

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

Part II	Basic Plan Information —enter all requested information		
1a Name of plan SWISS VALLEY FARMS, CO. EMPLOYEES PENSION PLAN AND TRUST 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) SWISS VALLEY FARMS COOPERATIVE 247 RESEARCH PARKWAY, P.O. BOX 4493 DAVENPORT, IA 52808	1b Three-digit plan number (PN) ►	001	
	1c Effective date of plan	05/01/1964	
	2b Employer Identification Number (EIN)	74-3213641	
	2c Sponsor's telephone number	563-468-6600	
	2d Business code (see instructions)	311500	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	DEBORA J. SULLIVAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	DONALD A. BOELENS
	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") SWISS VALLEY FARMS COOPERATIVE 247 RESEARCH PARKWAY, P.O. BOX 4493 DAVENPORT, IA 52808	3b Administrator's EIN 74-3213641 3c Administrator's telephone number 563-468-6600
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	358
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	136
b Retired or separated participants receiving benefits.....	6b	104
c Other retired or separated participants entitled to future benefits.....	6c	77
d Subtotal. Add lines 6a , 6b , and 6c	6d	317
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	19
f Total. Add lines 6d and 6e	6f	336
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1A 1G 3H

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

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

a Pension Schedules

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

b General Schedules

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

<div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
<div>A Name of plan</div> <div>SWISS VALLEY FARMS, CO. EMPLOYEES PENSION PLAN AND TRUST</div>	<div>B Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>	
<div>C Plan sponsor's name as shown on line 2a of Form 5500.</div> <div>SWISS VALLEY FARMS COOPERATIVE</div>	<div>D Employer Identification Number (EIN)</div> <div>74-3213641</div>	

Part I	<div>Information Concerning Insurance Contract Coverage, Fees, and Commissions</div> <div>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.</div>
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1 Coverage Information:

<div>(a) Name of insurance carrier</div> <div>NEW YORK LIFE INSURANCE COMPANY</div>

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5582869	66915	11324	336	01/01/2009	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.
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(a) Total amount of commissions paid	(b) Total amount of fees paid

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
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(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	

(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** 0**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 2003026**c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 86592(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)**

▶

(6) Total additions **7c(6)** 86592**d** Total of balance and additions (add **b** and **c(6)**). **7d** 2089618**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)** 7509(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)** 2082109

▶ YEAR END PAYOUT

(5) Total deductions **7e(5)** 2089618**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 0

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. ▶

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

Round off amounts to nearest dollar.
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan SWISS VALLEY FARMS, CO. EMPLOYEES PENSION PLAN AND TRUST	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SWISS VALLEY FARMS COOPERATIVE	D Employer Identification Number (EIN) 74-3213641

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B **F** Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2009		
2 Assets:		
a Market value	2a	12582048
b Actuarial value	2b	13840253
3 Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 121	7133894
b For terminated vested participants	3b 73	1947147
c For active participants:		
(1) Non-vested benefits	3c(1)	190613
(2) Vested benefits	3c(2)	4202844
(3) Total active	3c(3) 164	4393457
d Total	3d 358	13474498
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐		
a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	8.17 %
6 Target normal cost	6	160906

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<div>SIGN HERE</div>	<div>10/07/2010</div>
<div>Signature of actuary</div>	<div>Date</div>
<div>DAVE HILKO</div>	<div>08-05365</div>
<div>Type or print name of actuary</div>	<div>Most recent enrollment number</div>
<div>DELOITTE CONSULTING LLP</div>	<div>312-486-3057</div>
<div>Firm name</div>	<div>Telephone number (including area code)</div>
<div>111 S. WACKER DR. CHICAGO, IL 60606-4301</div>	
<div>Address of the firm</div>	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	78538	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	78538	0
10	Interest on item 9 using prior year's actual return of <u>-20.87</u> %	-16391	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		2218834
b	Interest on (a) using prior year's effective rate of <u>6.30</u> %		139787
c	Total available at beginning of current plan year to add to prefunding balance		2358621
d	Portion of (c) to be added to prefunding balance.....		2358621
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	62147	2358621

