internal Revenue Code. The plan administrator believes the Plan operates in compliance with the applicable requirements of the IRC and, therefore, believes the Plan, qualifies to maintain its tax exempt status.

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

9. PARTY-IN-INTEREST TRANSACTIONS

The Plan engaged State Street Bank and Trust as the trustee and custodian of the Plan's assets for 2010 and 2009; therefore, ERISA defines their relationship as a party-in-interest. As of December 31, 2010 and 2009, State Street Bank and Trust managed all plan assets.

SUPPLEMENTAL SCHEDULE

HEIMOS GREENHOUSE, INC. 401(k) PLAN
FEIN 43-0862490 PLAN NO. 001
SCHEDULE H, ITEM 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b)	(c)	(e)
Party-in Interest	**Identity of Issue**	**Description**	**Current Value**
	Goldman Sachs Tollkeeper Fund	Mutual Fund	$ 181,647
	Goldman Sachs Growth Opportunity Fund	Mutual Fund	62,820
	Goldman Sachs Structured Large Cap Growth Fund	Mutual Fund	79,192
	Goldman Sachs High Yield Fund	Mutual Fund	1,725
	Goldman Sachs Government Income Fund	Mutual Fund	33,490
	Goldman Sachs Structured US Equities Fund	Mutual Fund	131,437
	Goldman Sachs Prime Obligations Fund	Mutual Fund	67,538
	Goldman Sachs Asset Allocation Growth Strategies Fund	Mutual Fund	9,389
	Goldman Sachs Structured International Equities Fund	Mutual Fund	66,519
	Goldman Sachs Real Estate Fund	Mutual Fund	25,515
	Goldman Sachs Balanced Fund	Mutual Fund	812
	Goldman Sashs Growth and Income Strategies Fund	Mutual Fund	28
	Goldman Sachs Equity Growth Strategy Fund	Mutual Fund	9,704
	Total		$ 669,816
*	Participant Loans	Loans with rate of 5.25% - 10.25%, maturity dates through 2013	$ 9,370

The accompanying auditors' report and notes should be read in conjunction with the supplemental information.

Schedule C, Line 2(h) Formula Description

For those service providers listed on Line 2 for which Line 2(h) has been checked "yes":

For a description of indirect compensation received by service providers listed on Line 2 that was disclosed as a formula, please see Line 3(e). Please note: If indirect compensation disclosed as a formula was received by a service provider from more than one source, there will be multiple Lines 3(e) for that service provider.

HEIMOS GREENHOUSE, INC. 401(K) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2010

HEIMOS GREENHOUSE, INC. 401(k) PLAN
DECEMBER 31, 2010

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INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
Heimos Greenhouse, Inc. 401(k) Plan
Millstadt, Illinois

We were engaged to audit the statements of net assets available for plan benefits (modified cash basis) of Heimos Greenhouse, Inc. 401(k) Plan as of December 31, 2010 and 2009 and the statements of changes in net assets available for plan benefits (modified cash basis) for the years then ended, and the supplemental schedule as of December 31, 2010. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 4, which was certified by State Street Bank and Trust, the trustee of the Plan except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

As described in Note 2, these financial statements and supplemental schedules were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles.

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

Bergman Schraier & Co. P.C.

St. Louis, Missouri
September 29, 2011

Members of the American Institute of Certified Public Accountants, the Missouri Society of Certified Public Accountants, and the Private Company Practice Section of the American Institute of Certified Public Accountants.

HEIMOS GREENHOUSE, INC. 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
MODIFIED CASH BASIS
DECEMBER 31, 2010 AND 2009

	2010	2009
ASSETS		
Investments, at fair value	$ 669,816	$ 587,575
Notes receivable from participants	9,370	14,292
Total Assets	679,186	601,867
LIABILITIES	-	-
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 679,186	$ 601,867

The accompanying auditors' report and notes should be read in conjunction with the financial statements.

