Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ **Complete all entries in accordance with the instructions to the Form 5500.**	**2011** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
HONEY BAKED HAM CO. OF OHIO, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 08/01/1971

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

HONEY BAKED HAM CO. OF OHIO, INC.

11935 MASON-MONTGOMERY ROAD
SUITE 200
CINCINNATI, OH 45249-9897

2b Employer Identification Number (EIN) 34-0973658

2c Sponsor's telephone number 513-583-9700

2d Business code (see instructions) 445299

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2012	GEORGE KURZ
	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.

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
HONEY BAKED HAM CO. OF OHIO, INC.

11935 MASON-MONTGOMERY ROAD
SUITE 200
CINCINNATI, OH 45249-9897

3b Administrator's EIN
34-0973658

3c Administrator's telephone number
513-583-9700

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**	360
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**	266
b	Retired or separated participants receiving benefits	**6b**	21
c	Other retired or separated participants entitled to future benefits	**6c**	81
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	368
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	2
f	Total. Add lines **6d** and **6e**	**6f**	370
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	215
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
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 2G 2J 2K 3F

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)	Insurance Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.** ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	**2011** **This Form is Open to Public Inspection**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan	**B** Three-digit plan number (PN) ▶
HONEY BAKED HAM CO. OF OHIO, INC. 401(K) PROFIT SHARING PLAN	002
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
HONEY BAKED HAM CO. OF OHIO, INC.	34-0973658

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

GENERAL AMERICAN LIFE INSURANCE CO.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year **(f)** From	**(g)** To
43-0285930	63665	9699	7	01/01/2011	12/31/2011

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) [X] individual policies (2) [ ] group deferred annuity

(3) [ ] other (specify) ▶

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

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

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

(3) [ ] guaranteed investment (4) [ ] other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2011
Department of Labor Employee Benefits Security Administration	▶ **File as an attachment to Form 5500.**	**This Form is Open to Public Inspection.**
Pension Benefit Guaranty Corporation		

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
HONEY BAKED HAM CO. OF OHIO, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HONEY BAKED HAM CO. OF OHIO, INC.

D Employer Identification Number (EIN)
34-0973658

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

(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 ☐

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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
HONEY BAKED HAM CO. OF OHIO, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
HONEY BAKED HAM CO. OF OHIO, INC.

D Employer Identification Number (EIN)
34-0973658

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: MFS FIXED FUND
b Name of sponsor of entity listed in (a): SEI TRUST CO.
c EIN-PN 23-2852249-002 | **d** Entity code M | **e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions) 823108

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS BOND FUND A
b Name of sponsor of entity listed in (a): MFS INVESTMENT MANAGEMENT
c EIN-PN 34-0973658-002 | **d** Entity code M | **e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions) 784358

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REAL RETURN A
b Name of sponsor of entity listed in (a): MFS INVESTMENT MANAGEMENT
c EIN-PN 34-0973658-002 | **d** Entity code M | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 136542

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS TOTAL RETURN FUND A
b Name of sponsor of entity listed in (a): MFS INVESTMENT MANAGEMENT
c EIN-PN 34-0973658-002 | **d** Entity code M | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 515267

a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA ACORN A
b Name of sponsor of entity listed in (a): MFS INVESTMENT MANAGEMENT
c EIN-PN 34-0973658-002 | **d** Entity code M | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1123111

a Name of MTIA, CCT, PSA, or 103-12 IE: DREYFUS SMALL CAP STK INDEX
b Name of sponsor of entity listed in (a): MFS INVESTMENT MANAGEMENT
c EIN-PN 34-0973658-002 | **d** Entity code M | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52576

a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHSIMER SM & MIDCAP VALUE A
b Name of sponsor of entity listed in (a): MFS INVESTMENT MANAGEMENT
c EIN-PN 34-0973658-002 | **d** Entity code M | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 616743

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS AGGRESSIVE GROWTH ALLOC FD A			
b Name of sponsor of entity listed in (a): MFS INVESTMENT MANAGEMENT			
c EIN-PN 34-0973658-002	**d** Entity code M	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	751606
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS RESEARCH INTERNAT'L FUND A			
b Name of sponsor of entity listed in (a): MFS INVESTMENT MANAGEMENT			
c EIN-PN 34-0973658-002	**d** Entity code M	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	308779
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS GROWTH ALLOCATION FD A			
b Name of sponsor of entity listed in (a): MFS INVESTMENT MANAGEMENT			
c EIN-PN 34-0973658-002	**d** Entity code M	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	212108
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MODERATE ALLOCATION FD A			
b Name of sponsor of entity listed in (a): MFS INVESTMENT MANAGEMENT			
c EIN-PN 34-0973658-002	**d** Entity code M	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	142383
a Name of MTIA, CCT, PSA, or 103-12 IE: MASS INVESTORS GROWTH STK FUND A			
b Name of sponsor of entity listed in (a): MFS INVESTMENT MANAGEMENT			
c EIN-PN 34-0973658-002	**d** Entity code M	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	758037
a Name of MTIA, CCT, PSA, or 103-12 IE: MASSACHUSETTS INVESTORS TRUST A			
b Name of sponsor of entity listed in (a): MFS INVESTMENT MANAGEMENT			
c EIN-PN 34-0973658-002	**d** Entity code M	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	626720
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS VALUE A			
b Name of sponsor of entity listed in (a): MFS INVESTMENT MANAGEMENT			
c EIN-PN 34-0973658-002	**d** Entity code M	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	556001
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS NEW DISCOVERY A			
b Name of sponsor of entity listed in (a): MFS INVESTMENT MANAGEMENT			
c EIN-PN 34-0973658-002	**d** Entity code M	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	309308
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS CONSERVATIVE ALLOCATION A			
b Name of sponsor of entity listed in (a): MFS INVESTMENT MANAGEMENT			
c EIN-PN 34-0973658-002	**d** Entity code M	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	130130
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS INTERNATIONAL VALUE A			
b Name of sponsor of entity listed in (a): MFS INVESTMENT MANAGEMENT			
c EIN-PN 34-0973658-002	**d** Entity code M	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	341000