Part III Funding percentages			
14	Funding target attainment percentage.....	14	84.74 %
15	Adjusted funding target attainment percentage.....	15	102.69 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	83.61 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/09/2009	128511	0			
11/06/2009	1000000	0			
04/09/2010	1712544	0			
Totals ►			18(b)	2841055	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	2607963
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	160906
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2057013	414004
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	574910
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	62147	310208
36 Additional cash requirement (item 34 minus item 35).....	36	202555
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	2607963
38 Interest-adjusted excess contributions for current year (see instructions).....	38	2405408
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 SWISS VALLEY FARMS, CO. EMPLOYEES PENSION PLAN AND TRUST		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SWISS VALLEY FARMS COOPERATIVE		D Employer Identification Number (EIN) 74-3213641

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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	
CHARLES SCHWAB INVS. MGMT., INC.	
94-3106735	

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation	
MAIN STAY INVESTMENTS	169 LACKAWANNA AVENUE PARSIPPANY, NJ 07054

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

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

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

DELOITTE CONSULTING LLP

06-1454513

(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 50	NONE	108575	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IRONGATE INTERNATIONAL LLC

36-4458718

(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?
27 50	NONE	50317	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAZARD ASSET MGT. CO.

13-5545100

(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?
27 50	NONE	24561	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SELECT EQUITY GRP, INC.

13-3669571

(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?
27 50	NONE	16694	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GRISANTI, BROWN & PARTNERS

06-1547047

(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?
27 50	NONE	10162	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEW YORK LIFE INS. CO.

13-5582869

(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 50	NONE	6186	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 SWISS VALLEY FARMS, CO. EMPLOYEES PENSION PLAN AND TRUST	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 SWISS VALLEY FARMS COOPERATIVE	D Employer Identification Number (EIN) 74-3213641	

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	5982	584
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2542278	1712544
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	23139	26889
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1955682	3078396
(2) U.S. Government securities.....	1c(2)	1568438	3005390
(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)	4514691	7410157
(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)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	2008048	0
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	12618258	15233960

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	12724	13264
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	12724	13264

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	12605534	15220696
---	-----------	----------	----------

Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2841055	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2841055

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1431	
(B) U.S. Government securities	2b(1)(B)	65459	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	64291	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		131181

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	157897	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		157897

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	5487969	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5233923	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		254046

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	1209817	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1209817
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4593996

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1734434	
(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)		1734434
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)	108575	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	111131	
(4) Other	2i(4)	24694	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		244400
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1978834

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2615162
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: DELOITTE & TOUCHE LLP

(2) EIN: 13-3891517

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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

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

A Name of plan <u>SWISS VALLEY FARMS, CO. EMPLOYEES PENSION PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SWISS VALLEY FARMS COOPERATIVE</u>	D Employer Identification Number (EIN) <u>74-3213641</u>

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
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): <u>13-5582869</u>	
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 <u>20</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☒ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

***Swiss Valley Farms, Co.
Employees' Pension Plan and
Trust***

EIN: 74-3213641, Plan No.: 001

***Financial Statements as of December 31, 2009 and
2008 and for the Year Ended December 31, 2009,
Supplemental Schedules as of and for the
Year Ended December 31, 2009 and
Independent Auditors' Report***

SWISS VALLEY FARMS, CO. EMPLOYEES' PENSION PLAN AND TRUST

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All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	

INDEPENDENT AUDITORS' REPORT

To the Trustees and Participants of the
Swiss Valley Farms, Co. Employees' Pension Plan and Trust:

We have audited the accompanying statements of net assets available for benefits of the Swiss Valley Farms, Co. Employees' Pension Plan and Trust (the "Plan") as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for purpose of expressing an opinion on the effectiveness of the Plan's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, such financial statements present fairly, in all material respects, the financial status of the Plan as of December 31, 2009 and 2008, and the changes in its financial status for the year ended December 31, 2009 in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules listed in the table of contents are presented for the purpose of additional analysis and are not a required part of the basic financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. These schedules are the responsibility of the Plan's management. Such schedules have been subjected to the auditing procedures applied in our audit of the basic 2009 financial statements and, in our opinion, are fairly stated in all material respects when considered in relation to the basic financial statements taken as a whole.

