Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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
BYRNE DAIRY, INC. AND SONBYRNE SALES, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 005

1c Effective date of plan 10/01/1981

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

PO BOX 176
LAFAYETTE, NY 13084-0176

2b Employer Identification Number (EIN)
15-0258780

2c Sponsor's telephone number
315-475-2111

2d Business code (see instructions)
112120

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.	07/20/2010	PHILIP MAZZA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
BYRNE DAIRY, INC.

PO BOX 176
LAFAYETTE, NY 13084-0176

3b Administrator's EIN
15-0258780

3c Administrator's telephone number
315-475-2111

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	996
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**	906
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	51
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	957
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	957
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	705
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	75
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 2J 2K 3D 3H 2H 2S 2T

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
BYRNE DAIRY, INC. AND SONBYRNE SALES, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 005

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

D Employer Identification Number (EIN)
15-0258780

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
PRUDENTIAL RETIREMENT INSURANCE & ANNUITY CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	41317	957	07/13/2009	12/31/2009

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	54376

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

M & T SECURITIES, INC.
285 DELWARE AVENUE, SUITE 2000
BUFFALO, NY 14202-1885

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	54376	SERVICES TO INSURER OR PLAN	4

(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	

(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	2086817
5	Current value of plan's interest under this contract in separate accounts at year end	5	7798423

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ 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 ▶ GUARANTEED GENERAL ACCOUNT CONTRACT

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	67448		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	33354		
	(4) Transferred from separate account	7c(4)	848349		
	(5) Other (specify below)	7c(5)	2930738		
	▶ FORFEITURES, LOAN REPAYMENTS, MISCELLANEOUS, TRANSFERRED ASSETS				
	(6) Total additions			7c(6)	3879889
d	Total of balance and additions (add **b** and **c(6)**)			7d	3879889
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	352701		
	(2) Administration charge made by carrier	7e(2)	212		
	(3) Transferred to separate account	7e(3)	806483		
	(4) Other (specify below)	7e(4)	633676		
	▶ FORFEITURES, LOAN INITIATIONS, MISCELLANEOUS, EXCHANGES				
	(5) Total deductions			7e(5)	1793072
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	2086817

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 organization(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 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.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
BYRNE DAIRY, INC. AND SONBYRNE SALES, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 005

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

D Employer Identification Number (EIN)
15-0258780

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

PRUDENTIAL RETIREMENT INSURANCE AND

06-1050034

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

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

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

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

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

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

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

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

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

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

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

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)

M & T SECURITIES, INC.

16-1263079

(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?
33 71	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	12957	Yes [ ] No [X]

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

DERMODY, BURKE AND BROWN

01-0723685

(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?
10	NONE	10445	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

PRUDENTIAL RETIREMENT INSURANCE AND

06-1050034

(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?
13 15 37 50 60 64	NONE	4401	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

PRUDENTIAL INVESTMENT MANAGEMENT SE

13-4122960

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

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

THE PRUDENTIAL INSURANCE COMPANY OF

22-1211670

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

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

POMCO, INC.

15-0581348

(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?
	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	201216	Yes [ ] No [X]

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
PRUDENTIAL INVESTMENT MANAGEMENT SE	63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS DISTRIBUTORS INC 95-2769620	50.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 AMER:EUROPACIFIC GROW R3

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
EATON VANCE DISTRIBUTORS, INC. 04-3239487	25.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 EATON VANCE LG CAP VAL A

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
THE PRUDENTIAL INSURANCE COMPANY OF	15 60 64	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS SERVICE CO 95-2566717	15.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 AMER:EUROPACIFIC GROW R3

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
THE PRUDENTIAL INSURANCE COMPANY OF	15 39 60 64	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PNC GLOBAL INVESMNT SRVCNG U.S. INC 04-2871943	25.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 EATON VANCE LG CAP VAL A	

(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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
BYRNE DAIRY, INC. AND SONBYRNE SALES, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 005

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

D Employer Identification Number (EIN)
15-0258780

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: DRYDEN S & P 500 INDEX FUND

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

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)
06-1050034-123	P	21628

a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP BLEND/VICTORY

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

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)
06-1050034-177	P	16681

a Name of MTIA, CCT, PSA, or 103-12 IE: LGE CP GRTH/WADDEL & REED

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

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)
06-1050034-350	P	3088396

a Name of MTIA, CCT, PSA, or 103-12 IE: CORE PLUS BOND/PIMCO

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

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)
06-1050034-299	P	2016965

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE/TS & W

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

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)
06-1050034-256	P	1325821

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH/COLUMBUS

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

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)
06-1050034-650	P	16281

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP VALUE/SYSTEMATIC

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

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)
06-1050034-647	P	6590

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP GROWTH/FRONTIER

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

c EIN-PN 06-1050034-559	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1306061