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW WORLD FUND			
b Name of sponsor of entity listed in (a): MFS INVESTMENT MANAGEMENT			
c EIN-PN 34-0973658-002	**d** Entity code M	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	134064
a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENT JENNISON NATURAL RESOURCES			
b Name of sponsor of entity listed in (a): MFS INVESTMENT MANAGEMENT			
c EIN-PN 34-0973658-002	**d** Entity code M	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	98093
a Name of MTIA, CCT, PSA, or 103-12 IE: ROYCE TOTAL RETURN			
b Name of sponsor of entity listed in (a): MFS INVESTMENT MANAGEMENT			
c EIN-PN 34-0973658-002	**d** Entity code M	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	61413
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2011** **This Form is Open to Public Inspection**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
HONEY BAKED HAM CO. OF OHIO, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HONEY BAKED HAM CO. OF OHIO, INC.

D Employer Identification Number (EIN)
34-0973658

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	137	137
(2) Participant contributions	1b(2)	0	22000
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	9923	10965
(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)	481188	472884
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	8713702	8481347
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	202763	173757
(15) Other	1c(15)	0	0

		(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	9407713	9161090
Liabilities			
g Benefit claims payable	1g	113	1095
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	113	1095
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	9407600	9159995

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	299702	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		299702
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)	19014	
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	92	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		19106
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	228664	
(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)		228664
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-423977
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		123495

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	371100	
(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)		371100
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)		
(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		371100

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		-247605
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: DAVIS & COMPANY **(2)** EIN: 34-1698013

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			

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)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 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.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
HONEY BAKED HAM CO. OF OHIO, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HONEY BAKED HAM CO. OF OHIO, INC.

D Employer Identification Number (EIN)
34-0973658

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): 34-0973658 _____

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** 22

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 (include any prior year accumulated funding deficiency not waived) **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 or other authority 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. 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): _____

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):

Davis & Company
A Professional Corporation

Certified Public Accountants
Certified Valuation Analysts
440-887-9150
Fax (440) 887-9160

To the Trustee of
The Honey Baked Ham Co. of Ohio, Inc.
401(K) Profit Sharing Plan

We have audited the accompanying statements of net assets available for benefits of Honey Baked Ham Co. of Ohio, Inc. 401(K) Profit Sharing Plan as of December 31, 2011 and 2010, and the related statement of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Honey Baked Ham Co. of Ohio, Inc. 401(K) Profit Sharing Plan as of December 31, 2011 and 2010, and the changes in net assets available for benefits for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules of assets held at the end of year as of December 31, 2011 and assets acquired and disposed of with in the year, together referred to as "supplemental information" are presented for the purpose of additional analysis and are not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental information is the responsibility of the Plan's management. This supplemental information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Davis & Company

Davis & Company, CPA's, Inc.
Middleburg Heights, Ohio
October 13, 2012

7205 Pearl Road, Middleburg Heights, Ohio 44130
Member: American Institute of Certified Public Accountants Ohio Society of Certified Public Accountants National Association of Certified Valuation Analysts Association of Certified Fraud Examiners AICPA Division for Firms -- Private Companies Practicing Section

Honey Baked Ham Co. of Ohio, Inc.
401(k) Profit Sharing Plan
Statement of Net Assets Available for Benefits
December 31, 2011 and 2010

(See auditors' report and financial statement notes)

	2011	2010
Assets		
Investments, at fair value		
Hartford participant directed	$ 8,481,346	$ 8,713,702
Cash value of life insurance policies	173,757	202,763
Total investments	8,655,103	8,916,465
Receivables		
Employer's contributions	137	137
Participants' loans	472,884	481,188
Employee's deferral	22,000	-
Total receivables	495,021	481,325
Cash	10,965	9,923
Total assets	9,161,089	9,407,713
Liabilities		
Accounts payable	1,095	114
Total liabilities	1,095	114
Net assets available for benefits	$9,159,994	$9,407,599

Honey Baked Ham Co. of Ohio, Inc.
401(k) Profit Sharing Plan
Statement of Changes in Net Assets Available for Benefits
December 31, 2011 and 2010

(See auditors' report and financial statement notes)