Deloitte + Touche LLP

October 13, 2010

**SWISS VALLEY FARMS, CO.
EMPLOYEES' PENSION PLAN AND TRUST**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2009 AND 2008**

	2009	2008
CASH	\$ 584	\$ 5,982
INVESTMENTS, AT FAIR VALUE AS DETERMINED BY QUOTED MARKET PRICE:		
Money market funds	3,078,396	1,955,682
Common stocks	7,410,157	4,514,691
U.S. Treasury notes	<u>3,005,390</u>	<u>1,568,438</u>
Total investments, at fair value as determined by quoted market price	13,493,943	8,038,811
INVESTMENTS, AT ESTIMATED FAIR VALUE - Guaranteed interest contract		<u>2,008,048</u>
Total investments	<u>13,493,943</u>	<u>10,046,859</u>
RECEIVABLES:		
Employer contributions receivable	1,712,544	2,542,278
Accrued interest	<u>26,889</u>	<u>23,139</u>
Total receivables	<u>1,739,433</u>	<u>2,565,417</u>
Total assets	15,233,960	12,618,258
LIABILITIES - Accrued administrative expenses	<u>13,264</u>	<u>12,724</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 15,220,696</u>	<u>\$ 12,605,534</u>

See notes to financial statements.

SWISS VALLEY FARMS, CO. EMPLOYEES' PENSION PLAN AND TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEAR ENDED DECEMBER 31, 2009

ADDITIONS:

Employer contributions	<u>\$ 2,841,055</u>
Investment income (loss):	
Net appreciation (depreciation) in fair value of investments whose fair value was determined based on quoted market prices:	
Common stocks	1,513,383
U.S. Treasury notes	(63,986)
Net appreciation in fair value of investments whose fair value was estimated - guaranteed interest contract	14,466
Interest and dividends	<u>289,078</u>
Net investment income	<u>1,752,941</u>
Total additions	<u>4,593,996</u>

DEDUCTIONS:

Benefits paid to participants	1,734,434
Administrative expenses	<u>244,400</u>
Total deductions	<u>1,978,834</u>

NET INCREASE 2,615,162

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>12,605,534</u>
End of year	<u><u>\$ 15,220,696</u></u>

See notes to financial statements.

SWISS VALLEY FARMS, CO. EMPLOYEES' PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS AS OF DECEMBER 31, 2009 AND 2008 AND FOR THE YEAR ENDED DECEMBER 31, 2009

1. DESCRIPTION OF PLAN

The following brief description of the Swiss Valley Farms, Co. Employees' Pension Plan and Trust (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General	The Plan is a defined benefit pension plan covering substantially all employees of Swiss Valley Farms Cooperative ("Company") who have met the eligibility requirements. The Company serves as the Plan administrator and controls and manages the operation and administration of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").
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Effective January 1, 2004, accumulation of benefits under the Plan were frozen for most participants and replaced with a new defined contribution plan. The Plan was not frozen for participants who are eligible for retirement and will continue to earn benefits under the Plan. These participants are not eligible to participate in the new defined contribution plan.

