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
AMERICAN NUTRITION, INC. PROFIT SHARING 401(K) PLAN

1b Three-digit plan number (PN) ▶ 006

1c Effective date of plan 07/01/1984

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

AMERICAN NUTRITION, INC.

P.O. BOX. 1405
OGDEN, UT 84402

2b Employer Identification Number (EIN) 87-0293258

2c Sponsor's telephone number 801-394-3477

2d Business code (see instructions) 311110

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	BARBARA A. MACPEEK
	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") AMERICAN NUTRITION, INC. P.O. BOX. 1405 OGDEN, UT 84402	**3b** Administrator's EIN 87-0293258 **3c** Administrator's telephone number 801-394-3477

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:	**4b** EIN
a	Sponsor's name	**4c** PN

5	Total number of participants at the beginning of the plan year	**5**	413
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**	373
b	Retired or separated participants receiving benefits	**6b**	4
c	Other retired or separated participants entitled to future benefits	**6c**	25
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	402
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	3
f	Total. Add lines **6d** and **6e**	**6f**	405
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	323
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	23
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

- **(1)** [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) ▶	006
AMERICAN NUTRITION, INC. PROFIT SHARING 401(K) PLAN		
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
AMERICAN NUTRITION, INC.	87-0293258	

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

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

1 Coverage Information:

(a) Name of insurance carrier

THE GUARDIAN LIFE INSURANCE

(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
13-5123390	64246	PK116	3	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

R. CRAWFORD & B. WAGSTAFF
311 S. STATE 410
SALT LAKE CITY, UT 84111

(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 ▶ FURNISHED TO DOL BY THE GUARDIAN

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
AMERICAN NUTRITION, INC. PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN NUTRITION, INC.

D Employer Identification Number (EIN)
87-0293258

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(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?
15 52 59 60 62 63 72	RECORDKEEPER	6445	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

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

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

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

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
AMERICAN NUTRITION, INC. PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 006

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AMERICAN NUTRITION, INC.

D Employer Identification Number (EIN)
87-0293258

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: ML RET PRESERVATION TRUST

b Name of sponsor of entity listed in (a): BANK OF AMERICA, N.A.

c EIN-PN 22-6484011-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO STABLE VALUE FUND

b Name of sponsor of entity listed in (a): INVESCO NATIONAL TRUST COMPANY

c EIN-PN 84-1142974-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3846499

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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
AMERICAN NUTRITION, INC. PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN NUTRITION, INC.

D Employer Identification Number (EIN)
87-0293258

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	200	400
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	815734	854260
(2) Participant contributions	1b(2)	29084	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	22768	139
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	1454982	1534113
(9) Value of interest in common/collective trusts	1c(9)	3432638	3846499
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	18106741	17787783
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	18269	19080

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(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	23880416	24042274
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		31892
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	31892
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	23880416	24010382

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)	1280053	
(B) Participants	2a(1)(B)	1067391	
(C) Others (including rollovers)	2a(1)(C)	82356	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2429800
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	82679	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		82679
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	448916	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		448916
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(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)		52842
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(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)		-981912
c Other income	2c		8815
d Total income. Add all **income** amounts in column (b) and enter total	2d		2041140

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1787184	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1787184
f Corrective distributions (see instructions)	2f		48825
g Certain deemed distributions of participant loans (see instructions)	2g		68720
h Interest expense	2h		0
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)	6445	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		6445
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1911174

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		129966
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: SCHMITT, GRIFFITHS, SMITH & CO **(2)** EIN: 87-0303946

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
AMERICAN NUTRITION, INC. PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN NUTRITION, INC.

D Employer Identification Number (EIN)
87-0293258

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): 13-3180817 _____

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

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

Part II Funding Information

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (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):

AMERICAN NUTRITION, INC.
PROFIT SHARING 401(k) PLAN

Financial Statements

December 31, 2011 and 2010

(With Independent Auditors' Report Thereon)

Schmitt, Griffiths, Smith & Co.
CPAs & Business Advisors

Stuart L. Tholen, CITP, CPA
Dan C. Milne, MIM, CMA, CPA
Nikki J. Thon, MAcc, CPA
Kenneth D. Jeppesen, MAcc, CPA
Eric C. Johnson, MAcc, CFP, CPA
Brett A. Dagley, MAcc, CPA

Harlan P. Schmitt, MBA, CPA
Brent H. Griffiths, MBA, CPA
Sherman H. Smith, MBA, CPA
Mark C. Furniss, CPA

To the Plan Trustees of the
American Nutrition, Inc. Profit Sharing
401(k) Plan

Independent Auditors' Report

We were engaged to audit the statement of net assets available for benefits of the American Nutrition, Inc. Profit Sharing 401(k) Plan (the "Plan") as of December 31, 2011, and the related statement of changes in net assets available for benefits and the required supplemental schedule as of December 31, 2011. These financial statements and schedule are the responsibility of the Plan's administrator. The financial statements of the Plan as of and for the year ended December 31, 2010 were audited by other auditors whose report dated July 21, 2011, expressed an unqualified opinion on those financial statements.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 1, which was certified by Bank of America, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2011 and 2010, that the information provided to the Plan administrator by the trustee is complete and accurate.