HEIMOS GREENHOUSE, INC. 401(k) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
MODIFIED CASH BASIS
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

	2010	2009
ADDITIONS TO NET ASSETS		
Participant contributions	$ 50,131	$ 46,003
Investment Income:		
Interest and dividends	7,562	10,367
Net realized and unrealized appreciation of investments	74,505	124,313
Net Investment Income	82,067	134,680
TOTAL ADDITIONS	132,198	180,683
DEDUCTIONS FROM NET ASSETS		
Benefits paid to participants	54,879	14,385
NET INCREASE	77,319	166,298
NET ASSETS AVAILABLE FOR PLAN BENEFITS		
Beginning of year	601,867	435,569
End of year	$ 679,186	$ 601,867

The accompanying auditors' report and notes should be read in conjunction with the financial statements.

1. DESCRIPTION OF PLAN

The following brief description of Heimos Greenhouse, Inc. 401(k) Plan ("Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan, a defined contribution plan, covers all employees who have attained six months of service and age twenty-one or older. Upon meeting the eligibility requirements, employees can begin to participate on the first day of the following month.

Employees are eligible to receive employer matching and profit sharing contributions if still employed on the last day of the Plan year or if terminated due to death, disability, or attainment of normal retirement age.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

The Plan allows employee elective contributions in the form of salary deferrals up to 15% of pretax annual compensation (subject to IRS limitations), and also permits rollovers from other qualified plans. The Company, at the discretion of their board of directors, may contribute a matching percentage each year. The Company, also at the board's option, may contribute additional amounts. Such contributions are also subject to certain limitations. The Company did not make discretionary contributions for 2010 and 2009. Participants direct the investment of their contributions plus any employer match, if applicable, into various investment options offered by the Plan.

Participant Accounts

The Plan credits each participant's account with their contribution, earnings from investment options (which are chosen by the participant) and an allocation of the Company's contribution. The Plan allocates any Company contributions based on each participant's contributions for the year (matching), whereas Plan earnings are allocated proportionately among all participants based on their investment percentage in each fund. The benefit to which the participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants immediately vest in their voluntary contributions plus actual earnings thereon. The participant vests in the Company's contributions plus related earnings thereon based on years of continuous service. Participants vest 100% after 5 years of service. After completing year one, the employee vests 20% per year.

Notes receivable from participants

Participants may borrow from their fund accounts, a minimum of $500 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The participant's account balance secures the respective loan which bears interest at a rate commensurate with the prime rate plus 2 percent. Principal and interest is paid ratably through monthly payroll deductions. The maximum repayment period for a loan not used for the acquisition of a participant's primary residence is five years.

Payment of benefits

Upon termination of service due to death, retirement, permanent disability, or normal retirement, a participant is entitled to a distribution of 100% of his or her vested account balance. For termination of service due to other reasons, only the employee's vested interest will be available for distribution. At the option of the participant, the distribution may be made in the form of a lump-sum payment or an annuity. Participants may request a hardship distribution of their vested account balance. The balance in a participant's account becomes distributable upon termination of the participant's employment for any reason. Upon termination of employment, the Plan requires participants, with an account balance of $5,000 or less, receive a lump-sum distribution or have the payment paid as a direct rollover to a tax qualified plan.

Forfeited accounts

At December 31, 2010 and 2009, there were no forfeited non-vested account balances. The Company utilizes forfeitures of non-vested accounts to first pay administrative expenses of the plan and second to reduce employer contributions.

Administration Expenses

Administrative expenses are paid either by the company or from the assets of the Plan.

Investment Options

State Street Bank and Trust, the Plan trustee and custodian of assets, offers thirteen mutual funds as the Plan's investment options.

Administration

Heimos Greenhouse, Inc., the Plan administrator, engages Automatic Data Processing (ADP) to perform recordkeeping services and State Street Bank and Trust (State Street) to hold all plan assets.

Subsequent Events

The Plan has evaluated subsequent events through September 29, 2011, the date which the financial statements were available to be issued.

2. SUMMARY OF ACCOUNTING POLICIES

The following summary of significant accounting policies of Heimos Greenhouse, Inc. 401(k) Plan is presented to assist in understanding the Plan's financial statements. The financial statements and notes are representations of the Plan's management, who is responsible for their integrity and objectivity. These accounting policies conform to the modified cash basis of accounting and have been consistently applied in the preparation of the financial statements.