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
BYRNE DAIRY, INC. AND SONBYRNE SALES, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 005

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

D Employer Identification Number (EIN)
15-0258780

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	22748	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	164018	285000
(2) Participant contributions	1b(2)	9403	0
(3) Other	1b(3)	1987	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	19880	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	275318	336210
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	0	7798423
(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)	13188716	5341487
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	2086817
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	13682070	15847937
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	750	0
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	750	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	13681320	15847937

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)	301197	
	(B) Participants	2a(1)(B)	737050	
	(C) Others (including rollovers)	2a(1)(C)	37541	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1075788
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	17010	
	(F) Other	2b(1)(F)	33354	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		50364
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	48393	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		48393
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1206673
(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)		1052823
c Other income	2c		149391
d Total income. Add all **income** amounts in column (b) and enter total	2d		3583432
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1385514	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1385514
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	31301	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		31301
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1416815
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		2166617
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: DERMODY, BURKE & BROWN CPAS, LLC (2) EIN: 01-0723685

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		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
BYRNE DAIRY, INC. AND SONBYRNE SALES, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 005

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

D Employer Identification Number (EIN)
15-0258780

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): 22-1211670 16-1472159

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

BYRNE DAIRY, INC. AND SONBYRNE SALES, INC. 401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS

December 31, 2009 and 2008

Table of Contents

BYRNE DAIRY, INC. AND SONBYRNE SALES, INC.
401(k) PROFIT SHARING PLAN

INDEPENDENT AUDITORS' REPORT ____ 1

AUDITED FINANCIAL STATEMENTS ____ 3

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS ____ 3
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS ____ 4
NOTES TO FINANCIAL STATEMENTS ____ 5

OTHER FINANCIAL INFORMATION ____ 13

SCHEDULE OF ASSETS (HELD AT END OF YEAR) ____ 13

Dermody, Burke & Brown, CPAs, LLC

INDEPENDENT AUDITORS' REPORT

TRUSTEES
BYRNE DAIRY, INC. AND SONBYRNE SALES, INC.
401(k) PROFIT SHARING PLAN

We were engaged to audit the accompanying statement of net assets available for benefits of **BYRNE DAIRY, INC. AND SONBYRNE SALES, INC. 401(k) PROFIT SHARING PLAN** (the Plan) as of December 31, 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009 and the supplemental schedule. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 3, which was certified by Prudential Retirement Insurance and Annuity Company, the Trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of December 31, 2009 and for the period of July 11, 2009 through December 31, 2009, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Because of the significance of the information in the Plan's 2009 financial statements that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule as of and for the year ended December 31, 2009. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the investment information certified by the Trustee, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, is 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.

We have audited the statement of net assets available for benefits of Byrne Dairy, Inc. and Sonbyrne Sales, Inc. 401(k) Profit Sharing Plan as of December 31, 2008, and in our report dated October 12, 2009, we expressed our opinion that such financial statements present fairly, in all material respects, the financial status of Byrne Dairy, Inc. and Sonbyrne Sales, Inc. 401(k) Profit Sharing Plan as of December 31, 2008, in conformity with accounting principles generally accepted in the United States of America.

Dermody, Burke & Brown

DERMODY, BURKE & BROWN, CPAs, LLC

Syracuse, NY

July 14, 2010

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2009 and 2008

	2009	2008
ASSETS		
Investments, at Fair Value:		
Money Market Fund	$ 0	$ 19,880
Registered Investment Company Funds	5,341,487	13,188,716
Common Collective Trusts	9,885,240	0
Participant Loans	336,210	275,318
Total Investments, at Fair Value	15,562,937	13,483,914
Receivables:		
Employer's Contribution	285,000	164,018
Participant Contributions	0	9,403
Other	0	1,987
Total Receivables	285,000	175,408
Cash	0	22,748
Total Assets	15,847,937	13,682,070
LIABILITIES		
Operating Payables	0	750
NET ASSETS AVAILABLE FOR BENEFITS	$ 15,847,937	$ 13,681,320

See notes to financial statements.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2009 and 2008