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

Schmitt, Griffiths, Smith & Co.

October 10, 2012

5929 S. Fashion Pointe Drive, Suite 300, Ogden, UT 84403 Phone: (801) 621-1575 Fax: (801) 627-2911 www.sgscpa.com

AMERICAN NUTRITION, INC.
PROFIT SHARING 401(K) PLAN
Statements of Net Assets Available for Benefits
December 31, 2011 and 2010

	2011	2010
ASSETS		
Cash	$ 400	$ 200
Investments at fair value:		
Interest-bearing cash	139	22,768
Mutual funds	17,787,783	18,106,741
Common collective trust	3,865,826	3,394,459
Total investments at fair value	21,653,748	21,523,968
Employee contributions receivable	-	29,084
Employer contributions receivable	854,260	815,734
Other assets	19,080	18,269
Notes receivable from participants	1,534,113	1,454,982
Total assets	24,061,601	23,842,237
LIABLITIES		
Accrued liabilities	31,892	-
Net assets reflecting investments at fair value	24,029,709	23,842,237
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(19,327)	38,179
Net assets available for benefits	$ 24,010,382	$ 23,880,416

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

AMERICAN NUTRITION, INC.
PROFIT SHARING 401(K) PLAN
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2011

Additions:	
Investment income:	
Interest and dividend income	$ 531,595
Net depreciation in fair value of investments	(929,070)
Total investment loss	(397,475)
Contributions:	
Participant contributions	1,280,053
Employer contributions	1,067,391
Rollover contributions	82,356
Total contributions	2,429,800
Other income	8,815
Total additions	2,041,140
Deductions:	
Benefits paid to participants	1,787,184
Corrective distributions	48,825
Deemed distributions	68,720
Administrative expenses	6,445
Total deductions	1,911,174
Net additions	129,966
Net assets available for benefits, beginning of year	23,880,416
Net assets available for benefits, end of year	$ 24,010,382

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

AMERICAN NUTRITION, INC.
PROFIT SHARING 401(K) PLAN
Notes to Financial Statements
December 31, 2011 and 2010

(1) Description of the Plan

The following description of the American Nutrition, Inc. Profit Sharing 401(k) Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. American Nutrition, Inc. (the "Company" or "Employer") is the Plan Sponsor. The Plan covers substantially all employees of its American Nutrition, Inc. and its subsidiaries, Northwest Pet Products, Inc., Southwest Pet Products, Inc., Emporia Pet Products, Rocky Mountain Millings, Inc., and Vita-Line Products, Inc. (the "Companies").

General – The Plan is a defined contribution plan and is intended to be a qualified retirement plan under the Internal Revenue Code (IRC). An employee of the Employer is eligible to become a participant in the elective deferral and Employer match portion of the Plan on the first day of the quarter following completion of three months of service and is at least 18 years of age. An employee is eligible for the Plan's discretionary profit sharing contribution on the first Plan entry date following completion of six months of service; Plan entry dates for this purpose are each January 1 and July 1. The Plan is subject to the provisions of the ERISA, as amended.

Contributions – Participants elect both the amount of salary deferral contributions and the allocation of the salary deferral among the various investment alternatives within the Plan. Salary deferral contributions cannot exceed the lesser of 100% of eligible compensation or the maximum amount allowable under the IRC, which was $16,500 for the plan years ended December 31, 2011 and 2010.

The Plan provides for a matching contribution to be made by the Company equal to 50% of the first 5% of each participant's compensation as defined by the Plan. Upon remittance to the Plan, these contributions are directed by the participant. The Company may also make a discretionary profit sharing contribution, which is allocated to participant accounts based on the ratio of a participant's compensation to total compensation. The discretionary matching contributions are calculated and contributed on an annual basis. For the years ended December 31, 2011 and 2010, the Company discretionary profit sharing contributions of $854,260 and $815,734, respectively.

(1) Description of the Plan, Continued

Participant Accounts – Participants direct the investment of their contributions into various investment options offered by the Plan. Contributions to the Plan may be invested in, but are not limited to, common and preferred stocks, exchange traded put and call options, bonds, money market instruments, mutual funds, savings accounts, certificates of deposit, Treasury bills, or insurance contracts. Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's contribution, the Company's discretionary contribution, and an allocation of Plan earnings, and charged with withdrawals and an allocation of Plan losses and administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participants vested account.

Vesting – Participants immediately vest in their contributions and rollovers plus actual earnings thereon. Vesting in the Company's matching contribution portion and discretionary profit sharing contribution of their accounts is based on years of service (a year of service is defined by the Plan as 1,000 hours).