	2011	2010
Additions to net assets attributed to:		
Investment income		
Net appreciation (depreciation) in fair value of investments	($423,977)	$931,400
Interest	19,014	24,291
Dividends	222,351	137,738
Miscellaneous	92	1,605
Increase in cash surrender value of insurance	6,313	5,214
	(176,207)	1,100,248
Contributions		
Employer	-	-
Participants	299,702	272,674
Participant Rollover	-	-
	299,702	272,674
Total additions (deductions)	123,495	1,372,922
Deductions from net assets attributed to:		
Benefits paid to participants	371,100	347,037
Miscellaneous expense	-	-
Total deductions	371,100	347,037
Net increase (decrease)	(247,605)	1,025,885
Net assets available for benefits		
Beginning of year	9,407,599	8,381,714
End of year	$9,159,994	$9,407,599

The Honey Baked Ham Co. of Ohio, Inc.
401(K) Profit Sharing Plan
Notes to Financial Statements
December 31, 2011 and 2010

A. Description of Plan

The following description of the Honey Baked Ham Co. of Ohio, Inc. (Company) 401(K) Profit Sharing Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. GENERAL. The Plan is a defined contribution plan covering all full-time employees of the Company who are age twenty-one or older and
   a) for purposes of wage deferral and employee rollovers have three months of service and
   b) for purposes of employer contribution have one year service which is defined as1000 hours of service.

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

2. CONTRIBUTIONS. Participants may contribute through salary and wages deferrals up to the maximum percentage allowable of their annual wages including bonuses and overtime, but an amount not to exceed the limits set forth by the Internal Revenue Code. The Company, at its discretion, can contribute a profit sharing amount distributed based on employees' wages and or a discretionary match contribution based on employees' deferrals. All contributions are made in cash.

3. PARTICIPANT ACCOUNTS. Each participant's account is credited with the participant's contribution and allocation of (a) the Company's contribution and (b) Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

4. VESTING. Participants are immediately vested in their deferral contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service. A participant is 100 percent vested after five years of credited service.

5. FORFEITURES. Forfeitures of contributions shall be added to any employer matching contribution and allocated as an additional matching contribution.

The Honey Baked Ham Co. of Ohio, Inc.
401(K) Profit Sharing Plan
Notes to Financial Statements
December 31, 2011 and 2010

A. Description of Plan - Continued

6. INVESTMENT OPTIONS. Upon enrollment in the Plan, a participant may direct employee contributions into any of the investment options available at The Hartford Financial Services Group (formerly MFS) or life insurance through General American. These investments are set up independently by the participant and can be changed by the participant by phone, mail or on-line at any time.

7. PAYMENT OF BENEFITS. On termination of service, a participant may elect to receive either a lump-sum amount equal to the value of his or her account, or annuity payments in the form of a life annuity or joint-survivor annuity, depending on marital status. If a participant has reached age 61, and has 5 years of service, distributions may be made, at the participant's election, from any accounts which are 100% vested without requiring the participant to terminate employment.

8. EXPENSES. The Company is absorbing all expenses of the Plan.

9. CASH. The cash balance at December 31, 2011 of $10,965 consists of the forfeited non-vested accounts. This will be allocated to the participants' accounts in 2012.

B. Summary of Accounting Policies

1. VALUATION. An outside service provider (The Hartford) accounts for each individual participants self-directed account valuation on a cash basis. The number of shares owned at the time are valued by The Hartford at year end at the fair market price.

2. DATE OF MANAGEMENT'S REVIEW. Subsequent events were evaluated through October 13, 2012 which is the date the financial statements were available to be issued.

The Honey Baked Ham Co. of Ohio, Inc.
401(K) Profit Sharing Plan
Notes to Financial Statements
December 31, 2011 and 2010

B. Summary of Accounting Policies-Continued

3. USE OF ESTIMATES. The preparation of financial statements in conformity with generally accepted accounting principles 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 changes in assets and liabilities during the reporting period. Actual amounts could differ from those amounts and the differences could be significant.

C. Investments

Except for its deposit with an insurance company (Note D), the Plan's investments are held by an outside service provider, The Hartford (formerly MFS), which allows for self-directed investment options by the participants.

All of the Hartford investment options are mutual funds. The nature of investing includes inherent risks that are discussed at Notes J and L.

The following presents investments that represent 5% or more of the Plan's net assets.

	December 31,	
	2011	2010
MFS Mass. Investors Trust	$ 626,720	$ 601,736
MFS Mass. Investors Growth Stock Fund	758,037	812,717
MFS Total Return Fund	515,267	987,073
MFS Aggressive Growth	751,606	787,030
MFS Research International Fund	308,779	604,442
Columbia Acorn Fund	1,123,111	1,220,956
Oppenheimer Small & Mid Cap Value	616,743	729,308
Value Fund A	556,001	640,973
Bond Fund A	784,358	290,256
Fixed Fund	823,108	926,929
Participant Loans	472,884	481,188
	7,336,614	8,082,608

D. Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit.

	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
December 31, 2011			
Participant directed Mutual Funds	$ 8,481,346	$8,481,346	$ -
Cash Value of Life Insurance Policies	173,757	-	173,757
Participant Loans	472,884	-	472,884
December 31, 2010			
Participant directed Mutual Funds	$ 8,713,702	$8,713,702	$ -
Cash Value of Life Insurance Policies	202,763	-	202,763
Participant Loans	481,188	-	481,188

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of Participant directed Mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

D. Fair Value Measurements – Continued

Level 3 Fair Value Measurements

The cash value of life insurance policies with an insurance company and participant loans are not actively traded and significant other observable inputs are not available. Thus, the fair value of cash value of life insurance policies is determined from the individual participant statements provided from the insurance company and the fair value of the participant loans is determined by totaling all of the amortized loan schedules for each participant with a loan. The following table provides further details of the Level 3 fair value measurements.