	2009	2008
ADDITIONS (DEDUCTIONS) TO NET ASSETS ATTRIBUTED TO:		
Investment Income:		
Net Investment Appreciation (Depreciation) from:		
Registered Investment Company Funds	$ 887,859	$ (4,562,119)
Common Collective Trusts	1,206,673	0
Interest and Dividends - Registered Investment Company Funds	267,793	547,177
Participant Loan Interest	18,687	16,226
Contributions:		
Employer	472,199	439,135
Employee	746,453	715,731
Rollover	44,855	19,287
Total Additions (Deductions)	3,644,519	(2,824,563)
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits Paid to Participants	1,385,514	929,461
Administrative Fees	92,388	77,857
Total Deductions	1,477,902	1,007,318
NET INCREASE (DECREASE)	2,166,617	(3,831,881)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	13,681,320	17,513,201
End of Year	$ 15,847,937	$ 13,681,320

See notes to financial statements.

NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 1 – DESCRIPTION OF PLAN

The following description of the Byrne Dairy, Inc. and Sonbyrne Sales, Inc. 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Summary Plan Description or Plan Document for a more complete description of the Plan's provisions. The participating employers in the Plan are Byrne Dairy, Inc., Sonbyrne Sales, Inc., Ultra Dairy, LLC and MaCabe Family Development, LLC (Companies).

1. **General** – The Plan is a 401(k) deferred savings plan and defined contribution profit sharing plan covering all employees of the Companies who have six months of service and are age 21 or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

2. **Contributions** – Employees who are eligible to participate may elect to defer up to the maximum amount allowed under the law into the Plan. Each participating employer, at its discretion, may elect each year to provide a matching contribution based on the participant's salary reduction contributions. In addition, each participating employer may also make an additional profit sharing contribution to employees. The matching and profit sharing contributions are determined by each participating employer, rather than at the Plan level.

3. **Participant Accounts** – Each participant's account is credited with the participant's contribution and allocation of (a) the Companies' contribution, if applicable, (b) Plan earnings or losses, and (c) forfeitures of terminated participant's nonvested accounts. Allocations are based upon participant compensation or account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

4. **Loan Provisions** – An employee may apply to the administrator for a loan of no less than $1,000 and no more than the lesser of 50% of the vested account balance of the participant's salary reduction contribution and employer matching contribution accounts or $50,000. A written loan program is established to set forth the rules and guidelines of the loan regarding repayment, interest and default provisions.

5. **Vesting** – Participants are immediately vested in their salary reduction contributions, rollovers from other plans, special contributions and all earnings thereon. Vesting in the employer discretionary profit sharing and matching amounts is based upon years of service as follows:

Less Than 2 Years	None
2 Years	20%
3 Years	40%
4 Years	60%
5 Years	80%
6 Years	100%

NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 1 – DESCRIPTION OF PLAN – Continued

6. **Payment of Benefits** – No distributions from the Plan will be made until a participant retires, dies (in which case, payments shall be made to their beneficiary) or otherwise terminates employment with the Companies. A participant may, however, upon attainment of age 60, elect to receive a pre-retirement distribution, while remaining in the service of the sponsor. A participant's normal form of distribution is a lump sum equal to the value of their vested account balance.

7. **Forfeitures** – The outstanding balance of forfeited non-vested contributions totaled $17,429 and $12,596 at December 31, 2009 and 2008, respectively. For the years ended December 31, 2009 and 2008, $32,653 and $55,730, respectively, were used to offset employer contributions and expenses.

8. **Administration of the Plan** – The Companies' contributions are held and managed by the Trustee, which invests cash received and interest, and makes distributions to participants. Certain administrative functions are performed by officers or employees of the Companies. No such officer or employee receives compensation from the Plan. Investment manager fees incurred by the Plan are paid from Plan assets. Certain administrative expenses are paid by the Plan sponsors.

9. **Plan Termination** – Although they have not expressed any intent to do so, the Companies have 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 of termination of the Plan, participants will become 100% vested in the value of their accounts.

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

11. **Subsequent Events –** Management has evaluated subsequent events through July 14, 2010, which is the date the financial statements were available to be issued.

NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net investment gain or loss includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Cash

The Plan maintains its cash account with one financial institution. The account is guaranteed by the Federal Deposit Insurance Corporation (FDIC). The FDIC insurance limit is $250,000 through December 31, 2013. There were no uninsured cash balances at December 31, 2009 and 2008.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain administrative fees are paid from the Plan assets, while other administrative expenses are paid by the Companies.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 3 – INVESTMENTS

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator has obtained a trustee certification from Prudential Retirement Insurance and Annuity Company, as of December 31, 2009 and for the period of July 11, 2009 through December 31, 2009 that all of the information provided by them is complete and accurate. Information included in the accompanying financial statements as of December 31, 2009 and for the period of July 11, 2009 through December 31, 2009 pertaining to investments, investment related assets and income, and all information in the supplemental schedule, is presented in reliance solely upon that certification. Prior to July 11, 2009, the Plan's investments were held by Charles Schwab & Company, Inc., which is a registered investment company and as the investment information was not certified, our audit was full-scope.

The Plan invests in several different mutual funds offered. These investments are subject to varying degrees of risk. The fair value of individual investments that represent 5% or more of the Plan's net assets as of December 31, 2009 and 2008 are as follows:

Fair Value of Investments

	2009	2008
Registered Investment Company Funds:		
Vanguard Total Bond Market Index Admiral Fund *	$ 0	$ 3,759,871
Vanguard Total Bond Market Index Fund	0	1,830,064
DFA U.S. Large Co Portfolio *	0	841,677
Schwab Small Cap Index Fund	0	1,298,076
Schwab International Index Fund	0	812,683
Schwab S&P 500 Select Shares Fund	0	1,591,188
Guaranteed Income Fund	2,086,817	0
Large Cap Growth/Waddel & Reed	3,088,397	0
Core Plus Bond/Pimco	2,016,965	0
Small Cap Value/TS & W	1,325,821	0
Mid Cap Growth/Frontier	1,306,061	0
Amer:Europacific Grow R3	2,267,088	0
Eaton Vance Large Cap Value A	3,074,399	0

* Non Participant Directed

NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 4 – FAIR VALUE MEASUREMENTS

Fair value is an exit price, representing the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants. The Plan reports fair value measurements using 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 are described below:

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

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

Registered Investment Company Funds: Valued at the net asset value, based on quoted market prices in active markets, of shares held by the Plan at year end.

Common Collective Trusts: Valued at the net asset value, based on the fair values of the underlying investments reported by the trustee of the funds. Fair values for the underlying assets were based on either quoted prices in active markets or observable inputs or quotations from inactive markets.

Participant Loans: Valued at outstanding balance, which approximates fair value.

NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 4 – FAIR VALUE MEASUREMENTS – Continued

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan 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.

The following table sets forth by level, within the fair value hierarchy, the fair value of the Plan's assets recorded at fair value on a recurring basis.

	December 31, 2009			
	Level 1	**Level 2**	**Level 3**	**Total**
Registered Investment Company Funds	$ 5,341,487	$ 0	$ 0	$ 5,341,487
Common Collective Trusts	0	9,885,240	0	9,885,240
Participant Loans	0	0	336,210	336,210
Total Investments at Fair Value	$ 5,341,487	$ 9,885,240	$ 336,210	$ 15,562,937

	December 31, 2008			
	Level 1	**Level 2**	**Level 3**	**Total**
Registered Investment Company Funds	$ 13,188,716	$ 0	$ 0	$ 13,188,716
Participant Loans	0	0	275,318	275,318
Total Investments at Fair Value	$ 13,188,716	$ 0	$ 275,318	$ 13,464,034

NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 4 – FAIR VALUE MEASUREMENTS – Continued

The tables below set forth a summary of changes in the fair value of the Plan's Level 3 assets.

December 31, 2009

Level 3 Assets

	Participant Loans
Balance, Beginning of Year	$ 275,318
Purchases, Sales, Issuances and Settlements (Net)	60,892
Balance, End of Year	$ 336,210

December 31, 2008

Level 3 Assets

	Participant Loans
Balance, Beginning of Year	$ 273,708
Purchases, Sales, Issuances and Settlements (Net)	1,610
Balance, End of Year	$ 275,318

NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 5 – NONPARTICIPANT-DIRECTED INVESTMENTS

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments follows. Effective July 11, 2009, there are no longer any non-participant directed investments.

