

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 <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>GLOBAL HARVEST FOODS 401K PROFIT SHARING PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u> 1c Effective date of plan <u>01/01/1997</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>GLOBAL HARVEST FOODS</u> <u>16000 CHRISTENSEN ROAD</u> <u>SUITE 300</u> <u>SEATTLE, WA 98188</u>	2b Employer Identification Number (EIN) <u>91-1548152</u> 2c Sponsor's telephone number <u>206-829-2376</u> 2d Business code (see instructions) <u>311110</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/14/2011</u>	<u>ROBERT BARNES</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") GLOBAL HARVEST FOODS 16000 CHRISTENSEN ROAD SUITE 300 SEATTLE, WA 98188	3b Administrator's EIN 91-1548152 3c Administrator's telephone number 206-829-2376
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	112
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	0
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	18
d Subtotal. Add lines 6a , 6b , and 6c	6d	18
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	18
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	18
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	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K 3D

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010	
A Name of plan GLOBAL HARVEST FOODS 401K PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 GLOBAL HARVEST FOODS	D Employer Identification Number (EIN) 91-1548152

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....	☒ Yes ☐ No
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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).
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(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	
FRANKLIN TEMPLETON DISTRIBUTORS, IN	100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
HARTFORD INVESTMENT FINANCIAL SERVI	201 HOPMEADOW STREET SIMSBURY, CT 06089

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
INVESCO DISTRIBUTORS, INC.	
74-1894784	

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

OPPENHEIMER FUNDS INC.

13-2527171

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

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

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

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 ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ 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 ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

(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.
FRANKLIN TEMPLETON DISTRIBUTORS, IN 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	ANNUAL RATE 0.0015 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.0017 OF AVERAGE DAILY ASSETS	
<hr/>		
(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.
FRANKLIN TEMPLETON DISTRIBUTORS, IN 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
<hr/>		
(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	

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		
GOLDMAN SACHS 71 SOUTH WACKER DRIVE SUITE 500 CHICAGO, IL 60606	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 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		
ADP BROKER-DEALER	60 59 99 49	0
(d) Enter name and EIN (address) of source of indirect compensation		
HARTFORD INVESTMENT FINANCIAL SERVI 201 HOPMEADOW STREET SIMSBURY, CT 06089	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 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		
GOLDMAN SACHS	63	0
(d) Enter name and EIN (address) of source of indirect compensation		
HARTFORD INVESTMENT FINANCIAL SERVI 201 HOPMEADOW STREET SIMSBURY, CT 06089	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. ANNUAL RATE 0.00200 OF AVERAGE DAILY ASSETS	

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
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.	
INVESCO DISTRIBUTORS, INC. 74-1894784	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 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
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.	
INVESCO DISTRIBUTORS, INC. 74-1894784	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
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.	
OPPENHEIMER FUNDS INC. 13-2527171	ANNUAL RATE 0.0015 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.0017 OF AVERAGE DAILY ASSETS	

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
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.	
OPPENHEIMER FUNDS INC. 13-2527171	ANNUAL RATE 0.0025% 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.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010					
A Name of plan GLOBAL HARVEST FOODS 401K PROFIT SHARING PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 GLOBAL HARVEST FOODS				D Employer Identification Number (EIN) 91-1548152	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA STABLE VALUE FUND					
b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST CO					
c EIN-PN 04-2675543-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE	

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection

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

A Name of plan GLOBAL HARVEST FOODS 401K PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 GLOBAL HARVEST FOODS		
D Employer Identification Number (EIN) 91-1548152		

Part I	Asset and Liability Statement
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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)	11879	6184
(9) Value of interest in common/collective trusts.....	1c(9)	18494	
(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)	839140	63784
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	869513	69968

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	869513	69968
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	18580	
(B) Participants	2a(1)(B)	61411	
(C) Others (including rollovers)	2a(1)(C)	67774	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		147765

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)	581	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		581

(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)	8000	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		8000

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

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		26
(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)		121282
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		277654

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1035725	
(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)		1035725
f Corrective distributions (see instructions)	2f		41474
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		1077199

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-799545
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: SMITH BUNDAY BERMAN BRITTON, P.S

(2) EIN: 91-1275259

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		87000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 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: 0

