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

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 09/01/2009 and ending 08/31/2010

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
WEHAH FARM INC. AND WEHAH LUNDBERG PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 08/01/1987

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
WEHAH FARM, INC. DBA LUNDBERG FAMILY FARMS

5311 MIDWAY
RICHVALE, CA 95974

2b Employer Identification Number (EIN)
94-2250281

2c Sponsor's telephone number
530-538-3500

2d Business code (see instructions)
311200

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	05/17/2012	DANA JONES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	05/17/2012	DANA JONES
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
WEHAH FARM, INC. DBA LUNDBERG FAMILY FARMS

5311 MIDWAY
RICHVALE, CA 95974

3b Administrator's EIN
94-2250281

3c Administrator's telephone number
530-538-3500

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	215
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**	196
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	28
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	224
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	224
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	211
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2A 2T 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)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 09/01/2009 and ending 08/31/2010

A Name of plan
WEHAH FARM INC. AND WEHAH LUNDBERG PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WEHAH FARM, INC. DBA LUNDBERG FAMILY FARMS

D Employer Identification Number (EIN)
94-2250281

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	257217	230279
(2) Participant contributions	1b(2)	0	7
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	974349
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7797164	7270681
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	8054381	8475316
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	0	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	8054381	8475316

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	291331	
	(B) Participants	2a(1)(B)	452415	
	(C) Others (including rollovers)	2a(1)(C)	21729	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		765475
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	164	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		164
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

		(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)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		265344
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		1030983
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	609573	
(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)		609573
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	475	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		475
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		610048
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		420935
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) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: GALLINA LLP (2) EIN: 94-2147510

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**	X		

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 09/01/2009 and ending 08/31/2010

A Name of plan
WEHAH FARM INC. AND WEHAH LUNDBERG PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WEHAH FARM, INC. DBA LUNDBERG FAMILY FARMS

D Employer Identification Number (EIN)
94-2250281

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): 95-6817942 56-1354495

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Wehah Farm, Inc. and Wehah Lundberg Profit Sharing Plan

Financial Statements
and Supplementary Information
for the years ended August 31, 2010 and 2009

WEHAH FARM, INC. AND WEHAH LUNDBERG PROFIT SHARING PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

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GALLINA LLP
CERTIFIED PUBLIC ACCOUNTANTS

To the Trustees
WEHAH FARM, INC. AND
WEHAH LUNDBERG PROFIT SHARING PLAN
Richvale, California

INDEPENDENT AUDITOR'S REPORT

We were engaged to audit the financial statements of Wehah Farm, Inc. and Wehah Lundberg Profit Sharing Plan ("the Plan") as of August 31, 2010 and 2009, and for the year ended August 31, 2010, and the supplemental schedule as of August 31, 2010, as listed in the accompanying index. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by WySTAR Global Retirement Solutions and Capital Bank and Trust Company, 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 WySTAR Global Retirement Solutions held the Plan's investment assets and executed investment transactions from July 9, 2010 to August 31, 2010, and that Capital Bank and Trust Company held the Plan's investment assets and executed investment transactions as of August 31, 2009 and for the period September 1, 2009 to July 8, 2010. The plan administrator has obtained certifications from the trustees as of and for the years ended August 31, 2010 and 2009, that the information provided to the plan administrator by the trustees is complete and accurate.

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

Gallina LLP

Rancho Cordova, California
June 7, 2011

WEHAH FARM, INC. AND WEHAH LUNDBERG PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

August 31, 2010 and 2009

ASSETS	2010	2009
Investments:		
Mutual funds	$ 8,245,030	$ 7,797,164
Receivables:		
Employer contributions	230,286	256,569
Total assets	8,475,316	8,053,733
LIABILITES		
Excess contributions refundable	-	(20)
Net assets available for benefits	$ 8,475,316	$ 8,053,713

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

WEHAH FARM, INC. AND WEHAH LUNDBERG PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Year Ended August 31, 2010

ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Net appreciation in fair value of investments		$ 266,176
Contributions:		
Employer	$ 291,331	
Participants	452,415	
Other	21,729	
Total contributions		765,475
Total additions to net assets		1,031,651
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants		610,048
Net increase in assets available for benefits		421,603
NET ASSETS AVAILABLE FOR BENEFITS:		
September 1, 2009		8,053,713
August 31, 2010		$ 8,475,316

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

1. **PLAN DESCRIPTION**

The following brief description of the WEHAH FARM, INC. AND WEHAH LUNDBERG PROFIT SHARING PLAN (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan providing retirement benefits for all eligible employees of Wehah Farm, Inc. and Wehah Lundberg (the Plan Sponsor) who have completed three months of service and are age twenty-one or older, as defined. The Plan was effective September 1, 1987, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 401(k) of the Internal Revenue Code.

Contributions - Participants may contribute to the Plan up to limitations established by the Internal Revenue Code. The Plan Sponsor's matching contributions to the 401(k) plan are 50% of the first $20 an employee defers each week.

Additional discretionary contributions to the Plan are authorized by the Board of Directors for the benefit of the Plan participants. To receive discretionary contributions, the participant must be actively employed on the last day of the Plan year and have completed more than 1,000 hours of service during the Plan year. Contributions to the Plan are based on a grouping method. Under this method, each participant eligible to receive discretionary contributions will be assigned to a group which will share in the contribution made for that group.

Forfeitures - At August 31, 2010 and 2009, forfeited non-vested accounts totaled $7,278 and $-0-, respectively. Forfeitures may first be used to pay plan expenses and remaining forfeitures will reduce future employer contributions. For the year ended August 31, 2010, employer contributions were reduced by $10,863 from forfeited non-vested accounts.

Participant Accounts - Each participant's account is credited with the participant's contributions and annual allocations of any Plan Sponsor contributions, Plan earnings and forfeitures of terminated participants' nonvested accounts. Allocations of Plan earnings are based on participant account balances, as defined. The benefit to which a participant is entitled is the balance reflected in the participant's vested account.

Vesting - Participants are immediately vested in their voluntary contributions plus employer matching contributions and actual earnings thereon. Vesting in the Plan Sponsor's discretionary contributions is in accordance with the following schedule:

Years of Service	Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

1. **PLAN DESCRIPTION**, Continued

Investment Options - All of the investments in the Plan are participant directed investments.

Distributions to Participants - On separation of service (death or termination of employment), the participant or beneficiary is entitled to the vested value of their account either in a lump sum cash payment or annual installments over a period of time not to exceed the participant's or beneficiary's life expectancy. Subject to certain requirements, participants, upon separation of service, may leave their account balance on deposit in the Plan. As of August 31, 2010, there were twenty-five terminated employees eligible for disbursements totaling $252,547 left on deposit in the Plan. As of August 31, 2009, there were thirty-one terminated employees eligible for disbursements totaling $447,101 left on deposit in the Plan. The participant may withdraw the balance of their account after suffering an extreme financial hardship (as defined by the Plan agreement) or after attaining age fifty-five (55). The distribution of the participant's account must commence no later than April 1, following the calendar year in which the participant attains age seventy and one-half (70-1/2).

Administrative Expenses - Administrative expenses of the Plan are the responsibility of the Plan. However, the Plan Sponsor may elect to pay for any or all expenses incurred by the Plan. For the year ended August 31, 2010, the Plan Sponsor elected to pay for substantially all of the administrative expenses.

Subsequent Events - The Company has evaluated all subsequent events through June 7, 2011, the date the financial statements were available to be issued.

2. **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting - The financial statements of the Plan are prepared under the accrual method of accounting.

Estimates and Assumptions - 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.

Payment of Benefits - Benefits are recorded when paid.

Investments - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurment date. See Note 4 for discussion of fair value measurements.

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

3. **INVESTMENTS**

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustees have certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate. The information certified includes total investments of $8,245,030 and $7,797,164 at August 31, 2010 and 2009, respectively, and related net appreciation in fair value of investments of $266,176 for the year ended August 31, 2010.