	2009	2008
Net Assets:		
Charles Schwab Money Market Funds	$ 0	$ 18,134
Vanguard Mutual Funds	0	4,237,160
DFA Mutual Funds	0	3,130,634
Total	$ 0	$ 7,385,928
Changes in Net Assets:		
Contributions	$ 160,097	$ 589,000
Net Investment Gain	194,717	(1,920,154)
Benefits Paid to Participants	(310,675)	(599,860)
Fees and Expenses	(33,579)	(24,140)
Transfer to Participant-Directed Accounts	(7,396,488)	0
Total	$ (7,385,928)	$ (1,955,154)

NOTE 6 – TAX STATUS

The Internal Revenue Service has ruled that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan utilizes a Non-Standardized Prototype document. The IRS issued an opinion letter to the Prototype Sponsor on February 5, 2005. The Plan did not opt to apply for its own determination letter. The Plan Administrator and the Plan's tax counsel believe that the Plan is currently being operated in compliance with the applicable requirements of the IRC.

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Year Ended December 31, 2009

EIN #15-0258780, Plan #005, Schedule H, Line 4i

(a)	(b)	(c)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	**Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value**	**Current Value**
*	Prudential Retirement Insurance and Annuity Company	Guaranteed Income Fund	$ 2,086,817
*	Prudential Retirement Insurance and Annuity Company	Lge Cp Grth/Waddel & Reed	3,088,397
*	Prudential Retirement Insurance and Annuity Company	Core Plus Bond/Pimco	2,016,965
*	Prudential Retirement Insurance and Annuity Company	Small Cap Value/TS & W	1,325,821
*	Prudential Retirement Insurance and Annuity Company	Small Cap Growth/Columbus	16,280
*	Prudential Retirement Insurance and Annuity Company	Mid Cap Value/Systematic	6,590
*	Prudential Retirement Insurance and Annuity Company	Mid Cap Growth/Frontier	1,306,061
*	Prudential Retirement Insurance and Annuity Company	Dryden S&P 500 Index Fund	21,628
*	Prudential Retirement Insurance and Annuity Company	Large Cap Blend/Victory	16,681
*	Prudential Mutual Fund	Amer:Europacific Grow R3	2,267,088
*	Prudential Mutual Fund	Eaton Vance Lg Cap Val A	3,074,399
*	Participant Loans	Interest rates ranging from 5.25% to 7.00%, secured by participant accounts.	336,210
		Total	$ 15,562,937

* Denotes a Party-in-Interest

Note: Column (d), cost, is not applicable, as all investments are participant-directed.

RUN DATE: 01/19/10
CYCLE: 1003YEB
PLAN NBR: 764436

PLAN NAME: Byrne Dairy, Inc. and Sonbyrne

PLAN SPONSOR EIN: 150258780

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES FOR PLAN YEAR 2009

IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST,COLLATERAL, PAR OR MATURITY VALUE	COST	CURRENT VALUE
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	GUARANTEED INCOME FUND	2,086,817	2,086,817
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	LGE CP GRTH/WADDEL & REED	2,728,772	3,088,395
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	CORE PLUS BOND/PIMCO	1,935,007	2,016,965
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	SMALL CAP VALUE/TS & W	1,111,587	1,325,821
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	SMALL CAP GROWTH/COLUMBUS	13,827	16,281
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	MID CAP VALUE/SYSTEMATIC	6,016	6,590
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	MID CAP GROWTH/FRONTIER	1,137,561	1,306,061
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	DRYDEN S&P 500 INDEX FUND	19,703	21,628
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	LARGE CAP BLEND/VICTORY	14,791	16,681
PRUDENTIAL MUTUAL FUNDS	AMER:EUROPACIFIC GROW R3	1,906,871	2,267,088
PRUDENTIAL MUTUAL FUNDS	EATON VANCE LG CAP VAL A	2,693,726	3,074,399
PARTICIPANT LOANS	5.25% - 7.00%	0	336,210

BYRNE DAIRY, INC. AND SONBYRNE SALES, INC. 401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS

December 31, 2009 and 2008

Table of Contents

BYRNE DAIRY, INC. AND SONBYRNE SALES, INC.
401(k) PROFIT SHARING PLAN

INDEPENDENT AUDITORS' REPORT ____ 1

AUDITED FINANCIAL STATEMENTS ____ 3

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS ____ 3
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS ____ 4
NOTES TO FINANCIAL STATEMENTS ____ 5