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan GLOBAL HARVEST FOODS 401K PROFIT SHARING PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 GLOBAL HARVEST FOODS		D Employer Identification Number (EIN) 91-1548152
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 412 of the Internal Revenue Code or ERISA section 302, skip this Part)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2010 v.092308.1		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: _____% 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): _____

**GLOBAL HARVEST FOODS
401(k) PROFIT SHARING PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2010 AND 2009

October 11, 2011

To the Trustee and Administrator
Global Harvest Foods 401(k) Profit Sharing Plan

Independent Auditor's Report

We were engaged to audit the statement of net assets available for benefits of Global Harvest Foods 401(k) Profit Sharing Plan as of December 31, 2010 and 2009, and the related statement of changes in net assets in liquidation available for benefits for the year ended December 31, 2010, and the supplemental schedule of assets (held at end of year) as of December 31, 2010. These financial statements and supplemental schedule are the responsibility of the Plan's administrator.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Mid Atlantic Trust Company for the period January 1, 2009 through March 31, 2009, by JPMorgan Chase Bank for the period from April 1, 2009 through January 31, 2010, and by State Street Bank and Trust Company for the period from February 1, 2010 through December 31, 2010, the trustees 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 certifications from the former and current trustees that the information provided to the plan administrator by the trustees is complete and accurate.

As described in Note 4 to the financial statements, the Board of Directors of Global Harvest Foods, Ltd., the Plan sponsor, decided to terminate the plan. In accordance with accounting principles generally accepted in the United States of America, the Plan changed its basis of accounting from the ongoing plan basis to the liquidation basis for periods beginning January 1, 2010.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the trustees, 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.

Smith Bunday Berman Britton, P.S.

GLOBAL HARVEST FOODS 401(K) PROFIT SHARING PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2010 AND 2009
(See Independent Auditor's Report)

	December 31,	
	2010	2009
<i>Assets</i>	<i>(liquidation basis)</i>	
Investments, at fair value:		
Mutual funds	\$63,784	\$839,141
Common-collective trust	0	18,494
	<u>63,784</u>	<u>857,635</u>
Participant loans	6,184	11,879
Total plan assets	<u>69,968</u>	<u>869,514</u>
<i>Liabilities</i>		
Excess contributions payable to participants	<u>0</u>	<u>34,847</u>
<i>Net Assets Available For Plan Benefits</i>	<u><u>\$69,968</u></u>	<u><u>\$834,667</u></u>

The accompanying notes are an integral part of these financial statements.

GLOBAL HARVEST FOODS 401(K) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS IN LIQUIDATION
AVAILABLE FOR PLAN BENEFITS
YEAR ENDED DECEMBER 31, 2010
(See Independent Auditor's Report)

Additions to net assets attributable to:

Employer contributions	\$18,580
Employee contributions	61,411
Roll-over contributions	67,774
Total contributions	<u>147,765</u>

Dividends	8,000
Net appreciation in value of mutual funds	121,282
Net appreciation in value of common-collective trust	26
Total investment income	<u>129,308</u>

Interest on participant loans	<u>581</u>
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Total additions	277,654
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Deductions from net assets:

Benefits paid to participants	<u>(1,042,353)</u>
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Decrease in net assets available for plan benefits	(764,699)
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Net assets available for plan benefits at beginning of year	<u>834,667</u>
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Net assets in liquidation available for plan benefits at end of year	<u><u>\$69,968</u></u>
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The accompanying notes are an integral part of these financial statements.

GLOBAL HARVEST FOODS 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1 – PLAN DESCRIPTION

The following description of the Global Harvest Foods 401(k) Profit Sharing Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions. Effective July 31, 2010, the Plan sponsors resolved to terminate the Plan. See Note 4.

General -

The Plan is a defined contribution plan covering all qualified employees of a controlled group of companies comprised of Mills Bros International Inc., Global Harvest Foods Ltd., Global Harvest Birdseed of South Dakota LLC and Global Harvest of Colorado LLC (hereinafter collectively referred to as “the Companies”). Employees of the Companies became eligible to participate in the salary deferral portion of the Plan upon completion of three months of service and attainment of age eighteen or more. Participation in the matching contributions and discretionary profit sharing contributions commenced after one year of service, as defined in the Plan document. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions -

Employees participating in the salary reduction feature were able to contribute amounts up to statutory limits prescribed by the Internal Revenue Code. The Companies made a matching contribution equal to 50% of the employee deferral limited to the first 4% of eligible compensation. The matching contribution was funded with each pay period.