Years of Service	Percentage Vested
Less than two	0%
Two but less than three	20%
Three but less than four	40%
Four but less than five	60%
Five but less than six	80%
Six or more	100%

Notes Receivable from Participants – Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest ranging from 5.25% to 10.75%. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits – Participants are eligible for benefit payments upon termination of service, normal retirement, or permanent disability. Death benefits are paid to the designated beneficiary of the participant. Upon termination of service, a participant may receive a lump-sum distribution or installment distributions equal to the value of his or her vested account.

(1) Description of the Plan, Continued

Forfeitures – The unvested portion of terminated participant account balances is forfeited. Forfeited amounts are used to pay plan administrative expenses or reduce future employer contributions. The balance in the forfeiture account was $42,455 and $93,413 at December 31, 2011 and 2010, respectively.

(2) Summary of Significant Accounting Policies

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

Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to use estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition – Investments are reported at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Purchases and sales of securities are recorded on a trade-date basis. Interest and dividends are recorded when received. Investments that represented 5% or more of the Plan's assets have been separately identified (see Note 4). Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

(2) Summary of Significant Accounting Policies, Continued

Administrative Expenses – Administrative costs related to the Plan, are paid by the Plan or Company as provided in the plan document.

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

Subsequent Events – The Plan has evaluated subsequent events through October 10, 2012, the date the financial statements were available to be issued.

(3) Information Certified by the Trustee/Custodian

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the investment beginning balances, activity, earnings and ending balances have not been audited.

The plan administrator has obtained a certification from the trustee/custodian, as of and for the years ended December 31, 2011 and 2010, that the following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustee/custodian:

	2011	2010
Investments at fair value:		
Interest-bearing cash	$ 139	$ 22,768
Mutual funds	17,787,783	18,106,741
Common collective trust	3,865,826	3,394,459
Notes receivable from participants	1,534,113	1,454,982
Investment income (loss)	(397,475)	509,710

(4) Investments

The Plan's investments that represented 5% or more of the Plan's net assets as of December 31, 2011 and 2010 are as follows:

	2011	2010
Alger Large Cap Growth Portfolio	$ -	$ 1,280,544
Aston/Optimum Mid Cap Fund	1,227,472	1,324,246
Black Rock Basic Value Fund, Inc.	1,529,415	1,495,089
Black Rock Fundamental Growth Fund, Inc.	-	1,221,938
Black Rock Global Allocation Fund, Inc.	2,130,429	2,778,159
Black Rock Retirement Preservation Trust	-	3,432,637
Invesco International Growth Fund	1,089,685	1,582,912
Pimco Total Return Fund	2,860,983	2,735,991
Victory Diversified Stock Fund	-	1,739,482
Victory Small Company Opportunity Fund	1,249,641	1,288,092
Invesco Stable Value Fund	3,846,499	-
Sentinal Common Stock Fund	1,340,659	-

(5) Fair Value Measurements

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

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

(5) Fair Value Measurements, Continued

Level 2
Inputs to the valuation methodology include: (a) quoted prices for similar assets or liabilities in active markets; (b) quoted prices for identical or similar assets or liabilities in inactive markets; (c) inputs other than quoted prices that are observable for the asset or liability; and (d) inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

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

Following is a description of the valuation methodologies used for assets measured at fair value.

Mutual funds: Valued at the net asset value (NAV) of shares held by the Plan at year end.

Common Collective Trust: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan administrator believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

(5) Fair Value Measurements, Continued

The following tables set forth, by level, with the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011 and 2010:

	Fair Value Measurements Using:			
December 31, 2011	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)	Total
Mutual funds				
Growth	$ 4,751,476	$ 4,751,476	$ -	$ 4,751,476
Value	2,659,562	2,659,562	-	2,659,562
Fixed income	3,400,107	3,400,107	-	3,400,107
Blended	6,976,638	6,976,638	-	6,976,638
Common collective trust	3,865,826	-	3,865,826	3,865,826
Total	$ 21,653,609	$ 17,787,783	$ 3,865,826	$ 21,653,609

	Fair Value Measurements Using:			
December 31, 2010	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)	Total
Mutual funds				
Growth	$ 5,621,177	$ 5,621,177	$ -	$ 5,621,177
Value	2,105,153	2,105,153	-	2,105,153
Fixed income	2,767,075	2,767,075	-	2,767,075
Blended	7,613,336	7,613,336	-	7,613,336
Common collective trust	3,394,459	-	3,394,459	3,394,459
Total	$ 21,501,200	$ 18,106,741	$ 3,394,459	$ 21,501,200

(5) Fair Value Measurements, Continued

The following table sets forth a summary of changes in fair value of the Plan's Level 3 assets for the year ended December 31, 2011:

	Significant Unobservable Inputs (Level 3) Year Ended December 31, 2011
	Common Collective Trust
Beginning balance	$ 3,394,459
Realized gains (losses)	-
Unrealized gains (losses) relating to instruments still held at the reporting date	-
Purchases, sales, issuances, and settlements (net)	471,367
Ending balance	$ 3,865,826

(6) Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to several risks such as market, interest rate and credit risk. 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.