Definitions	Normal Retirement Age: Age 65. Minimum Early Retirement Age: After age 55. Final Average Monthly Earnings: Participant's average monthly W-2 earnings as of January 1, over the highest five consecutive of the last ten calendar years of active participation. Effective October 1, 1998: Participant's highest average compensation during the five consecutive of the last ten years of active participation.
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Normal Retirement Benefit	The sum of (a) and (b): (a) Past Service Benefit - 1% of final average monthly earnings on May 1, 1964 multiplied by number of years of credited past service as of April 30, 1964. (b) Future Service Benefit - 1-1/2% of final average monthly earnings for each year of service credit after April 30, 1964.
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Normal Benefit Form	Straight Life Annuity.
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Vesting Schedule	100% after 5 years.
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Death Benefit	The greater of participant contributions with interest or the actuarially equivalent present value of the normal retirement benefit accrued to date of the participant's death.
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Disability Benefit	One half the normal retirement benefit, based on salary at time of disablement and years of service to age 65, payable to the earlier of the end of the disablement or age 65. At 65, benefit increases from one half to 100% of normal retirement benefit.
Employee Contributions	Mandatory employee contribution discontinued as of October 1, 1998.
Interest on Employee Contributions	Indexed to the federal mid-term rate.
Plan Amendments	<p>Effective June 1, 2009, the Company sold the Dubuque Fluid Milk location ("Dubuque location"). The Plan was amended to provide a lump sum payment option as an additional optional form of benefit for Plan participants actively employed at the Dubuque location as of May 31, 2009. The Plan paid \$470,000 to such participants during 2009 in full satisfaction of these participants' actuarial present value of accumulated plan benefits.</p> <p>Effective June 23, 2009, the Plan was amended to modify certain provisions related to benefit payments and severance payments to comply with the Economic Growth Tax Relief and Reconciliation Act of 2001 in conjunction with the Plan's application for an updated IRS determination letter (see Note 7). This amendment had no impact on the actuarial present value of accumulated plan benefits.</p> <p>Effective December 31, 2009, the Plan was amended to modify certain provisions related to benefit payments to comply with the Pension Protection Act of 2006 and the Heroes Earnings Assistance and Relief Tax Act of 2008. This amendment had no impact on the actuarial present value of accumulated plan benefits.</p>

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Valuation of Investments – Investments are stated at fair value at year-end. Fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly fashion between market participants at the measurement date. For investments other than investment contracts with insurance companies, fair value is determined by the quoted market value of the securities held at year-end. Fair value of investment contracts is estimated by discounting future cash flows under the contract at current interest rates for similar investment vehicles. The net appreciation or depreciation of fair value of investments is determined by the change in current value from the beginning of the year, if held for the entire year, to the date of sale or from the date of purchase to the end of the year. 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.

The investment contract with the insurance company consisted of various contribution classes with multiple maturities and interest rates, which were specified in the underlying contracts. The interest rates were set at the inception of the classes, and ranged from 3.36% to 4.58% at December 31, 2008. During 2009, the investment contract with the insurance company was sold.

Use of Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits and changes therein at the date of the financial statements. Actual results could differ from those estimates.

Risks and Uncertainties – The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Expenses – Administrative expenses of the Plan are paid by the Plan, as provided in the Plan document.

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

New Accounting Standards Adopted – The accounting standards initially adopted in the 2009 financial statements described below affected certain note disclosures but did not impact the statements of net assets available for benefits or the statement of changes of net assets available for benefits.

Accounting Standards Codification – The Financial Accounting Standards Board’s (“FASB”) Accounting Standards Codification (“ASC”) became effective on July 1, 2009. At that date, the ASC became FASB’s official source of authoritative GAAP applicable to all public and nonpublic nongovernmental entities, superseding existing guidance issued by the FASB, the American Institute of Certified Public Accountants, the Emerging Issues Task Force, and other related literature. The FASB also issues Accounting Standards Updates (“ASU”). An ASU communicates amendments to the ASC. An ASU also provides information to help a user of GAAP understand how and why GAAP is changing and when the changes will be effective.

Subsequent Events – In May 2009, the FASB issued ASC 855, *Subsequent Events*, (originally issued as FASB Statement No. 165, *Subsequent Events*) to establish general standards of accounting for and disclosing events that occur after the balance sheet date, but prior to the issuance of financial statements. ASC 855 provides guidance on when financial statements should be adjusted for subsequent events and requires companies to disclose subsequent events and the date through which subsequent events have been evaluated. The Plan has adopted ASC 855 for the year ended December 31, 2009.