The Companies could also make a discretionary profit sharing and a Qualified Non-Elective Contribution to the Plan, as determined annually by the employer. No discretionary contributions were authorized for the 2010 and 2009 plan years.

Effective July 31, 2010, all contributions to the Plan were ceased.

Participant accounts -

Each participant’s account was credited with the participant’s contribution and allocations of the Companies’ contribution. Until the participant receives a distribution of his or her account balance, Plan earnings and administrative expenses are allocated to the participant based on the account balance or investments elected. Plan participants are allowed to direct their account balances to various investment options, generally comprised of mutual funds. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Note 1 – continued

Vesting -

Participants were immediately vested in their salary reduction contributions plus actual earnings thereon. For employer matching and discretionary contributions, participants gained a vested interest based upon years of service, with 100% vesting achieved after 6 years of service.

In 2009, the Plan experienced a deemed partial plan termination due to turnover rates, which resulted in 100% vesting of participants. As such, certain employees were entitled to a restoration of amounts that had been previously forfeited. The total of this correction was \$617 and the amount will be recognized by the Plan when received from the employer in 2011. The associated distribution of these amounts to the affected participants will also be recognized when paid in 2011.

In connection with the Plan termination described in Note 4, all participants became 100% vested in their account balances, not already deemed to be vested.

Participant loans -

Participants could borrow from their fund accounts a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the Plan administrator at the loan origination date. Principal and interest were paid ratably through payroll deductions.

In connection with termination of the Plan, those participants with outstanding loan balances who requested distribution of their account balance were deemed to have received a distribution in amounts adequate to fully pay all principal and accrued interest due on the participant's loan. One loan remains outstanding as of December 31, 2010, which bears interest at 9.25%, and which will be repaid by distribution in 2011.

Distributions –

Due to the Plan termination, all participants have withdrawn, or will withdraw in 2011, their account balances from the Plan.

Distributions include excess contributions that must be returned to participants as a result of non-discrimination testing. In 2010, excess contributions returned to plan participants include \$41,474 attributable to the 2009 plan year, of which \$34,847 was accrued as a plan liability as of December 31, 2009. 2010 excess contributions also include \$4,552 that relate to the partial plan year ended July 31, 2010 (date contributions were ceased.)

Forfeited accounts -

Due to full vesting of all participants in 2010, no forfeitures are available in the Plan as of December 31, 2010. At December 31, 2009, forfeited nonvested accounts totaled \$20, and were used to offset unpaid employer matching contributions.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

Use of estimates -

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Basis of accounting -

The financial statements of the Plan have been prepared on the accrual method of accounting. Effective January 1, 2010 with the intended termination of the Plan, the accounts and activity are recorded using the liquidation basis of accounting. This basis of accounting does not differ materially from the going concern basis of accounting used in prior years.

Investments -

All Plan investments are directed by the participants to a variety of mutual funds. The Plan's investments are stated at fair value, which at December 31, 2010, approximates liquidation value. Shares of mutual funds are valued at the net asset value of shares based on quoted market prices. The investment in the common-collective trust is valued based on the net asset value of the trust, which is comprised of both Level 1 and Level 2 investments. Investments are valued daily by the Plan's trustee and participants may change their investment direction daily.

Fair value is defined as the price that would be received to sell an asset, or paid to transfer a liability, in an orderly transaction between willing market participants at the measurement date. The standard establishes a three-level valuation hierarchy, which is based on the transparency of inputs to the valuation of an asset or liability as of the measurement date. The three levels of valuation are defined as follows:

Level 1 – Inputs to the valuation methodology are quoted prices (unadjusted) in active markets.

Level 2 – Inputs to the valuation methodology are other significant observable inputs, including inputs that are observable for the securities or similar securities, either directly or indirectly and market corroborated inputs.

Level 3 – Inputs to the valuation methodology are unobservable inputs and significant management judgment or estimation is required in determining fair value.