(7) Income Tax Status

The Plan obtained its latest determination letter on 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. The Plan has been amended since receiving the latest determination letter. However, the plan administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, the Plan's administrator believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

(8) Plan Termination

Although it is not expressed any intention 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 set forth in ERISA. In the event that the Plan is terminated, participants would become 100% vested in their accounts.

(9) Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements as of December 31, 2011 to Schedule H of form 5500.

		2011
Value of investment in common collective trust per financial statements	$	3,865,826
Add: Adjustment from fair value to contract value for fully benefit responsive contract held by the common collective trust		(19,327)
Value of investment in a common collective trust per Schedule H of Form 5500	$	3,846,499

The following is a reconciliation of the change in net assets per the financial statements for the year ended December 31, 2010 to Schedule H Form 5500.

		2010
Value of investment in common collective trust per financial statements	$	3,394,459
Add: Adjustment from fair value to contract value for fully benefit responsive contract held by the common collective trust		38,179
Value of investment in a common collective trust per Schedule H of Form 5500	$	3,432,638

AMERICAN NUTRITION, INC.
PROFIT SHARING 401(K) PLAN
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN 87-0293258
Plan Number 001
Year Ended December 31, 2011

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	(d) Cost	(e) Current value
	Invesco Stable Value Ret CL 4	Common Collective Trust	$ 3,805,557	$ 3,805,557
	Invesco Stable Val Ret GM CL 4	Common Collective Trust	40,941	40,941
	JP Morgan International Value	Mutual Fund	1,158,545	1,007,792
	JP Morgan Int'l Value GM Fund	Mutual Fund	48,543	43,349
	Alger Health Sciences FD A	Mutual Fund	222,487	239,942
	Aberdeen Small Cap FD CL A	Mutual Fund	(505)	-
	Blackrock Capital Apprc CL A	Mutual Fund	1,124,086	1,025,564
	Blackrock Capital App GM CL A	Mutual Fund	59,192	55,886
	Blackrock Basic Value A	Mutual Fund	1,592,818	1,529,415
	Blackrock Basic Value A GM	Mutual Fund	81,775	79,007
	Blackrock Global Alloc A	Mutual Fund	2,273,114	2,130,429
	Alger Largecap Growth FD A	Mutual Fund	1,125,041	1,123,895
	Pimco Total Return Fund CL A	Mutual Fund	2,862,011	2,860,983
	Pimco Tot Ret FD CL A GM	Mutual Fund	254,324	255,442
	Blackrock S&P500 Index I	Mutual Fund	956,500	947,066
	MFS New Discovery FD CL A	Mutual Fund	991,188	793,112
	MFS New Disc FD CL A GM	Mutual Fund	8,727	6,774
	Victory Small Company Oppor A	Mutual Fund	1,236,638	1,249,641
	Victory Small Company Opp A GM	Mutual Fund	19,645	19,880
	Aston/Fairpoint Mid Cap Fund	Mutual Fund	1,290,139	1,227,472
	Aston/Fairpoint Mid Cap FD GM	Mutual Fund	63,365	61,491
	Victory Diversified Stock FD	Mutual Fund	374	-
	Invesco International Grth A	Mutual Fund	1,180,760	1,089,685
	Invesco International GR GM A	Mutual Fund	39,317	37,080
	MFS Government Secs	Mutual Fund	41,505	42,266
	MFS Government Secs GM	Mutual Fund	237,672	241,417
	Columbia Seligman Comm FD A	Mutual Fund	412,061	379,538
	Sentinel Common Stock FD	Mutual Fund	1,344,972	1,340,659
	Notes Receivable from Participants	Interest Rates from 10.75% to 5.25%	-	1,534,113
				$ 23,168,395

* Party-in-Interest

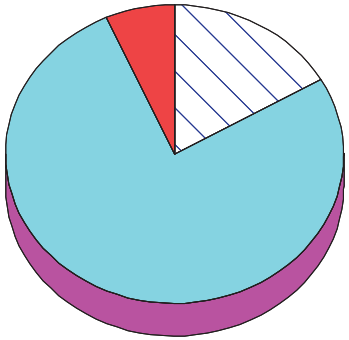
The accompanying notes are an integral part of these financial statements.

STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2011 - 12/31/2011

AMERICAN NUTRITION, INC.
PROFIT SHARING 401(K) PLAN
CONSOLIDATION

ALLOCATION OF PLAN ASSETS



- 16.60% COMMON / COLLECTIVE TRUSTS
- 6.62% LOANS
- 0.00% ACCRUED INCOME
- 76.77% MUTUAL FUNDS
- 0.00% PENDING SETTLEMENT FUNDS

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
COMMON / COLLECTIVE TRUSTS					
INVESCO STABLE VALUE RET CL 4	3,805,557.2900	1.000	3,805,557.31	3,805,557.29	16.43%
INVESCO STABLE VAL RET GM CL 4	40,941.4600	1.000	40,941.46	40,941.46	0.18%
TOTAL COMMON / COLLECTIVE TRUSTS			3,846,498.77	3,846,498.75	16.60%
MUTUAL FUNDS					
JP MORGAN INTERNATIONAL VALUE	90,628.8005	11.120	1,138,560.62	1,007,792.26	4.35%
JP MORGAN INT'L VALUE GM FUND	3,898.2713	11.120	48,834.97	43,348.78	0.19%
ALGER HEALTH SCIENCES FD A	12,106.0660	19.820	221,868.79	239,942.23	1.04%
BLACKROCK CAPITAL APPRC CL A	49,093.5334	20.890	891,839.17	1,025,563.91	4.43%
BLACKROCK CAPITAL APP GM CL A	2,675.2281	20.890	59,098.31	55,885.52	0.24%
BLACKROCK BASIC VALUE A	63,225.0773	24.190	1,587,858.32	1,529,414.62	6.60%

Balances include the effect of pending trades

STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2011 - 12/31/2011

AMERICAN NUTRITION, INC.
PROFIT SHARING 401(K) PLAN
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
BLACKROCK BASIC VALUE A GM	3,266.0891	24.190	81,534.71	79,006.70	0.34%
BLACKROCK GLOBAL ALLOC A	117,314.3936	18.160	1,959,130.20	2,130,429.39	9.20%
ALGER LARGECAP GROWTH FD A	95,650.6741	11.750	986,314.94	1,123,895.42	4.85%
PIMCO TOTAL RETURN FUND CL A	263,199.8680	10.870	2,848,650.87	2,860,982.57	12.35%
PIMCO TOT RET FD CL A GM	23,499.6805	10.870	254,123.96	255,441.53	1.10%
BLACKROCK S&P500 INDEX I	61,657.9514	15.360	933,698.76	947,066.13	4.09%
MFS NEW DISCOVERY FD CL A	45,765.2686	17.330	808,122.64	793,112.10	3.42%
MFS NEW DISC FD CL A GM	390.8780	17.330	8,677.84	6,773.92	0.03%
VICTORY SMALL COMPANY OPPOR A	41,324.1135	30.240	1,102,014.86	1,249,641.19	5.39%
VICTORY SMALL COMPANY OPP A GM	657.3996	30.240	19,604.06	19,879.76	0.09%
ASTON/FAIRPOINTE MID CAP FUND	41,482.6543	29.590	1,113,923.47	1,227,471.74	5.30%
ASTON/FAIRPOINTE MID CAP FD GM	2,078.0953	29.590	63,358.09	61,490.84	0.27%
INVESCO INTERNATIONAL GRTH A	43,070.5390	25.300	1,016,785.41	1,089,684.64	4.70%
INVESCO INTERNATIONAL GR GM A	1,465.6060	25.300	39,247.44	37,079.83	0.16%
MFS GOVERNMENT SECS	3,994.8621	10.580	41,547.65	42,265.64	0.18%
MFS GOVERNMENT SECS GM	22,818.2382	10.580	237,508.76	241,416.96	1.04%
COLUMBIA SELIGMAN COMM FD A	9,302.4068	40.800	327,694.53	379,538.20	1.64%
SENTINEL COMMON STOCK FD	43,121.8839	31.090	1,344,971.56	1,340,659.37	5.79%
TOTAL MUTUAL FUNDS			17,134,969.93	17,787,783.25	76.77%
LOANS					
LOAN FUND	1,534,112.6900	1.000	1,534,112.69	1,534,112.69	6.62%

Balances include the effect of pending trades

STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2011 - 12/31/2011

AMERICAN NUTRITION, INC.
PROFIT SHARING 401(K) PLAN
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
PENDING SETTLEMENT FUNDS					
PENDING SETTLEMENT FUND	400.0000	1.000	400.00	400.00	0.00%
INVESTMENT TOTAL			22,515,981.39	23,168,794.69	100.00%
UNINVESTED CASH			0.00	0.00	0.00%
ACCRUED INCOME			138.68	138.68	0.00%
CASH			0.00	0.00	0.00%
TOTAL ASSETS			22,516,120.07	23,168,933.37	100.00%

The balance in the cash fund may be temporarily invested in the BIF Money Fund. Additional amounts not reported as cash may also be invested in the BIF Money Fund pending settlement of trades.