OTHER FINANCIAL INFORMATION ____ 13

SCHEDULE OF ASSETS (HELD AT END OF YEAR) ____ 13

Dermody, Burke & Brown, CPAs, LLC

INDEPENDENT AUDITORS' REPORT

TRUSTEES
BYRNE DAIRY, INC. AND SONBYRNE SALES, INC.
401(k) PROFIT SHARING PLAN

We were engaged to audit the accompanying statement of net assets available for benefits of **BYRNE DAIRY, INC. AND SONBYRNE SALES, INC. 401(k) PROFIT SHARING PLAN** (the Plan) as of December 31, 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009 and the supplemental schedule. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 3, which was certified by Prudential Retirement Insurance and Annuity Company, the Trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of December 31, 2009 and for the period of July 11, 2009 through December 31, 2009, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Because of the significance of the information in the Plan's 2009 financial statements that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule as of and for the year ended December 31, 2009. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the investment information certified by the Trustee, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, is 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.

We have audited the statement of net assets available for benefits of Byrne Dairy, Inc. and Sonbyrne Sales, Inc. 401(k) Profit Sharing Plan as of December 31, 2008, and in our report dated October 12, 2009, we expressed our opinion that such financial statements present fairly, in all material respects, the financial status of Byrne Dairy, Inc. and Sonbyrne Sales, Inc. 401(k) Profit Sharing Plan as of December 31, 2008, in conformity with accounting principles generally accepted in the United States of America.

Dermody, Burke & Brown

DERMODY, BURKE & BROWN, CPAs, LLC

Syracuse, NY

July 14, 2010

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2009 and 2008

	2009	2008
ASSETS		
Investments, at Fair Value:		
Money Market Fund	$ 0	$ 19,880
Registered Investment Company Funds	5,341,487	13,188,716
Common Collective Trusts	9,885,240	0
Participant Loans	336,210	275,318
Total Investments, at Fair Value	15,562,937	13,483,914
Receivables:		
Employer's Contribution	285,000	164,018
Participant Contributions	0	9,403
Other	0	1,987
Total Receivables	285,000	175,408
Cash	0	22,748
Total Assets	15,847,937	13,682,070
LIABILITIES		
Operating Payables	0	750
NET ASSETS AVAILABLE FOR BENEFITS	$ 15,847,937	$ 13,681,320

See notes to financial statements.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2009 and 2008

	2009	2008
ADDITIONS (DEDUCTIONS) TO NET ASSETS ATTRIBUTED TO:		
Investment Income:		
Net Investment Appreciation (Depreciation) from:		
Registered Investment Company Funds	$ 887,859	$ (4,562,119)
Common Collective Trusts	1,206,673	0
Interest and Dividends - Registered Investment Company Funds	267,793	547,177
Participant Loan Interest	18,687	16,226
Contributions:		
Employer	472,199	439,135
Employee	746,453	715,731
Rollover	44,855	19,287
Total Additions (Deductions)	3,644,519	(2,824,563)
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits Paid to Participants	1,385,514	929,461
Administrative Fees	92,388	77,857
Total Deductions	1,477,902	1,007,318
NET INCREASE (DECREASE)	2,166,617	(3,831,881)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	13,681,320	17,513,201
End of Year	$ 15,847,937	$ 13,681,320

See notes to financial statements.

NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 1 – DESCRIPTION OF PLAN

The following description of the Byrne Dairy, Inc. and Sonbyrne Sales, Inc. 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Summary Plan Description or Plan Document for a more complete description of the Plan's provisions. The participating employers in the Plan are Byrne Dairy, Inc., Sonbyrne Sales, Inc., Ultra Dairy, LLC and MaCabe Family Development, LLC (Companies).

1. **General** – The Plan is a 401(k) deferred savings plan and defined contribution profit sharing plan covering all employees of the Companies who have six months of service and are age 21 or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

2. **Contributions** – Employees who are eligible to participate may elect to defer up to the maximum amount allowed under the law into the Plan. Each participating employer, at its discretion, may elect each year to provide a matching contribution based on the participant's salary reduction contributions. In addition, each participating employer may also make an additional profit sharing contribution to employees. The matching and profit sharing contributions are determined by each participating employer, rather than at the Plan level.

3. **Participant Accounts** – Each participant's account is credited with the participant's contribution and allocation of (a) the Companies' contribution, if applicable, (b) Plan earnings or losses, and (c) forfeitures of terminated participant's nonvested accounts. Allocations are based upon participant compensation or account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

4. **Loan Provisions** – An employee may apply to the administrator for a loan of no less than $1,000 and no more than the lesser of 50% of the vested account balance of the participant's salary reduction contribution and employer matching contribution accounts or $50,000. A written loan program is established to set forth the rules and guidelines of the loan regarding repayment, interest and default provisions.