Note 2 - continued

Management has determined that the mutual fund assets are valued using Level 1 inputs and the common-collective trust investment was valued using Level 2 inputs, due to the nature of assets held by the common-collective trust, and the indirect nature of the ownership. Disaggregated investment information as of December 31, 2010 and 2009 follows:

	Assets at Fair Value as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Other Mutual Funds	\$63,784			\$63,784
Common-Collective Trust		\$0		0
Total Investments at Fair Value	\$63,784	\$0	\$0	\$63,784

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Strategic Allocation Funds	\$47,963			\$47,963
Other Mutual Funds	791,178			791,178
Common-Collective Trust		\$18,494		18,494
Total Investments at Fair Value	\$839,141	\$18,494	\$0	\$857,635

Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility.

Income recognition –

Purchases and sales of securities are recorded on a trade-date basis. Dividends reinvested, and realized and unrealized gains and losses are reported in net appreciation in fair value of investments.

Net appreciation in value of investments represents the net increase (decrease) in the value of investments sold during the year or held at year-end over (1) the value of investments held at the prior year-end, or (2) the cost of investments acquired during the current year.

Administrative expenses –

Administrative expenses of the Plan are primarily paid by the Companies.

Benefits to participants –

Benefits paid to participants are recognized when paid.

NOTE 3 – INVESTMENTS

The following table presents the investments that represent 5% or more of net plan assets at December 31, 2010 and 2009:

	2010	2009
BlackRock Global Allocation Fund	**	\$137,448
Franklin Rising Dividends Fund	**	87,752
DWS Large Cap Value Fund	**	78,486
Janus Forty Fund	**	76,910
PIMCO Total Return Fund	**	57,499
Franklin Small Cap Value Fund	**	56,907
JPMorgan Government Bond Fund	**	51,376
Franklin Mut Glb Disc Fund	**	44,083
Fidelity Advisor Small Cap Fund	**	43,550
RS Value Fund	**	42,535
Invesco Charter Fund	\$22,159	*
Invesco Small Cap Growth Fund	8,481	*
GS Core Fixed Income Fund	5,678	*
GS Growth Strategy Fund	7,706	*
Hartford Capital Appreciation Fund	9,508	*

* - Did not comprise greater than 5% of net assets at December 31, 2009.

** - Did not comprise greater than 5% of net assets as December 31, 2010.

NOTE 4 – PLAN TERMINATION

The Companies have the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. Effective July 31, 2010, management of the Companies discontinued the Plan. In connection therewith, contributions to the Plan ceased, all participants became fully vested in their account balances, and the administrator began distributing all balances to participants. Remaining Plan assets will be fully distributed in 2011.

NOTE 5 – TAX STATUS

The Plan operates under provisions of a prototype plan which received an opinion letter from the Internal Revenue Service dated March 31, 2008, which stated that the prototype plan, as then designed, was in compliance with the applicable sections of the Internal Revenue Code (IRC). The Administrator believes that the Plan and related trust are designed and currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

In connection with the Plan termination, a determination letter from the Internal Revenue Service has been requested. Management expects that a favorable determination on the termination will be received.

NOTE 6 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEES

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the trustees, as of for the years ended December 31, 2010 and 2009:

	2010	2009
Investments, at fair value:		
Mutual and common/collective trust funds	\$63,784	\$857,635
Investment income	\$8,000	\$7,988
Net appreciation in fair value of investments	\$121,308	\$123,738
Participant loans	\$6,184	\$11,879
Interest on participant loans	\$581	\$998

NOTE 7 - PARTY-IN-INTEREST TRANSACTIONS

JPMorgan Chase Bank ("JPM") acted as trustee for investments of the Plan through January 31, 2010. State Street Bank and Trust Company ("SSB") currently acts as trustee for investments of the Plan. Therefore, transactions with JPM and SSB qualify as party-in-interest transactions.

NOTE 8 - RECONCILIATION TO FORM 5500

As of December 31, 2009, the Plan determined that, based on discrimination testing, certain key participants were required to receive a refund of contributions in excess of amounts allowed, thereby permitting the plan to pass its nondiscrimination testing. For purposes of preparing the Form 5500, such excess contributions are recognized in the year refunded.