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

	Insurance Policies	Participant Loans	Total
December 31, 2011			
Beginning Balance	$ 202,763	$ 481,188	$ 683,951
Total gains included in changes In net assets available for benefits	6,313	-	6,313
Benefits paid, net issuances	(35,319)	(8,304)	(43,623)
Ending Balance	$ 173,757	$ 472,884	$ 646,641
December 31, 2010			
Beginning Balance	$ 197,549	$ 480,835	$ 678,384
Total gains included in changes In net assets available for benefits	5,214	-	5,214
Benefits paid, net issuances/payments	-	353	353
Ending Balance	$ 202,763	$ 481,188	$ 683,951

E. Cash Value of Life Insurance Policies

The participants of the salary deferral program can elect to purchase a life insurance policy through the Plan. Each electing participant maintains a separate contract for insurance. Premiums are paid from the electing participants' deferral account. Each policy is valued at its' current cash surrender value.

F. Participants Loans Receivable

Under the Plan, the Trustee may, in the Trustee's sole discretion, make loans to participants and beneficiaries. These loans bear a reasonable rate of interest at the time the loan was made and provide for repayment over a reasonable time period. Loans are limited to $50,000 reduced by the highest outstanding balance of any other loan to that participant during the previous year or one-half of the present value of the non-forfeitable accrued benefit of Employee under the Plan, whichever is greater.

G. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

H. Tax Status

The plan obtained its latest determination letter dated March 31, 2008, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code Therefore, a provision for income taxes has not been included in the plan's financial statements.

I. Party-in-Interest

Three of the Plan participants qualify as a party-in-interest to the Plan. Two of the participants are majority shareholders (by direct ownership and attribution) of the Company. There were no unusual or restricted transactions between these participants and the Plan.

One participant was responsible for administration of the Plan. This participant had direct responsibility for transactions of the Plan, as well as a participant loan balance outstanding at the end of the Plan year. The loan balance is currently being repaid in accordance set forth in the Plan. There were no unusual or restricted transactions between this participant and the Plan.

J. Financial Instruments

The Plan consists of participant-directed investments in various mutual funds and life insurance. The mutual funds are diversified to minimize investment risk and maximize the overall return on investment for plan participants. All of the investments of the plan are held for trading purposes.

Due to the inherent risk in each investment, including but not limited to business risk, market risk, and economic risk, the plan is subject to fluctuations in value, and ultimately total loss of value in the event of financial market distress.

The following methods and assumptions were used to estimate the fair market value of each class of financial instrument.

Participant Directed Hartford Funds – Fair value is based principally on independent pricing services, broker quotes and other independent information.

Additionally, receivables are at the carrying value of the accounts and are considered to be a reasonable estimate of fair value.

K. Commitments and Contingencies

The Plan did not have any restrictions on cash, and did not have any securities or assets pledged for debt. Additionally, the Plan does not have any contingencies that would require accrual or disclosure.

L. 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 in the statement of net assets available for benefits.

NAME OF PLAN: HONEY BAKED HAM CO. OF OHIO, INC. 401(K) PROFIT SHARING PLAN

NAME OF PLAN SPONSOR: HONEY BAKED HAM CO. OF OHIO, INC.

PLAN NUMBER: # 002

PLAN YEAR END: DECEMBER 31, 2011

EMPLOYER IDENTIFICATION NUMBER: # 34-0973658

Attachment to Schedule H, Part IV, line 4i -- Schedule of Assets Held at End of Year

(b)		(c)	(d)	(e)
			COST BASIS 12/30/2011	VALUE 12/30/2011
INVESTMENT NAME	**ID**	**TYPE**		
MFS FIXED FUND	FXFND	INTMF	823,113.39	823,107.72
COLUMBIA ACORN A	COLACORNA	INTMF	1,143,402.92	1,123,110.51
DREYFUS SMALL CAP STOCK INDEX	DRSMCAPIN	INTMF	48,029.70	52,576.29
OPPENHEIMER SM & MIDCAP VALUE A	OPSMIDVALA	INTMF	660,508.79	616,743.29
AMERICAN FUNDS NEW WORLD	AFNWWLDR3	INTMF	159,963.33	134,063.99
PIMCO REAL RETURN A	PIMRELRETA	INTMF	134,699.65	136,541.79
MFS BOND A	BONDA	INTMF	752,962.09	784,357.89
MFS TOTAL RETURN A	TOTRA	INTMF	497,324.52	515,267.46
MFS VALUE A	VALUEA	INTMF	559,895.48	556,001.09
MFS NEW DISCOVERY A	NEWDA	INTMF	344,850.76	309,308.24
MFS RESEARCH INTERNATIONAL A	REINA	INTMF	336,752.13	308,779.11
MASS INVESTORS GROWTH A	MIGA	INTMF	661,820.75	758,037.39
MASS INVESTORS TRUST A	MITA	INTMF	666,407.13	626,720.26
MFS AGGRESSIVE GROWTH	AGGRALA	INTMF	741,011.58	751,605.78
MFS CONSERVATIVE ALLOCATION A	CONALLA	INTMF	124,518.47	130,129.62
MFS GROWTH ALLOCATION A	GRALLA	INTMF	211,375.14	212,107.75
MFS HIGH INCOME A	HINNA	INTMF	0.00	0.00
MFS INTERNATIONAL VALUE-A	INTLVA	INTMF	348,992.27	341,000.61
MFS MODERATE ALLOCATION A	MODALLA	INTMF	134,537.42	142,382.77
PRUDENT JENNISON NATURAL RESOURCES	PRUNATRESA	INTMF	133,203.46	98,092.64
ROYCE TOTAL RETURN	RYCTOTREK	INTMF	63,187.79	61,412.79
PARTICIPANT LOANS	LOAN	LOAN	472,883.57	472,883.57
MFS MONEY MARKET FUND			10,964.95	10,964.95
TOTALS			9,030,405.31	8,965,195.51