5. **Vesting** – Participants are immediately vested in their salary reduction contributions, rollovers from other plans, special contributions and all earnings thereon. Vesting in the employer discretionary profit sharing and matching amounts is based upon years of service as follows:

Less Than 2 Years	None
2 Years	20%
3 Years	40%
4 Years	60%
5 Years	80%
6 Years	100%

NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 1 – DESCRIPTION OF PLAN – Continued

6. **Payment of Benefits** – No distributions from the Plan will be made until a participant retires, dies (in which case, payments shall be made to their beneficiary) or otherwise terminates employment with the Companies. A participant may, however, upon attainment of age 60, elect to receive a pre-retirement distribution, while remaining in the service of the sponsor. A participant's normal form of distribution is a lump sum equal to the value of their vested account balance.

7. **Forfeitures** – The outstanding balance of forfeited non-vested contributions totaled $17,429 and $12,596 at December 31, 2009 and 2008, respectively. For the years ended December 31, 2009 and 2008, $32,653 and $55,730, respectively, were used to offset employer contributions and expenses.

8. **Administration of the Plan** – The Companies' contributions are held and managed by the Trustee, which invests cash received and interest, and makes distributions to participants. Certain administrative functions are performed by officers or employees of the Companies. No such officer or employee receives compensation from the Plan. Investment manager fees incurred by the Plan are paid from Plan assets. Certain administrative expenses are paid by the Plan sponsors.

9. **Plan Termination** – Although they have not expressed any intent to do so, the Companies have 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 of termination of the Plan, participants will become 100% vested in the value of their accounts.

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

11. **Subsequent Events –** Management has evaluated subsequent events through July 14, 2010, which is the date the financial statements were available to be issued.

NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net investment gain or loss includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Cash

The Plan maintains its cash account with one financial institution. The account is guaranteed by the Federal Deposit Insurance Corporation (FDIC). The FDIC insurance limit is $250,000 through December 31, 2013. There were no uninsured cash balances at December 31, 2009 and 2008.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain administrative fees are paid from the Plan assets, while other administrative expenses are paid by the Companies.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 3 – INVESTMENTS

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator has obtained a trustee certification from Prudential Retirement Insurance and Annuity Company, as of December 31, 2009 and for the period of July 11, 2009 through December 31, 2009 that all of the information provided by them is complete and accurate. Information included in the accompanying financial statements as of December 31, 2009 and for the period of July 11, 2009 through December 31, 2009 pertaining to investments, investment related assets and income, and all information in the supplemental schedule, is presented in reliance solely upon that certification. Prior to July 11, 2009, the Plan's investments were held by Charles Schwab & Company, Inc., which is a registered investment company and as the investment information was not certified, our audit was full-scope.

The Plan invests in several different mutual funds offered. These investments are subject to varying degrees of risk. The fair value of individual investments that represent 5% or more of the Plan's net assets as of December 31, 2009 and 2008 are as follows:

Fair Value of Investments

	2009	2008
Registered Investment Company Funds:		
Vanguard Total Bond Market Index Admiral Fund *	$ 0	$ 3,759,871
Vanguard Total Bond Market Index Fund	0	1,830,064
DFA U.S. Large Co Portfolio *	0	841,677
Schwab Small Cap Index Fund	0	1,298,076
Schwab International Index Fund	0	812,683
Schwab S&P 500 Select Shares Fund	0	1,591,188
Guaranteed Income Fund	2,086,817	0
Large Cap Growth/Waddel & Reed	3,088,397	0
Core Plus Bond/Pimco	2,016,965	0
Small Cap Value/TS & W	1,325,821	0
Mid Cap Growth/Frontier	1,306,061	0
Amer:Europacific Grow R3	2,267,088	0
Eaton Vance Large Cap Value A	3,074,399	0

* Non Participant Directed

NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 4 – FAIR VALUE MEASUREMENTS

Fair value is an exit price, representing the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants. The Plan reports fair value measurements using 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 are described below:

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

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

Registered Investment Company Funds: Valued at the net asset value, based on quoted market prices in active markets, of shares held by the Plan at year end.

Common Collective Trusts: Valued at the net asset value, based on the fair values of the underlying investments reported by the trustee of the funds. Fair values for the underlying assets were based on either quoted prices in active markets or observable inputs or quotations from inactive markets.