The following is a reconciliation of net assets available for benefits as reported in the financial statements to the Form 5500 as of December 31, 2009 (there were no such reconciling items as of December 31, 2010):

Net assets available for benefits per the financial statements	\$834,667
Liability for excess contributions payable	34,847
Net assets available for benefits per the Form 5500	<u>\$869,514</u>

Note 8 - continued

The following is a reconciliation of changes in net assets available for benefits as reported in the financial statements to the Form 5500 for the years ended December 31, 2010 and 2009:

	<u>2010</u>	<u>2009</u>
Net increase (decrease) in assets available for benefits per the financial statements	(\$764,699)	\$230,424
Excess contributions payable	<u>(34,847)</u>	<u>34,847</u>
Net increase (decrease) in assets available for benefits per the Form 5500	<u>(\$799,546)</u>	<u>\$265,271</u>

NOTE 9 – OTHER SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 11, 2011, the date which the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

GLOBAL HARVEST FOODS 401(K) PROFIT SHARING PLAN
EIN: 91-1548152
PLAN NO.: 001
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2010
(See Independent Auditor's Report)

<u>(a)</u>	<u>(b) Identity of issue, borrower, lessor or other similar party</u>	<u>(c) Description of investment</u>	<u>(d) Cost</u>	<u>(e) Current value</u>
	Invesco Charter	Mutual fund	**	\$22,159
	Invesco Small Cap Growth Fund	Mutual fund	**	8,481
	Invesco International Growth Fund	Mutual fund	**	2,038
	GS Government Income Fund	Mutual fund	**	1,372
	GS Core Fixed Income Fund	Mutual fund	**	5,678
	GS Growth Strategy Fund	Mutual fund	**	7,706
	Hartford Capital Appreciation Fund	Mutual fund	**	9,508
	GS Fin Square Prime Oblig Fund	Mutual fund	**	2,412
	Franklin Rising Dividends Fund	Mutual fund	**	2,503
	Franklin Mut Glb Disc Fund	Mutual fund	**	1,927
*	Participant Loans	interest at 9.25%	\$0	6,184
	Total			<u><u>\$69,968</u></u>

* Denotes party-in-interest

** Cost data not required for participant directed assets with individual accounts.

The accompanying notes are an integral part of these financial statements.

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.

**GLOBAL HARVEST FOODS
401(k) PROFIT SHARING PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2010 AND 2009

October 11, 2011

To the Trustee and Administrator
Global Harvest Foods 401(k) Profit Sharing Plan

Independent Auditor's Report

We were engaged to audit the statement of net assets available for benefits of Global Harvest Foods 401(k) Profit Sharing Plan as of December 31, 2010 and 2009, and the related statement of changes in net assets in liquidation available for benefits for the year ended December 31, 2010, and the supplemental schedule of assets (held at end of year) as of December 31, 2010. These financial statements and supplemental schedule are the responsibility of the Plan's administrator.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Mid Atlantic Trust Company for the period January 1, 2009 through March 31, 2009, by JPMorgan Chase Bank for the period from April 1, 2009 through January 31, 2010, and by State Street Bank and Trust Company for the period from February 1, 2010 through December 31, 2010, the trustees 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 certifications from the former and current trustees that the information provided to the plan administrator by the trustees is complete and accurate.

As described in Note 4 to the financial statements, the Board of Directors of Global Harvest Foods, Ltd., the Plan sponsor, decided to terminate the plan. In accordance with accounting principles generally accepted in the United States of America, the Plan changed its basis of accounting from the ongoing plan basis to the liquidation basis for periods beginning January 1, 2010.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the trustees, 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.

Smith Bunday Berman Britton, P.S.

GLOBAL HARVEST FOODS 401(K) PROFIT SHARING PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2010 AND 2009
(See Independent Auditor's Report)

	December 31,	
	2010	2009
<i>Assets</i>	<i>(liquidation basis)</i>	
Investments, at fair value:		
Mutual funds	\$63,784	\$839,141
Common-collective trust	0	18,494
	<u>63,784</u>	<u>857,635</u>
Participant loans	6,184	11,879
Total plan assets	<u>69,968</u>	<u>869,514</u>
<i>Liabilities</i>		
Excess contributions payable to participants	<u>0</u>	<u>34,847</u>
<i>Net Assets Available For Plan Benefits</i>	<u><u>\$69,968</u></u>	<u><u>\$834,667</u></u>

The accompanying notes are an integral part of these financial statements.