Balances include the effect of pending trades

AMERICAN NUTRITION, INC.
PROFIT SHARING 401(k) PLAN

Financial Statements

December 31, 2011 and 2010

(With Independent Auditors' Report Thereon)

Schmitt, Griffiths, Smith & Co.
CPAs & Business Advisors

Stuart L. Tholen, CITP, CPA
Dan C. Milne, MIM, CMA, CPA
Nikki J. Thon, MAcc, CPA
Kenneth D. Jeppesen, MAcc, CPA
Eric C. Johnson, MAcc, CFP, CPA
Brett A. Dagley, MAcc, CPA

Harlan P. Schmitt, MBA, CPA
Brent H. Griffiths, MBA, CPA
Sherman H. Smith, MBA, CPA
Mark C. Furniss, CPA

To the Plan Trustees of the
American Nutrition, Inc. Profit Sharing
401(k) Plan

Independent Auditors' Report

We were engaged to audit the statement of net assets available for benefits of the American Nutrition, Inc. Profit Sharing 401(k) Plan (the "Plan") as of December 31, 2011, and the related statement of changes in net assets available for benefits and the required supplemental schedule as of December 31, 2011. These financial statements and schedule are the responsibility of the Plan's administrator. The financial statements of the Plan as of and for the year ended December 31, 2010 were audited by other auditors whose report dated July 21, 2011, expressed an unqualified opinion on those financial statements.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 1, which was certified by Bank of America, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2011 and 2010, that the information provided to the Plan administrator by the trustee is complete and accurate.

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

Schmitt, Griffiths, Smith & Co.

October 10, 2012

5929 S. Fashion Pointe Drive, Suite 300, Ogden, UT 84403 Phone: (801) 621-1575 Fax: (801) 627-2911 www.sgscpa.com

AMERICAN NUTRITION, INC.
PROFIT SHARING 401(K) PLAN
Statements of Net Assets Available for Benefits
December 31, 2011 and 2010

	2011	2010
ASSETS		
Cash	$ 400	$ 200
Investments at fair value:		
Interest-bearing cash	139	22,768
Mutual funds	17,787,783	18,106,741
Common collective trust	3,865,826	3,394,459
Total investments at fair value	21,653,748	21,523,968
Employee contributions receivable	-	29,084
Employer contributions receivable	854,260	815,734
Other assets	19,080	18,269
Notes receivable from participants	1,534,113	1,454,982
Total assets	24,061,601	23,842,237
LIABLITIES		
Accrued liabilities	31,892	-
Net assets reflecting investments at fair value	24,029,709	23,842,237
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(19,327)	38,179
Net assets available for benefits	$ 24,010,382	$ 23,880,416

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

AMERICAN NUTRITION, INC.
PROFIT SHARING 401(K) PLAN
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2011

Additions:	
Investment income:	
Interest and dividend income	$ 531,595
Net depreciation in fair value of investments	(929,070)
Total investment loss	(397,475)
Contributions:	
Participant contributions	1,280,053
Employer contributions	1,067,391
Rollover contributions	82,356
Total contributions	2,429,800
Other income	8,815
Total additions	2,041,140
Deductions:	
Benefits paid to participants	1,787,184
Corrective distributions	48,825
Deemed distributions	68,720
Administrative expenses	6,445
Total deductions	1,911,174
Net additions	129,966
Net assets available for benefits, beginning of year	23,880,416
Net assets available for benefits, end of year	$ 24,010,382

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

AMERICAN NUTRITION, INC.
PROFIT SHARING 401(K) PLAN
Notes to Financial Statements
December 31, 2011 and 2010

(1) Description of the Plan

The following description of the American Nutrition, Inc. Profit Sharing 401(k) Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. American Nutrition, Inc. (the "Company" or "Employer") is the Plan Sponsor. The Plan covers substantially all employees of its American Nutrition, Inc. and its subsidiaries, Northwest Pet Products, Inc., Southwest Pet Products, Inc., Emporia Pet Products, Rocky Mountain Millings, Inc., and Vita-Line Products, Inc. (the "Companies").

General – The Plan is a defined contribution plan and is intended to be a qualified retirement plan under the Internal Revenue Code (IRC). An employee of the Employer is eligible to become a participant in the elective deferral and Employer match portion of the Plan on the first day of the quarter following completion of three months of service and is at least 18 years of age. An employee is eligible for the Plan's discretionary profit sharing contribution on the first Plan entry date following completion of six months of service; Plan entry dates for this purpose are each January 1 and July 1. The Plan is subject to the provisions of the ERISA, as amended.

Contributions – Participants elect both the amount of salary deferral contributions and the allocation of the salary deferral among the various investment alternatives within the Plan. Salary deferral contributions cannot exceed the lesser of 100% of eligible compensation or the maximum amount allowable under the IRC, which was $16,500 for the plan years ended December 31, 2011 and 2010.

The Plan provides for a matching contribution to be made by the Company equal to 50% of the first 5% of each participant's compensation as defined by the Plan. Upon remittance to the Plan, these contributions are directed by the participant. The Company may also make a discretionary profit sharing contribution, which is allocated to participant accounts based on the ratio of a participant's compensation to total compensation. The discretionary matching contributions are calculated and contributed on an annual basis. For the years ended December 31, 2011 and 2010, the Company discretionary profit sharing contributions of $854,260 and $815,734, respectively.