For the year ended December 31, 2009, subsequent events were evaluated through October 13, 2010, the date the financial statements were available to be issued.

Updates to Fair Value Measurements and Disclosures – In 2009, FASB Staff Position (“FSP”) 157-4, *Disclosures Determining Fair Value When the Volume and Level of Activity for the Asset or Liability Have Significantly Decreased and Identifying Transactions That Are Not Orderly*, was issued prospectively and later codified into ASC 820, *Fair Value Measurements and Disclosures*, which expands disclosures and requires major categories for debt and equity securities in the fair value hierarchy table to be determined on the basis of the nature and risks of the investments. The Plan has adopted this guidance on a prospective basis for the year ended December 31, 2009 (see Note 3).

ASU No. 2010-06, Fair Value Measurements and Disclosures — In January 2010, the FASB issued ASU No. 2010-06, *Fair Value Measurements and Disclosures* (“ASU No. 2010-06”), which amends ASC 820 (originally issued as FASB Statement No. 157, *Fair Value Measurements*), adding new disclosure requirements for Levels 1 and 2, separate disclosures of purchases, sales, issuances, and settlements relating to Level 3 measurements and clarification of existing fair value disclosures. ASU No. 2010-06 is effective for periods beginning after December 15, 2009, except for the requirement to provide Level 3 activity of purchases, sales, issuances, and settlements on a gross basis, which will be effective for fiscal years beginning after December 15, 2010. The Plan is currently evaluating the impact ASU No. 2010-06 will have on the financial statements.

3. FAIR VALUE MEASUREMENTS

ASC 820, *Fair Value Measurements and Disclosures*, established a single authoritative definition of fair value, set a framework for measuring fair value, and requires additional disclosures about fair value measurements. In accordance with ASC 820, the Plan classifies its investments into Level 1, which refers to securities valued using quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The following tables set forth by level within the fair value hierarchy a summary of the Plan’s investments measured at fair value on a recurring basis at December 31, 2009 and 2008. In accordance with the update to ASC 820 described in Note 2, the table below includes the major categorization for debt and equity securities on the basis of the nature and risk of the investments at December 31, 2009.

Fair Value Measurements at December 31, 2009, Using				
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Money market funds	\$ 3,078,396			\$ 3,078,396
Common stocks				
Basic materials	196,666			196,666
Capital goods	269,270			269,270
Communications	94,325			94,325
Cyclical consumer	352,330			352,330
Energy	308,263			308,263
Financial	1,232,897			1,232,897
Healthcare	1,124,027			1,124,027
Industrial	67,065			67,065
Insurance	158,662			158,662
Major integrated oil & gas	166,636			166,636
Non-cyclical consumer	533,873			533,873
Real estate development	58,508			58,508
Services	970,332			970,332
Technology	1,217,791			1,217,791
Transportation	189,910			189,910
Other	469,602			469,602
Total Common Stocks	7,410,157			7,410,157
U.S. Treasury notes	3,005,390			3,005,390
Total	<u>\$ 13,493,943</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 13,493,943</u>

Fair Value Measurements at December 31, 2008, Using				
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Money market funds	\$ 1,955,682			\$ 1,955,682
Common stocks	4,514,691			4,514,691
U.S. Treasury notes	1,568,438			1,568,438
Guaranteed interest contract		\$ 2,008,048		2,008,048
Total	<u>\$ 8,038,811</u>	<u>\$ 2,008,048</u>	<u>\$ -</u>	<u>\$ 10,046,859</u>

4. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions subsequently mentioned to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments are adopted.