The following represents investments held by the Plan as of August 31:

	2010		2009	
Investments held with The American Funds Service Company:				
Mutual Funds:				
American Balanced Fund	$ -		$ 135,958	
American Funds Capital World Growth	224,431		-	
American Funds Europacific Growth	1,269,591	*	-	
American Funds Growth Fund of America	548,958	*	-	
American Funds Investment Company of America	2,317,784	*	-	
American High Income Trust	-		901	
Bond Fund of America	-		411,488	*
Capital Income Builder	-		10,800	
Capital World Growth and Income	-		439,311	*
Cash Management Trust	-		-	
Europacific Growth Fund	-		1,739,948	*
Fairholme Fund	585,913	*	-	
First Eagle Overseas	252,595		-	
Fundamental Investors	-		1,777	
Growth Fund of America	-		539,431	*
Income Fund of America	-		1,656	
Intermediate Bond Fund	-		33,520	
Investment Company of America	-		2,553,109	*
Janus Overseas	334,315		-	
JP Morgan US Government	7,278		-	
Money Market Fund	-		1,005,289	*
New Perspective Fund	-		309,812	
New World Fund	-		15,734	
Parnassus Small Cap	44,110		-	
Perkins Small Cap Value	23,389		-	
Small-Cap World Fund	-		129,555	
T. Rowe Price Mid-Cap Value	17,086		-	
Templeton Global Bond	280,953		-	
The New Economy Fund	-		97,077	

3. **INVESTMENTS,** Continued

Washington Mutual Investors Fund	-		371,798
Vanguard GNMA	694,067	*	-
Vanguard Prime Money Market	974,349	*	-
Vanguard REIT Index	2,672		-
Vanguard Short-Term Investment Grade	379,768		-
Vanguard Wellesley Income	111,380		-
Vanguard Wellington Income	176,391		-
	$ 8,245,030		$ 7,797,164

* Investments that represent 5% or more of net assets available for benefits.

4. **FAIR VALUE MEASUREMENTS**

The Fair Value Measurements Topic of the Financial Accounting Standards Board Codification establishes a framework for measuring fair value under generally accepted accounting principles. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under the Fair Value Measurements Topic are described below:

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

Level 2 - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

4. **FAIR VALUE MEASUREMENTS**, Continued

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

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Fair Value
As of August 31, 2010:				
Mutual Funds:				
Balanced	$ 287,771	$ -	$ -	$ 287,771
Bond	1,354,788	-	-	1,354,788
Equity-income	84,585	-	-	84,585
Growth	2,405,459	-	-	2,405,459
Growth and income	3,128,128	-	-	3,128,128
Money market	981,627	-	-	981,627
Real estate	2,672	-	-	2,672
Total mutual funds	$ 8,245,030	$ -	$ -	$ 8,245,030
As of August 31, 2009:				
Mutual Funds:				
Balanced	$ 135,958	$ -	$ -	$ 135,958
Bond	445,909	-	-	445,909
Equity-income	12,456	-	-	12,456
Growth	2,831,557	-	-	2,831,557
Growth and income	3,365,995	-	-	3,365,995
Money market	1,005,289	-	-	1,005,289
Total mutual funds	$ 7,797,164	$ -	$ -	$ 7,797,164

5. PLAN TERMINATION

Although it has not expressed any intention to do so, the Plan Sponsor has the right to discontinue its contributions and terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

6. INCOME TAX STATUS

The Plan is administered by Pension Dynamics Corporation under its volume submitter profit sharing plan approved by the Internal Revenue Service in a letter dated March 31, 2008. The Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code and therefore believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United State of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of August 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for tax years prior to 2006.