(1) Description of the Plan, Continued

Participant Accounts – Participants direct the investment of their contributions into various investment options offered by the Plan. Contributions to the Plan may be invested in, but are not limited to, common and preferred stocks, exchange traded put and call options, bonds, money market instruments, mutual funds, savings accounts, certificates of deposit, Treasury bills, or insurance contracts. Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's contribution, the Company's discretionary contribution, and an allocation of Plan earnings, and charged with withdrawals and an allocation of Plan losses and administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participants vested account.

Vesting – Participants immediately vest in their contributions and rollovers plus actual earnings thereon. Vesting in the Company's matching contribution portion and discretionary profit sharing contribution of their accounts is based on years of service (a year of service is defined by the Plan as 1,000 hours).

Years of Service	Percentage Vested
Less than two	0%
Two but less than three	20%
Three but less than four	40%
Four but less than five	60%
Five but less than six	80%
Six or more	100%

Notes Receivable from Participants – Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest ranging from 5.25% to 10.75%. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits – Participants are eligible for benefit payments upon termination of service, normal retirement, or permanent disability. Death benefits are paid to the designated beneficiary of the participant. Upon termination of service, a participant may receive a lump-sum distribution or installment distributions equal to the value of his or her vested account.

(1) Description of the Plan, Continued

Forfeitures – The unvested portion of terminated participant account balances is forfeited. Forfeited amounts are used to pay plan administrative expenses or reduce future employer contributions. The balance in the forfeiture account was $42,455 and $93,413 at December 31, 2011 and 2010, respectively.

(2) Summary of Significant Accounting Policies

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

Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to use estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition – Investments are reported at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Purchases and sales of securities are recorded on a trade-date basis. Interest and dividends are recorded when received. Investments that represented 5% or more of the Plan's assets have been separately identified (see Note 4). Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

(2) Summary of Significant Accounting Policies, Continued

Administrative Expenses – Administrative costs related to the Plan, are paid by the Plan or Company as provided in the plan document.

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

Subsequent Events – The Plan has evaluated subsequent events through October 10, 2012, the date the financial statements were available to be issued.

(3) Information Certified by the Trustee/Custodian

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the investment beginning balances, activity, earnings and ending balances have not been audited.

The plan administrator has obtained a certification from the trustee/custodian, as of and for the years ended December 31, 2011 and 2010, that the following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustee/custodian:

	2011	2010
Investments at fair value:		
Interest-bearing cash	$ 139	$ 22,768
Mutual funds	17,787,783	18,106,741
Common collective trust	3,865,826	3,394,459
Notes receivable from participants	1,534,113	1,454,982
Investment income (loss)	(397,475)	509,710

(4) Investments

The Plan's investments that represented 5% or more of the Plan's net assets as of December 31, 2011 and 2010 are as follows:

	2011	2010
Alger Large Cap Growth Portfolio	$ -	$ 1,280,544
Aston/Optimum Mid Cap Fund	1,227,472	1,324,246
Black Rock Basic Value Fund, Inc.	1,529,415	1,495,089
Black Rock Fundamental Growth Fund, Inc.	-	1,221,938
Black Rock Global Allocation Fund, Inc.	2,130,429	2,778,159
Black Rock Retirement Preservation Trust	-	3,432,637
Invesco International Growth Fund	1,089,685	1,582,912
Pimco Total Return Fund	2,860,983	2,735,991
Victory Diversified Stock Fund	-	1,739,482
Victory Small Company Opportunity Fund	1,249,641	1,288,092
Invesco Stable Value Fund	3,846,499	-
Sentinal Common Stock Fund	1,340,659	-

(5) Fair Value Measurements

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

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

(5) Fair Value Measurements, Continued

Level 2
Inputs to the valuation methodology include: (a) quoted prices for similar assets or liabilities in active markets; (b) quoted prices for identical or similar assets or liabilities in inactive markets; (c) inputs other than quoted prices that are observable for the asset or liability; and (d) inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

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

Following is a description of the valuation methodologies used for assets measured at fair value.

Mutual funds: Valued at the net asset value (NAV) of shares held by the Plan at year end.