Basis of Accounting

The Plan presents the financial statements on the modified cash basis of accounting. Under that basis, certain changes in net assets available for benefits and the related assets are recognized when received by the recordkeeper rather than when earned by the Plan. Consequently, the Plan has not recognized contributions receivable at year-end from the Plan sponsor and the related effects on the change in net assets available for benefits in the accompanying financial statements.

Use of Estimates

The preparation of financial statements on a modified cash basis, which is a comprehensive basis of accounting other than generally accepted accounting principles, requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Payment of Benefits

The Plan records benefits and repayments of excess contributions when paid.

Investment Valuation and Income Recognition

Investments of the Plan are stated at fair value. Quoted market prices are used to value investments.

The Plan records purchases and sales of securities on a trade-date basis, interest income on the modified cash basis and dividends on the ex-dividend date.

Net appreciation/depreciation of investments is comprised of the change in market value from the beginning to the end of the Plan year or from the beginning of the year to the date the assets are sold.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant notes are reclassified as distributions based upon the terms of the plan document.

3. RISKS AND UNCERTAINTIES

The Plan provides for various investment options in professionally managed funds that purchase stocks and bonds of publicly traded companies, U.S. Government obligations and money market funds. Such investments are exposed to various risks such as interest rate, market and credit. Due to the level of risk associated with such investments and the level of uncertainty related to changes in the value of such investments, it is at least reasonably possible that changes in value of investment securities in the near term would materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Plan Benefits and the Statements of Changes in Net Assets Available for Plan Benefits.

4. INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE (UNAUDITED)

The following is a summary of the Plan's financial information included in the financial statements based on information certified by the Trustee as complete and accurate in accordance with section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

The fair value of investments at December 31, 2010 and 2009, as reported and held by the trustee:

	2010	2009
Mutual funds	$ 669,816	$ 587,575

Investment earnings (losses) for the years ended December 31, 2010 and 2009, as reported by the Trustee:

	2010	2009
Interest on loans	$ 834	$ 1,287
Dividend and interest income	6,728	9,080
Net realized and unrealized appreciation of mutual funds for the year	74,505	124,313
Net Investment Income	$ 82,067	$ 134,680

5. INVESTMENTS

Each of the named instruments represents 5% or more of the net assets of the Plan at December 31, 2010 and 2009.

	2010	2009
Goldman Sachs Tollkeeper Fund	$ 181,647	$ 142,692
Goldman Sachs Growth Opportunity Fund	62,820	46,036
Goldman Sachs Structured Large Cap Growth Fund	79,192	65,350
Goldman Sachs Government Income Fund	33,490	40,272
Goldman Sachs Structured US Equities Fund	131,437	108,829
Goldman Sachs Prime Obligations Fund	67,538	80,269
Goldman Sachs Structured International Equities Fund	66,519	59,666
	622,643	543,114
Other	47,173	44,461
Total Investments	$ 669,816	$ 587,575

6. FAIR VALUE MEASUREMENTS

FASB ASC 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes 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 assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The asset or liability's fair value measurement 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.

The methods used to determine fair value (see Note 2) may not produce results indicative of net realizable value or reflective of future 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 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

	Level 1	Level 2	Level 3	Total
Equity securities:				
U.S. large-cap	220,046	$ -	$ -	$ 220,046
U.S. mid-cap	72,524	-	-	72,524
Conservative	68,350	-	-	68,350
International	66,519	-	-	66,519
Real estate	25,515	-	-	25,515
Technology	181,647	-	-	181,647
Bond investments	1,725	-	-	1,725
U.S. government	33,490	-	-	33,490
Total	$ 669,816	$ -	$ -	$ 669,816

Assets at Fair Value as of December 31, 2009

	Level 1	Level 2	Level 3	Total
Equity securities:				
U.S. large-cap	182,253	$ -	$ -	$ 182,253
U.S. mid-cap	46,801	-	-	46,801
Conservative	81,025	-	-	81,025
International	59,666	-	-	59,666
Real estate	22,505	-	-	22,505
Technology	142,692	-	-	142,692
Bond investments	12,361	-	-	12,361
U.S. government	40,272	-	-	40,272
Total	$ 587,575	$ -	$ -	$ 587,575

7. PLAN TERMINATION

Although it has not expressed any intent to do so, company management reserves the right to discontinue the Plan at any time, subject to the terms of ERISA. In the event of Plan termination, participants will be considered 100% vested in their accounts.