7. RISKS AND UNCERTAINTIES

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

8. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at August 31, 2009 to the Form 5500:

Net assets available for benefits per the financial statements	$	8,053,713
Revision to employer contribution		668
Net assets available for benefits per the Form 5500	$	8,054,381

8. **RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500**, Continued

The following is a reconciliation of net appreciation in fair value of investments per the financial statements for the year ended August 31, 2010 to the Form 5500:

Net appreciation in fair value of investments per the financial statements	$	266,176
Less: Revision to employer contribution		(668)
Net appreciation in fair value of investments per the Form 5500	$	265,508

Revisions to the employer contribution are due to an increase in the employer's discretionary contribution, which was reported on Schedule H of the 2008 Form 5500 but was not included on the financial statements.

SCHEDULE I

WEHAH FARM, INC. AND WEHAH LUNDBERG PROFIT SHARING PLAN

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
WEHAH FARM, INC. EIN #94-2250281
PLAN #001

August 31, 2010

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest	Cost	Current Value
American Funds Capital World Growth	Mutual Fund	Not	$ 224,431
American Funds Europacific Growth	Mutual Fund	Applicable	1,269,591
American Funds Growth Fund of America	Mutual Fund		548,958
American Funds Investment Company of America	Mutual Fund		2,317,784
Fairholme Fund	Mutual Fund		585,913
First Eagle Overseas	Mutual Fund		252,595
Janus Overseas	Mutual Fund		334,315
JP Morgan US Government	Mutual Fund		7,278
Parnassus Small Cap	Mutual Fund		44,110
Perkins Small Cap Value	Mutual Fund		23,389
T. Rowe Price Mid-Cap Value	Mutual Fund		17,086
Templeton Global Bond	Mutual Fund		280,953
Vanguard GNMA	Mutual Fund		694,067
Vanguard Prime Money Market	Mutual Fund		974,349
Vanguard REIT Index	Mutual Fund		2,672
Vanguard Short-Term Investment Grade	Mutual Fund		379,768
Vanguard Wellesley Income	Mutual Fund		111,380
Vanguard Wellington Income	Mutual Fund		176,391
			$ 8,245,030

The independent auditor’s report should be read in connection with these supplemental schedules.

DFVCP

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning 09/01/2009 and ending 08/31/2010

Name of plan

WEHAH Farm Inc. and WEHAH Lundberg Profit Sharing Plan

Employer Identification Number

94-2250281

Three-digit plan number ► 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
	VANGUARD GNMA	REGISTERED INVESTMENT FUND		694,067
	VANGUARD PRIME MONEY MARKET	REGISTERED INVESTMENT FUND		974,349
	VANGUARD SHORT-TERM INVEST GRD	REGISTERED INVESTMENT FUND		379,768
	AMERICAN FUNDS CAP WORLD GRWTH	REGISTERED INVESTMENT FUND		224,431
	JANUS OVERSEAS	REGISTERED INVESTMENT FUND		334,315
	AMERICAN FUNDS EUROPACIFIC	REGISTERED INVESTMENT FUND		1,269,591
	FIRST EAGLE OVERSEAS	REGISTERED INVESTMENT FUND		252,595
	TEMPLETON GLOBAL BOND	REGISTERED INVESTMENT FUND		280,953
	PERKINS SMALL CAP VALUE T	REGISTERED INVESTMENT FUND		23,389
	PARNASSUS SMALL CAP	REGISTERED INVESTMENT FUND		44,110
	T-ROWE PRICE MID-CAP VALUE	REGISTERED INVESTMENT FUND		17,086
	VANGUARD REIT INDEX	REGISTERED INVESTMENT FUND		2,672
	FAIRHOLME	REGISTERED INVESTMENT FUND		585,913
	AMERICAN FUNDS GROWTH FND AMER	REGISTERED INVESTMENT FUND		548,958
	AMERICAN FUNDS INVEST CO AMER	REGISTERED INVESTMENT FUND		2,317,784
	VANGUARD WELLINGTON INCOME	REGISTERED INVESTMENT FUND		176,391
	VANGUARD WELLESLEY INCOME	REGISTERED INVESTMENT FUND		111,380
	JP MORGAN US GOV'T	REGISTERED INVESTMENT FUND		7,278