Common Collective Trust: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan administrator believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

(5) Fair Value Measurements, Continued

The following tables set forth, by level, with the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011 and 2010:

	Fair Value Measurements Using:			
December 31, 2011	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)	Total
Mutual funds				
Growth	$ 4,751,476	$ 4,751,476	$ -	$ 4,751,476
Value	2,659,562	2,659,562	-	2,659,562
Fixed income	3,400,107	3,400,107	-	3,400,107
Blended	6,976,638	6,976,638	-	6,976,638
Common collective trust	3,865,826	-	3,865,826	3,865,826
Total	$ 21,653,609	$ 17,787,783	$ 3,865,826	$ 21,653,609

	Fair Value Measurements Using:			
December 31, 2010	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)	Total
Mutual funds				
Growth	$ 5,621,177	$ 5,621,177	$ -	$ 5,621,177
Value	2,105,153	2,105,153	-	2,105,153
Fixed income	2,767,075	2,767,075	-	2,767,075
Blended	7,613,336	7,613,336	-	7,613,336
Common collective trust	3,394,459	-	3,394,459	3,394,459
Total	$ 21,501,200	$ 18,106,741	$ 3,394,459	$ 21,501,200

(5) Fair Value Measurements, Continued

The following table sets forth a summary of changes in fair value of the Plan's Level 3 assets for the year ended December 31, 2011:

	Significant Unobservable Inputs (Level 3) Year Ended December 31, 2011
	Common Collective Trust
Beginning balance	$ 3,394,459
Realized gains (losses)	-
Unrealized gains (losses) relating to instruments still held at the reporting date	-
Purchases, sales, issuances, and settlements (net)	471,367
Ending balance	$ 3,865,826

(6) Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to several risks such as market, interest rate and credit risk. 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.

(7) Income Tax Status

The Plan obtained its latest determination letter on 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. The Plan has been amended since receiving the latest determination letter. However, the plan administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, the Plan's administrator believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

(8) Plan Termination

Although it is not expressed any intention 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 set forth in ERISA. In the event that the Plan is terminated, participants would become 100% vested in their accounts.

(9) Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements as of December 31, 2011 to Schedule H of form 5500.

		2011
Value of investment in common collective trust per financial statements	$	3,865,826
Add: Adjustment from fair value to contract value for fully benefit responsive contract held by the common collective trust		(19,327)
Value of investment in a common collective trust per Schedule H of Form 5500	$	3,846,499

The following is a reconciliation of the change in net assets per the financial statements for the year ended December 31, 2010 to Schedule H Form 5500.

		2010
Value of investment in common collective trust per financial statements	$	3,394,459
Add: Adjustment from fair value to contract value for fully benefit responsive contract held by the common collective trust		38,179
Value of investment in a common collective trust per Schedule H of Form 5500	$	3,432,638

AMERICAN NUTRITION, INC.
PROFIT SHARING 401(K) PLAN
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN 87-0293258
Plan Number 001
Year Ended December 31, 2011

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	(d) Cost	(e) Current value
	Invesco Stable Value Ret CL 4	Common Collective Trust	$ 3,805,557	$ 3,805,557
	Invesco Stable Val Ret GM CL 4	Common Collective Trust	40,941	40,941
	JP Morgan International Value	Mutual Fund	1,158,545	1,007,792
	JP Morgan Int'l Value GM Fund	Mutual Fund	48,543	43,349
	Alger Health Sciences FD A	Mutual Fund	222,487	239,942
	Aberdeen Small Cap FD CL A	Mutual Fund	(505)	-
	Blackrock Capital Apprc CL A	Mutual Fund	1,124,086	1,025,564
	Blackrock Capital App GM CL A	Mutual Fund	59,192	55,886
	Blackrock Basic Value A	Mutual Fund	1,592,818	1,529,415
	Blackrock Basic Value A GM	Mutual Fund	81,775	79,007
	Blackrock Global Alloc A	Mutual Fund	2,273,114	2,130,429
	Alger Largecap Growth FD A	Mutual Fund	1,125,041	1,123,895
	Pimco Total Return Fund CL A	Mutual Fund	2,862,011	2,860,983
	Pimco Tot Ret FD CL A GM	Mutual Fund	254,324	255,442
	Blackrock S&P500 Index I	Mutual Fund	956,500	947,066
	MFS New Discovery FD CL A	Mutual Fund	991,188	793,112
	MFS New Disc FD CL A GM	Mutual Fund	8,727	6,774
	Victory Small Company Oppor A	Mutual Fund	1,236,638	1,249,641
	Victory Small Company Opp A GM	Mutual Fund	19,645	19,880
	Aston/Fairpoint Mid Cap Fund	Mutual Fund	1,290,139	1,227,472
	Aston/Fairpoint Mid Cap FD GM	Mutual Fund	63,365	61,491
	Victory Diversified Stock FD	Mutual Fund	374	-
	Invesco International Grth A	Mutual Fund	1,180,760	1,089,685
	Invesco International GR GM A	Mutual Fund	39,317	37,080
	MFS Government Secs	Mutual Fund	41,505	42,266
	MFS Government Secs GM	Mutual Fund	237,672	241,417
	Columbia Seligman Comm FD A	Mutual Fund	412,061	379,538
	Sentinel Common Stock FD	Mutual Fund	1,344,972	1,340,659
	Notes Receivable from Participants	Interest Rates from 10.75% to 5.25%	-	1,534,113
				$ 23,168,395

* Party-in-Interest

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