GLOBAL HARVEST FOODS 401(K) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS IN LIQUIDATION
AVAILABLE FOR PLAN BENEFITS
YEAR ENDED DECEMBER 31, 2010
(See Independent Auditor's Report)

Additions to net assets attributable to:	
Employer contributions	\$18,580
Employee contributions	61,411
Roll-over contributions	67,774
Total contributions	<u>147,765</u>
Dividends	8,000
Net appreciation in value of mutual funds	121,282
Net appreciation in value of common-collective trust	26
Total investment income	<u>129,308</u>
Interest on participant loans	<u>581</u>
Total additions	277,654
Deductions from net assets:	
Benefits paid to participants	<u>(1,042,353)</u>
Decrease in net assets available for plan benefits	(764,699)
Net assets available for plan benefits at beginning of year	<u>834,667</u>
Net assets in liquidation available for plan benefits at end of year	<u><u>\$69,968</u></u>

The accompanying notes are an integral part of these financial statements.

GLOBAL HARVEST FOODS 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1 – PLAN DESCRIPTION

The following description of the Global Harvest Foods 401(k) Profit Sharing Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions. Effective July 31, 2010, the Plan sponsors resolved to terminate the Plan. See Note 4.

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The Plan is a defined contribution plan covering all qualified employees of a controlled group of companies comprised of Mills Bros International Inc., Global Harvest Foods Ltd., Global Harvest Birdseed of South Dakota LLC and Global Harvest of Colorado LLC (hereinafter collectively referred to as “the Companies”). Employees of the Companies became eligible to participate in the salary deferral portion of the Plan upon completion of three months of service and attainment of age eighteen or more. Participation in the matching contributions and discretionary profit sharing contributions commenced after one year of service, as defined in the Plan document. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions -

Employees participating in the salary reduction feature were able to contribute amounts up to statutory limits prescribed by the Internal Revenue Code. The Companies made a matching contribution equal to 50% of the employee deferral limited to the first 4% of eligible compensation. The matching contribution was funded with each pay period.

The Companies could also make a discretionary profit sharing and a Qualified Non-Elective Contribution to the Plan, as determined annually by the employer. No discretionary contributions were authorized for the 2010 and 2009 plan years.

Effective July 31, 2010, all contributions to the Plan were ceased.

Participant accounts -

Each participant’s account was credited with the participant’s contribution and allocations of the Companies’ contribution. Until the participant receives a distribution of his or her account balance, Plan earnings and administrative expenses are allocated to the participant based on the account balance or investments elected. Plan participants are allowed to direct their account balances to various investment options, generally comprised of mutual funds. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Note 1 – continued

Vesting -

Participants were immediately vested in their salary reduction contributions plus actual earnings thereon. For employer matching and discretionary contributions, participants gained a vested interest based upon years of service, with 100% vesting achieved after 6 years of service.

In 2009, the Plan experienced a deemed partial plan termination due to turnover rates, which resulted in 100% vesting of participants. As such, certain employees were entitled to a restoration of amounts that had been previously forfeited. The total of this correction was \$617 and the amount will be recognized by the Plan when received from the employer in 2011. The associated distribution of these amounts to the affected participants will also be recognized when paid in 2011.

In connection with the Plan termination described in Note 4, all participants became 100% vested in their account balances, not already deemed to be vested.

Participant loans -

Participants could borrow from their fund accounts a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the Plan administrator at the loan origination date. Principal and interest were paid ratably through payroll deductions.

In connection with termination of the Plan, those participants with outstanding loan balances who requested distribution of their account balance were deemed to have received a distribution in amounts adequate to fully pay all principal and accrued interest due on the participant's loan. One loan remains outstanding as of December 31, 2010, which bears interest at 9.25%, and which will be repaid by distribution in 2011.

Distributions –

Due to the Plan termination, all participants have withdrawn, or will withdraw in 2011, their account balances from the Plan.

Distributions include excess contributions that must be returned to participants as a result of non-discrimination testing. In 2010, excess contributions returned to plan participants include \$41,474 attributable to the 2009 plan year, of which \$34,847 was accrued as a plan liability as of December 31, 2009. 2010 excess contributions also include \$4,552 that relate to the partial plan year ended July 31, 2010 (date contributions were ceased.)