Participant Loans: Valued at outstanding balance, which approximates fair value.

NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 4 – FAIR VALUE MEASUREMENTS – Continued

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan 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.

The following table sets forth by level, within the fair value hierarchy, the fair value of the Plan's assets recorded at fair value on a recurring basis.

	December 31, 2009			
	Level 1	**Level 2**	**Level 3**	**Total**
Registered Investment Company Funds	$ 5,341,487	$ 0	$ 0	$ 5,341,487
Common Collective Trusts	0	9,885,240	0	9,885,240
Participant Loans	0	0	336,210	336,210
Total Investments at Fair Value	$ 5,341,487	$ 9,885,240	$ 336,210	$ 15,562,937

	December 31, 2008			
	Level 1	**Level 2**	**Level 3**	**Total**
Registered Investment Company Funds	$ 13,188,716	$ 0	$ 0	$ 13,188,716
Participant Loans	0	0	275,318	275,318
Total Investments at Fair Value	$ 13,188,716	$ 0	$ 275,318	$ 13,464,034

NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 4 – FAIR VALUE MEASUREMENTS – Continued

The tables below set forth a summary of changes in the fair value of the Plan's Level 3 assets.

December 31, 2009

Level 3 Assets

	Participant Loans
Balance, Beginning of Year	$ 275,318
Purchases, Sales, Issuances and Settlements (Net)	60,892
Balance, End of Year	$ 336,210

December 31, 2008

Level 3 Assets

	Participant Loans
Balance, Beginning of Year	$ 273,708
Purchases, Sales, Issuances and Settlements (Net)	1,610
Balance, End of Year	$ 275,318

NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 5 – NONPARTICIPANT-DIRECTED INVESTMENTS

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments follows. Effective July 11, 2009, there are no longer any non-participant directed investments.

	2009	2008
Net Assets:		
Charles Schwab Money Market Funds	$ 0	$ 18,134
Vanguard Mutual Funds	0	4,237,160
DFA Mutual Funds	0	3,130,634
Total	$ 0	$ 7,385,928
Changes in Net Assets:		
Contributions	$ 160,097	$ 589,000
Net Investment Gain	194,717	(1,920,154)
Benefits Paid to Participants	(310,675)	(599,860)
Fees and Expenses	(33,579)	(24,140)
Transfer to Participant-Directed Accounts	(7,396,488)	0
Total	$ (7,385,928)	$ (1,955,154)

NOTE 6 – TAX STATUS

The Internal Revenue Service has ruled that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan utilizes a Non-Standardized Prototype document. The IRS issued an opinion letter to the Prototype Sponsor on February 5, 2005. The Plan did not opt to apply for its own determination letter. The Plan Administrator and the Plan's tax counsel believe that the Plan is currently being operated in compliance with the applicable requirements of the IRC.

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Year Ended December 31, 2009

EIN #15-0258780, Plan #005, Schedule H, Line 4i

(a)	(b)	(c)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	**Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value**	**Current Value**
*	Prudential Retirement Insurance and Annuity Company	Guaranteed Income Fund	$ 2,086,817
*	Prudential Retirement Insurance and Annuity Company	Lge Cp Grth/Waddel & Reed	3,088,397
*	Prudential Retirement Insurance and Annuity Company	Core Plus Bond/Pimco	2,016,965
*	Prudential Retirement Insurance and Annuity Company	Small Cap Value/TS & W	1,325,821
*	Prudential Retirement Insurance and Annuity Company	Small Cap Growth/Columbus	16,280
*	Prudential Retirement Insurance and Annuity Company	Mid Cap Value/Systematic	6,590
*	Prudential Retirement Insurance and Annuity Company	Mid Cap Growth/Frontier	1,306,061
*	Prudential Retirement Insurance and Annuity Company	Dryden S&P 500 Index Fund	21,628
*	Prudential Retirement Insurance and Annuity Company	Large Cap Blend/Victory	16,681
*	Prudential Mutual Fund	Amer:Europacific Grow R3	2,267,088
*	Prudential Mutual Fund	Eaton Vance Lg Cap Val A	3,074,399
*	Participant Loans	Interest rates ranging from 5.25% to 7.00%, secured by participant accounts.	336,210
		Total	$ 15,562,937

* Denotes a Party-in-Interest

Note: Column (d), cost, is not applicable, as all investments are participant-directed.