LOW/HIGH INTEREST RATE ON LOANS 4.25% TO 6.00%

NAME OF PLAN: HONEY BAKED HAM CO. OF OHIO, INC. 401(K) PROFIT SHARING PLAN

NAME OF PLAN SPONSOR: HONEY BAKED HAM CO. OF OHIO, INC.

PLAN NUMBER: # 002

PLAN YEAR END: DECEMBER 31, 2011

EMPLOYER IDENTIFICATION NUMBER: # 34-0973658

Attachment to Schedule H, Part IV, line 4i

Schedule of Assets Acquired and Disposed of Within Year

(a)		(b)	(c)	(d)
			COST OF ACQUISITIONS	PROCEEDS OF DISPOSITIONS
INVESTMENT NAME	ID	TYPE		
MFS FIXED FUND	FXFND	INTMF	69,274.46	173,089.21
COLUMBIA ACORN A	COLACORNA	INTMF	110,428.74	107,920.70
DREYFUS SMALL CAP STOCK INDEX	DRSMCAPIN	INTMF	5,590.26	36,739.01
OPPENHEIMER SM & MIDCAP VALUE A	OPSMIDVALA	INTMF	33,363.38	97,183.25
AMERICAN FUNDS NEW WORLD	AFNWWLDR3	INTMF	162,068.27	1,903.41
PIMCO REAL RETURN A	PIMRELRETA	INTMF	134,700.19	0.55
MFS BOND A	BONDA	INTMF	516,281.33	24,365.68
MFS TOTAL RETURN A	TOTRA	INTMF	50,163.24	527,544.01
MFS VALUE A	VALUEA	INTMF	29,936.72	110,377.22
MFS NEW DISCOVERY A	NEWDA	INTMF	141,638.76	19,931.01
MFS RESEARCH INTERNATIONAL A	REINA	INTMF	21,276.21	278,783.52
MASS INVESTORS GROWTH A	MIGA	INTMF	38,620.97	102,336.50
MASS INVESTORS TRUST A	MITA	INTMF	85,284.02	42,186.54
MFS AGGRESSIVE GROWTH	AGGRALA	INTMF	53,295.25	42,228.33
MFS CONSERVATIVE ALLOCATION A	CONALLA	INTMF	14,954.03	0.00
MFS GROWTH ALLOCATION A	GRALLA	INTMF	33,355.86	33,037.73
MFS HIGH INCOME A	HINNA	INTMF	320.72	20,952.71
MFS INTERNATIONAL VALUE-A	INTLVA	INTMF	142,134.63	2,966.24
MFS MODERATE ALLOCATION A	MODALLA	INTMF	13,287.41	39,940.32
PRUDENT JENNISON NATURAL RESOURCES	PRUNATRESA	INTMF	135,537.87	1,719.09
ROYCE TOTAL RETURN	RYCTOTREK	INTMF	67,705.82	4,391.11
PARTICIPANT LOANS	LOAN	LOAN	0.00	0.00
TOTALS			1,859,218.14	1,667,596.14

LOW/HIGH INTEREST RATE ON LOANS 4.25% TO 6.00%

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A Professional Corporation

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To the Trustee of
The Honey Baked Ham Co. of Ohio, Inc.
401(K) Profit Sharing Plan

We have audited the accompanying statements of net assets available for benefits of Honey Baked Ham Co. of Ohio, Inc. 401(K) Profit Sharing Plan as of December 31, 2011 and 2010, and the related statement of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Honey Baked Ham Co. of Ohio, Inc. 401(K) Profit Sharing Plan as of December 31, 2011 and 2010, and the changes in net assets available for benefits for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules of assets held at the end of year as of December 31, 2011 and assets acquired and disposed of with in the year, together referred to as "supplemental information" are presented for the purpose of additional analysis and are not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental information is the responsibility of the Plan's management. This supplemental information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Davis & Company

Davis & Company, CPA's, Inc.
Middleburg Heights, Ohio
October 13, 2012

7205 Pearl Road, Middleburg Heights, Ohio 44130
Member: American Institute of Certified Public Accountants Ohio Society of Certified Public Accountants National Association of Certified Valuation Analysts Association of Certified Fraud Examiners AICPA Division for Firms -- Private Companies Practicing Section