Forfeited accounts -

Due to full vesting of all participants in 2010, no forfeitures are available in the Plan as of December 31, 2010. At December 31, 2009, forfeited nonvested accounts totaled \$20, and were used to offset unpaid employer matching contributions.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

Use of estimates -

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Basis of accounting -

The financial statements of the Plan have been prepared on the accrual method of accounting. Effective January 1, 2010 with the intended termination of the Plan, the accounts and activity are recorded using the liquidation basis of accounting. This basis of accounting does not differ materially from the going concern basis of accounting used in prior years.

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Level 2 – Inputs to the valuation methodology are other significant observable inputs, including inputs that are observable for the securities or similar securities, either directly or indirectly and market corroborated inputs.

Level 3 – Inputs to the valuation methodology are unobservable inputs and significant management judgment or estimation is required in determining fair value.

Note 2 - continued

Management has determined that the mutual fund assets are valued using Level 1 inputs and the common-collective trust investment was valued using Level 2 inputs, due to the nature of assets held by the common-collective trust, and the indirect nature of the ownership. Disaggregated investment information as of December 31, 2010 and 2009 follows:

	Assets at Fair Value as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Other Mutual Funds	\$63,784			\$63,784
Common-Collective Trust		\$0		0
Total Investments at Fair Value	\$63,784	\$0	\$0	\$63,784

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Strategic Allocation Funds	\$47,963			\$47,963
Other Mutual Funds	791,178			791,178
Common-Collective Trust		\$18,494		18,494
Total Investments at Fair Value	\$839,141	\$18,494	\$0	\$857,635

Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility.

Income recognition –

Purchases and sales of securities are recorded on a trade-date basis. Dividends reinvested, and realized and unrealized gains and losses are reported in net appreciation in fair value of investments.

Net appreciation in value of investments represents the net increase (decrease) in the value of investments sold during the year or held at year-end over (1) the value of investments held at the prior year-end, or (2) the cost of investments acquired during the current year.

Administrative expenses –

Administrative expenses of the Plan are primarily paid by the Companies.

Benefits to participants –

Benefits paid to participants are recognized when paid.

NOTE 3 – INVESTMENTS

The following table presents the investments that represent 5% or more of net plan assets at December 31, 2010 and 2009:

	2010	2009
BlackRock Global Allocation Fund	**	\$137,448
Franklin Rising Dividends Fund	**	87,752
DWS Large Cap Value Fund	**	78,486
Janus Forty Fund	**	76,910
PIMCO Total Return Fund	**	57,499
Franklin Small Cap Value Fund	**	56,907
JPMorgan Government Bond Fund	**	51,376
Franklin Mut Glb Disc Fund	**	44,083
Fidelity Advisor Small Cap Fund	**	43,550
RS Value Fund	**	42,535
Invesco Charter Fund	\$22,159	*
Invesco Small Cap Growth Fund	8,481	*
GS Core Fixed Income Fund	5,678	*
GS Growth Strategy Fund	7,706	*
Hartford Capital Appreciation Fund	9,508	*

* - Did not comprise greater than 5% of net assets at December 31, 2009.

** - Did not comprise greater than 5% of net assets as December 31, 2010.

NOTE 4 – PLAN TERMINATION

The Companies have the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. Effective July 31, 2010, management of the Companies discontinued the Plan. In connection therewith, contributions to the Plan ceased, all participants became fully vested in their account balances, and the administrator began distributing all balances to participants. Remaining Plan assets will be fully distributed in 2011.

NOTE 5 – TAX STATUS

The Plan operates under provisions of a prototype plan which received an opinion letter from the Internal Revenue Service dated March 31, 2008, which stated that the prototype plan, as then designed, was in compliance with the applicable sections of the Internal Revenue Code (IRC). The Administrator believes that the Plan and related trust are designed and currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

In connection with the Plan termination, a determination letter from the Internal Revenue Service has been requested. Management expects that a favorable determination on the termination will be received.

NOTE 6 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEES

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the trustees, as of for the years ended December 31, 2010 and 2009:

	2010	2009
Investments, at fair value:		
Mutual and common/collective trust funds	\$63,784	\$857,635
Investment income	\$8,000	\$7,988
Net appreciation in fair value of investments	\$121,308	\$123,738
Participant loans	\$6,184	\$11,879
Interest on participant loans	\$581	\$998

NOTE 7 - PARTY-IN-INTEREST TRANSACTIONS

JPMorgan Chase Bank ("JPM") acted as trustee for investments of the Plan through January 31, 2010. State Street Bank and Trust Company ("SSB") currently acts as trustee for investments of the Plan. Therefore, transactions with JPM and SSB qualify as party-in-interest transactions.