8. TAX STATUS

The Company adopted a prototype plan approved by the Internal Revenue Service. The Plan and its amendments are designed in compliance with applicable requirements of the Internal Revenue Code. The plan administrator believes the Plan operates in compliance with the applicable requirements of the IRC and, therefore, believes the Plan, qualifies to maintain its tax exempt status.

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

9. PARTY-IN-INTEREST TRANSACTIONS

The Plan engaged State Street Bank and Trust as the trustee and custodian of the Plan's assets for 2010 and 2009; therefore, ERISA defines their relationship as a party-in-interest. As of December 31, 2010 and 2009, State Street Bank and Trust managed all plan assets.

SUPPLEMENTAL SCHEDULE

HEIMOS GREENHOUSE, INC. 401(k) PLAN
FEIN 43-0862490 PLAN NO. 001
SCHEDULE H, ITEM 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b)	(c)	(e)
Party-in Interest	**Identity of Issue**	**Description**	**Current Value**
	Goldman Sachs Tollkeeper Fund	Mutual Fund	$ 181,647
	Goldman Sachs Growth Opportunity Fund	Mutual Fund	62,820
	Goldman Sachs Structured Large Cap Growth Fund	Mutual Fund	79,192
	Goldman Sachs High Yield Fund	Mutual Fund	1,725
	Goldman Sachs Government Income Fund	Mutual Fund	33,490
	Goldman Sachs Structured US Equities Fund	Mutual Fund	131,437
	Goldman Sachs Prime Obligations Fund	Mutual Fund	67,538
	Goldman Sachs Asset Allocation Growth Strategies Fund	Mutual Fund	9,389
	Goldman Sachs Structured International Equities Fund	Mutual Fund	66,519
	Goldman Sachs Real Estate Fund	Mutual Fund	25,515
	Goldman Sachs Balanced Fund	Mutual Fund	812
	Goldman Sashs Growth and Income Strategies Fund	Mutual Fund	28
	Goldman Sachs Equity Growth Strategy Fund	Mutual Fund	9,704
	Total		$ 669,816
*	Participant Loans	Loans with rate of 5.25% - 10.25%, maturity dates through 2013	$ 9,370

The accompanying auditors' report and notes should be read in conjunction with the supplemental information.

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

Plan Name HEIMOS GREENHOUSE, INC. 401K PLAN **EIN:** 43-0862490
Plan Sponsor's Name N.G. HEIMOS GREENHOUSE,INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	GSACHS TECHNOLOGY TOLLKEEPER A	REGISTERED INVESTMENT COMPANY		181,647
	GS GROWTH OPPORTUNITIES-A	REGISTERED INVESTMENT COMPANY		62,820
	GS STRUCT LARGE CAP GROWTH - A	REGISTERED INVESTMENT COMPANY		79,192
	GS HIGH YIELD FUND - A	REGISTERED INVESTMENT COMPANY		1,725
	GS GOVERNMENT INCOME FUND - A	REGISTERED INVESTMENT COMPANY		33,490
	GS STRUCT U.S. EQUITY FUND - A	REGISTERED INVESTMENT COMPANY		131,437
	GS EQUITY GROWTH STRATEGY - A	REGISTERED INVESTMENT COMPANY		9,704

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

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	GS GROWTH STRATEGY - A	REGISTERED INVESTMENT COMPANY		9,389
	GS GROWTH & INCOME STRAT - A	REGISTERED INVESTMENT COMPANY		28
	GS BALANCED STRATEGY - A	REGISTERED INVESTMENT COMPANY		812
	GS STRUCT INTERNATIONAL EQ - A	REGISTERED INVESTMENT COMPANY		66,519
	GS REAL ESTATE FUND - A	REGISTERED INVESTMENT COMPANY		25,515
	GS FIN SQUARE PRIME OBLIG SERV	REGISTERED INVESTMENT COMPANY		67,538
	PARTICIPANT LOANS	INTEREST RATES (5.25% TO 10.25%)		9,370