Honey Baked Ham Co. of Ohio, Inc.
401(k) Profit Sharing Plan
Statement of Net Assets Available for Benefits
December 31, 2011 and 2010

(See auditors' report and financial statement notes)

	2011	2010
Assets		
Investments, at fair value		
Hartford participant directed	$ 8,481,346	$ 8,713,702
Cash value of life insurance policies	173,757	202,763
Total investments	8,655,103	8,916,465
Receivables		
Employer's contributions	137	137
Participants' loans	472,884	481,188
Employee's deferral	22,000	-
Total receivables	495,021	481,325
Cash	10,965	9,923
Total assets	9,161,089	9,407,713
Liabilities		
Accounts payable	1,095	114
Total liabilities	1,095	114
Net assets available for benefits	$9,159,994	$9,407,599

Honey Baked Ham Co. of Ohio, Inc.
401(k) Profit Sharing Plan
Statement of Changes in Net Assets Available for Benefits
December 31, 2011 and 2010

(See auditors' report and financial statement notes)

	2011	2010
Additions to net assets attributed to:		
Investment income		
Net appreciation (depreciation) in fair value of investments	($423,977)	$931,400
Interest	19,014	24,291
Dividends	222,351	137,738
Miscellaneous	92	1,605
Increase in cash surrender value of insurance	6,313	5,214
	(176,207)	1,100,248
Contributions		
Employer	-	-
Participants	299,702	272,674
Participant Rollover	-	-
	299,702	272,674
Total additions (deductions)	123,495	1,372,922
Deductions from net assets attributed to:		
Benefits paid to participants	371,100	347,037
Miscellaneous expense	-	-
Total deductions	371,100	347,037
Net increase (decrease)	(247,605)	1,025,885
Net assets available for benefits		
Beginning of year	9,407,599	8,381,714
End of year	$9,159,994	$9,407,599

The Honey Baked Ham Co. of Ohio, Inc.
401(K) Profit Sharing Plan
Notes to Financial Statements
December 31, 2011 and 2010

A. Description of Plan

The following description of the Honey Baked Ham Co. of Ohio, Inc. (Company) 401(K) Profit Sharing Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. GENERAL. The Plan is a defined contribution plan covering all full-time employees of the Company who are age twenty-one or older and
   a) for purposes of wage deferral and employee rollovers have three months of service and
   b) for purposes of employer contribution have one year service which is defined as1000 hours of service.

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

2. CONTRIBUTIONS. Participants may contribute through salary and wages deferrals up to the maximum percentage allowable of their annual wages including bonuses and overtime, but an amount not to exceed the limits set forth by the Internal Revenue Code. The Company, at its discretion, can contribute a profit sharing amount distributed based on employees' wages and or a discretionary match contribution based on employees' deferrals. All contributions are made in cash.

3. PARTICIPANT ACCOUNTS. Each participant's account is credited with the participant's contribution and allocation of (a) the Company's contribution and (b) Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

4. VESTING. Participants are immediately vested in their deferral contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service. A participant is 100 percent vested after five years of credited service.

5. FORFEITURES. Forfeitures of contributions shall be added to any employer matching contribution and allocated as an additional matching contribution.

The Honey Baked Ham Co. of Ohio, Inc.
401(K) Profit Sharing Plan
Notes to Financial Statements
December 31, 2011 and 2010

A. Description of Plan - Continued

6. INVESTMENT OPTIONS. Upon enrollment in the Plan, a participant may direct employee contributions into any of the investment options available at The Hartford Financial Services Group (formerly MFS) or life insurance through General American. These investments are set up independently by the participant and can be changed by the participant by phone, mail or on-line at any time.

7. PAYMENT OF BENEFITS. On termination of service, a participant may elect to receive either a lump-sum amount equal to the value of his or her account, or annuity payments in the form of a life annuity or joint-survivor annuity, depending on marital status. If a participant has reached age 61, and has 5 years of service, distributions may be made, at the participant's election, from any accounts which are 100% vested without requiring the participant to terminate employment.

8. EXPENSES. The Company is absorbing all expenses of the Plan.

9. CASH. The cash balance at December 31, 2011 of $10,965 consists of the forfeited non-vested accounts. This will be allocated to the participants' accounts in 2012.

B. Summary of Accounting Policies

1. VALUATION. An outside service provider (The Hartford) accounts for each individual participants self-directed account valuation on a cash basis. The number of shares owned at the time are valued by The Hartford at year end at the fair market price.

2. DATE OF MANAGEMENT'S REVIEW. Subsequent events were evaluated through October 13, 2012 which is the date the financial statements were available to be issued.

The Honey Baked Ham Co. of Ohio, Inc.
401(K) Profit Sharing Plan
Notes to Financial Statements
December 31, 2011 and 2010

B. Summary of Accounting Policies-Continued

3. USE OF ESTIMATES. The preparation of financial statements in conformity with generally accepted accounting principles 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 changes in assets and liabilities during the reporting period. Actual amounts could differ from those amounts and the differences could be significant.

C. Investments

Except for its deposit with an insurance company (Note D), the Plan's investments are held by an outside service provider, The Hartford (formerly MFS), which allows for self-directed investment options by the participants.

All of the Hartford investment options are mutual funds. The nature of investing includes inherent risks that are discussed at Notes J and L.

The following presents investments that represent 5% or more of the Plan's net assets.