NOTE 8 - RECONCILIATION TO FORM 5500

As of December 31, 2009, the Plan determined that, based on discrimination testing, certain key participants were required to receive a refund of contributions in excess of amounts allowed, thereby permitting the plan to pass its nondiscrimination testing. For purposes of preparing the Form 5500, such excess contributions are recognized in the year refunded.

The following is a reconciliation of net assets available for benefits as reported in the financial statements to the Form 5500 as of December 31, 2009 (there were no such reconciling items as of December 31, 2010):

Net assets available for benefits per the financial statements	\$834,667
Liability for excess contributions payable	34,847
Net assets available for benefits per the Form 5500	<u>\$869,514</u>

Note 8 - continued

The following is a reconciliation of changes in net assets available for benefits as reported in the financial statements to the Form 5500 for the years ended December 31, 2010 and 2009:

	<u>2010</u>	<u>2009</u>
Net increase (decrease) in assets available for benefits per the financial statements	(\$764,699)	\$230,424
Excess contributions payable	<u>(34,847)</u>	<u>34,847</u>
Net increase (decrease) in assets available for benefits per the Form 5500	<u>(\$799,546)</u>	<u>\$265,271</u>

NOTE 9 – OTHER SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 11, 2011, the date which the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

GLOBAL HARVEST FOODS 401(K) PROFIT SHARING PLAN
EIN: 91-1548152
PLAN NO.: 001
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2010
(See Independent Auditor's Report)

<u>(a)</u>	<u>(b) Identity of issue, borrower, lessor or other similar party</u>	<u>(c) Description of investment</u>	<u>(d) Cost</u>	<u>(e) Current value</u>
	Invesco Charter	Mutual fund	**	\$22,159
	Invesco Small Cap Growth Fund	Mutual fund	**	8,481
	Invesco International Growth Fund	Mutual fund	**	2,038
	GS Government Income Fund	Mutual fund	**	1,372
	GS Core Fixed Income Fund	Mutual fund	**	5,678
	GS Growth Strategy Fund	Mutual fund	**	7,706
	Hartford Capital Appreciation Fund	Mutual fund	**	9,508
	GS Fin Square Prime Oblig Fund	Mutual fund	**	2,412
	Franklin Rising Dividends Fund	Mutual fund	**	2,503
	Franklin Mut Glb Disc Fund	Mutual fund	**	1,927
*	Participant Loans	interest at 9.25%	\$0	6,184
	Total			<u><u>\$69,968</u></u>

* Denotes party-in-interest

** Cost data not required for participant directed assets with individual accounts.

The accompanying notes are an integral part of these financial statements.

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

Plan Name GLOBAL HARVEST FOODS 401K PROFIT SHARING PLAN

EIN: 91-1548152

Plan Sponsor's Name GLOBAL HARVEST FOODS

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
	INVESCO INTL GROWTH - R	REGISTERED INVESTMENT COMPANY		2,038
	INVESCO SMALL CAP GROWTH - R	REGISTERED INVESTMENT COMPANY		8,481
	GS GOVERNMENT INCOME FUND - A	REGISTERED INVESTMENT COMPANY		1,372
	GS CORE FIXED INCOME FUND - A	REGISTERED INVESTMENT COMPANY		5,678
	GS GROWTH STRATEGY - A	REGISTERED INVESTMENT COMPANY		7,706
	GS BALANCED STRATEGY - A	REGISTERED INVESTMENT COMPANY		0
	HARTFORD CAPITAL APPR II - R3	REGISTERED INVESTMENT COMPANY		9,508

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

Plan Name _____
Plan Sponsor's Name _____

EIN: _____
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
	FRANKLIN MUT GLB DISC - R	REGISTERED INVESTMENT COMPANY		1,927
	FRANKLIN RISING DIVIDENDS - R	REGISTERED INVESTMENT COMPANY		2,503
	GS FIN SQUARE PRIME OBLIG SERV	REGISTERED INVESTMENT COMPANY		2,412
	INVESCO CHARTER - R	REGISTERED INVESTMENT COMPANY		22,159
	PARTICIPANT LOANS	INTEREST RATES (0.00% TO 0.00%)		6,184