	December 31,	
	2011	2010
MFS Mass. Investors Trust	$ 626,720	$ 601,736
MFS Mass. Investors Growth Stock Fund	758,037	812,717
MFS Total Return Fund	515,267	987,073
MFS Aggressive Growth	751,606	787,030
MFS Research International Fund	308,779	604,442
Columbia Acorn Fund	1,123,111	1,220,956
Oppenheimer Small & Mid Cap Value	616,743	729,308
Value Fund A	556,001	640,973
Bond Fund A	784,358	290,256
Fixed Fund	823,108	926,929
Participant Loans	472,884	481,188
	7,336,614	8,082,608

D. Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit.

	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
December 31, 2011			
Participant directed Mutual Funds	$ 8,481,346	$8,481,346	$ -
Cash Value of Life Insurance Policies	173,757	-	173,757
Participant Loans	472,884	-	472,884
December 31, 2010			
Participant directed Mutual Funds	$ 8,713,702	$8,713,702	$ -
Cash Value of Life Insurance Policies	202,763	-	202,763
Participant Loans	481,188	-	481,188

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of Participant directed Mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

D. Fair Value Measurements – Continued

Level 3 Fair Value Measurements

The cash value of life insurance policies with an insurance company and participant loans are not actively traded and significant other observable inputs are not available. Thus, the fair value of cash value of life insurance policies is determined from the individual participant statements provided from the insurance company and the fair value of the participant loans is determined by totaling all of the amortized loan schedules for each participant with a loan. The following table provides further details of the Level 3 fair value measurements.

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

	Insurance Policies	Participant Loans	Total
December 31, 2011			
Beginning Balance	$ 202,763	$ 481,188	$ 683,951
Total gains included in changes In net assets available for benefits	6,313	-	6,313
Benefits paid, net issuances	(35,319)	(8,304)	(43,623)
Ending Balance	$ 173,757	$ 472,884	$ 646,641
December 31, 2010			
Beginning Balance	$ 197,549	$ 480,835	$ 678,384
Total gains included in changes In net assets available for benefits	5,214	-	5,214
Benefits paid, net issuances/payments	-	353	353
Ending Balance	$ 202,763	$ 481,188	$ 683,951

E. Cash Value of Life Insurance Policies

The participants of the salary deferral program can elect to purchase a life insurance policy through the Plan. Each electing participant maintains a separate contract for insurance. Premiums are paid from the electing participants' deferral account. Each policy is valued at its' current cash surrender value.

F. Participants Loans Receivable

Under the Plan, the Trustee may, in the Trustee's sole discretion, make loans to participants and beneficiaries. These loans bear a reasonable rate of interest at the time the loan was made and provide for repayment over a reasonable time period. Loans are limited to $50,000 reduced by the highest outstanding balance of any other loan to that participant during the previous year or one-half of the present value of the non-forfeitable accrued benefit of Employee under the Plan, whichever is greater.

G. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

H. Tax Status

The plan obtained its latest determination letter dated March 31, 2008, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code Therefore, a provision for income taxes has not been included in the plan's financial statements.

I. Party-in-Interest

Three of the Plan participants qualify as a party-in-interest to the Plan. Two of the participants are majority shareholders (by direct ownership and attribution) of the Company. There were no unusual or restricted transactions between these participants and the Plan.

One participant was responsible for administration of the Plan. This participant had direct responsibility for transactions of the Plan, as well as a participant loan balance outstanding at the end of the Plan year. The loan balance is currently being repaid in accordance set forth in the Plan. There were no unusual or restricted transactions between this participant and the Plan.

J. Financial Instruments

The Plan consists of participant-directed investments in various mutual funds and life insurance. The mutual funds are diversified to minimize investment risk and maximize the overall return on investment for plan participants. All of the investments of the plan are held for trading purposes.

Due to the inherent risk in each investment, including but not limited to business risk, market risk, and economic risk, the plan is subject to fluctuations in value, and ultimately total loss of value in the event of financial market distress.

The following methods and assumptions were used to estimate the fair market value of each class of financial instrument.

Participant Directed Hartford Funds – Fair value is based principally on independent pricing services, broker quotes and other independent information.

Additionally, receivables are at the carrying value of the accounts and are considered to be a reasonable estimate of fair value.

K. Commitments and Contingencies

The Plan did not have any restrictions on cash, and did not have any securities or assets pledged for debt. Additionally, the Plan does not have any contingencies that would require accrual or disclosure.

L. 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 in the statement of net assets available for benefits.

NAME OF PLAN: HONEY BAKED HAM CO. OF OHIO, INC. 401(K) PROFIT SHARING PLAN

NAME OF PLAN SPONSOR: HONEY BAKED HAM CO. OF OHIO, INC.

PLAN NUMBER: # 002

PLAN YEAR END: DECEMBER 31, 2011

EMPLOYER IDENTIFICATION NUMBER: # 34-0973658

Attachment to Schedule H, Part IV, line 4i -- Schedule of Assets Held at End of Year

(b)		(c)	(d)	(e)
			COST BASIS 12/30/2011	VALUE 12/30/2011
INVESTMENT NAME	**ID**	**TYPE**		
MFS FIXED FUND	FXFND	INTMF	823,113.39	823,107.72
COLUMBIA ACORN A	COLACORNA	INTMF	1,143,402.92	1,123,110.51
DREYFUS SMALL CAP STOCK INDEX	DRSMCAPIN	INTMF	48,029.70	52,576.29
OPPENHEIMER SM & MIDCAP VALUE A	OPSMIDVALA	INTMF	660,508.79	616,743.29
AMERICAN FUNDS NEW WORLD	AFNWWLDR3	INTMF	159,963.33	134,063.99
PIMCO REAL RETURN A	PIMRELRETA	INTMF	134,699.65	136,541.79
MFS BOND A	BONDA	INTMF	752,962.09	784,357.89
MFS TOTAL RETURN A	TOTRA	INTMF	497,324.52	515,267.46
MFS VALUE A	VALUEA	INTMF	559,895.48	556,001.09
MFS NEW DISCOVERY A	NEWDA	INTMF	344,850.76	309,308.24
MFS RESEARCH INTERNATIONAL A	REINA	INTMF	336,752.13	308,779.11
MASS INVESTORS GROWTH A	MIGA	INTMF	661,820.75	758,037.39
MASS INVESTORS TRUST A	MITA	INTMF	666,407.13	626,720.26
MFS AGGRESSIVE GROWTH	AGGRALA	INTMF	741,011.58	751,605.78
MFS CONSERVATIVE ALLOCATION A	CONALLA	INTMF	124,518.47	130,129.62
MFS GROWTH ALLOCATION A	GRALLA	INTMF	211,375.14	212,107.75
MFS HIGH INCOME A	HINNA	INTMF	0.00	0.00
MFS INTERNATIONAL VALUE-A	INTLVA	INTMF	348,992.27	341,000.61
MFS MODERATE ALLOCATION A	MODALLA	INTMF	134,537.42	142,382.77
PRUDENT JENNISON NATURAL RESOURCES	PRUNATRESA	INTMF	133,203.46	98,092.64
ROYCE TOTAL RETURN	RYCTOTREK	INTMF	63,187.79	61,412.79
PARTICIPANT LOANS	LOAN	LOAN	472,883.57	472,883.57
MFS MONEY MARKET FUND			10,964.95	10,964.95
TOTALS			9,030,405.31	8,965,195.51

LOW/HIGH INTEREST RATE ON LOANS 4.25% TO 6.00%

NAME OF PLAN: HONEY BAKED HAM CO. OF OHIO, INC. 401(K) PROFIT SHARING PLAN

NAME OF PLAN SPONSOR: HONEY BAKED HAM CO. OF OHIO, INC.

PLAN NUMBER: # 002

PLAN YEAR END: DECEMBER 31, 2011

EMPLOYER IDENTIFICATION NUMBER: # 34-0973658

Attachment to Schedule H, Part IV, line 4i

Schedule of Assets Acquired and Disposed of Within Year

(a)		(b)	(c)	(d)
			COST OF ACQUISITIONS	PROCEEDS OF DISPOSITIONS
INVESTMENT NAME	ID	TYPE		
MFS FIXED FUND	FXFND	INTMF	69,274.46	173,089.21
COLUMBIA ACORN A	COLACORNA	INTMF	110,428.74	107,920.70
DREYFUS SMALL CAP STOCK INDEX	DRSMCAPIN	INTMF	5,590.26	36,739.01
OPPENHEIMER SM & MIDCAP VALUE A	OPSMIDVALA	INTMF	33,363.38	97,183.25
AMERICAN FUNDS NEW WORLD	AFNWWLDR3	INTMF	162,068.27	1,903.41
PIMCO REAL RETURN A	PIMRELRETA	INTMF	134,700.19	0.55
MFS BOND A	BONDA	INTMF	516,281.33	24,365.68
MFS TOTAL RETURN A	TOTRA	INTMF	50,163.24	527,544.01
MFS VALUE A	VALUEA	INTMF	29,936.72	110,377.22
MFS NEW DISCOVERY A	NEWDA	INTMF	141,638.76	19,931.01
MFS RESEARCH INTERNATIONAL A	REINA	INTMF	21,276.21	278,783.52
MASS INVESTORS GROWTH A	MIGA	INTMF	38,620.97	102,336.50
MASS INVESTORS TRUST A	MITA	INTMF	85,284.02	42,186.54
MFS AGGRESSIVE GROWTH	AGGRALA	INTMF	53,295.25	42,228.33
MFS CONSERVATIVE ALLOCATION A	CONALLA	INTMF	14,954.03	0.00
MFS GROWTH ALLOCATION A	GRALLA	INTMF	33,355.86	33,037.73
MFS HIGH INCOME A	HINNA	INTMF	320.72	20,952.71
MFS INTERNATIONAL VALUE-A	INTLVA	INTMF	142,134.63	2,966.24
MFS MODERATE ALLOCATION A	MODALLA	INTMF	13,287.41	39,940.32
PRUDENT JENNISON NATURAL RESOURCES	PRUNATRESA	INTMF	135,537.87	1,719.09
ROYCE TOTAL RETURN	RYCTOTREK	INTMF	67,705.82	4,391.11
PARTICIPANT LOANS	LOAN	LOAN	0.00	0.00
TOTALS			1,859,218.14	1,667,596.14

LOW/HIGH INTEREST RATE ON LOANS 4.25% TO 6.00%