The significant actuarial assumptions used in determining accumulated plan benefits as of December 31, 2009 and 2008 are as follows:

<u>Description</u>	<u>Actuarial Present Value of Accumulated Plan Benefits</u>
1. Investment Return	8.0% per year
2. Mortality:	
Disabled participants	GATT Disabled Mortality Table
All other participants	December 31, 2009: 2009 PPA Table December 31, 2008: 2008 PPA Table
3. Termination	Sarason's T-5 Table
4. Disability	Hunter Ultimate Rates
5. Normal Retirement Age	Age 65

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits as of December 31, 2009 and 2008 is as follows:

	2009	2008
Vested benefits:		
Participants currently receiving benefits	\$ 7,625,301	\$ 7,302,473
Other participants	<u>5,592,694</u>	<u>6,074,333</u>
Total	13,217,995	13,376,806
Nonvested benefits	<u>308,193</u>	<u>366,844</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 13,526,188</u>	<u>\$ 13,743,650</u>

The changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2009 are as follows:

Actuarial present value of accumulated plan benefits at beginning of period	<u>\$ 13,743,650</u>
Increase (decrease) attributable to:	
Benefits accumulated and experience different than assumed	487,567
Interest due to the decrease in discount period	1,099,492
Benefits paid with interest adjustment	<u>(1,804,521)</u>
Net decrease	<u>(217,462)</u>
Actuarial present value of accumulated plan benefits at end of period	<u>\$ 13,526,188</u>

5. FUNDING POLICY

Prior to an October 1, 1998 amendment, employees were required to contribute 1% of their salary to the plan in order to participate. Present participants' accumulated contributions at December 31, 2009 and 2008 were \$843,345 and \$955,065, respectively, including interest credited at an interest rate indexed to the federal mid-term rate compounded annually. The Company's funding policy is to make annual contributions to the Plan such that all employees' benefits will be fully provided for by the time they retire. The Company made contributions totaling \$2,841,055 and \$3,005,724, respectively, for the years ended December 31, 2009 and 2008 in accordance with the minimum funding requirements of ERISA.

6. INVESTMENTS

The Plan's investments which represent five percent or more of net assets as of December 31, 2009 and 2008 are as follows:

	2009	2008
Schwab Institutional Money Market Fund*	\$ 2,064,992	
U.S. Treasury Note, 4.375%	1,506,093	\$ 1,568,438
U.S. Treasury Note, 1%	1,499,297	
New York Life Insurance Company*:		
Money Market Fund	1,013,404	1,420,497
Guaranteed Investment Contract		2,008,048

* Indicates a party-in-interest to the Plan.

During 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$1,463,863, as follows:

Net appreciation (depreciation) in fair value of investments whose fair value was determined by quoted market price:	
Common stock	\$ 1,513,383
U.S. Treasury notes	(63,986)
Net appreciation in fair value of investments whose fair value was estimated - guaranteed interest contract	<u>14,466</u>
Net appreciation in fair value of investments	<u>\$ 1,463,863</u>

7. FEDERAL INCOME TAX STATUS

Following a Plan amendment necessary to comply with the Economic Growth Tax Relief and Reconciliation Act of 2001 (see Note 1), the Company received a favorable determination letter from the Internal Revenue Service ("IRS") dated October 21, 2009 stating that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the Company and Plan management believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC, and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

8. PROVISIONS ON TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested, normal-age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive the benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide these benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

9. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of a money market fund and previously a guaranteed interest contract managed by New York Life Insurance Company ("New York Life"). New York Life is a custodian of the Plan as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

Fees paid by the Plan for the investment management services were \$6,186 for the year ended December 31, 2009.

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SWISS VALLEY FARMS, CO.
EMPLOYEES' PENSION PLAN AND TRUST
EIN: 74-3213641, Plan No.: 001

FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
AS OF DECEMBER 31, 2009

	Cost	Current Value
Money Market Funds:		
New York Life Insurance Company Money Market Fund*	\$ 1,013,404	\$ 1,013,404
Schwab Institutional Money Market Fund*	2,064,992	2,064,992
Total Money Market Funds	<u>3,078,396</u>	<u>3,078,396</u>
U.S. Treasury Note, 4.375%, maturing 8/15/2012	1,374,625	1,506,093
U.S. Treasury Note, 1%, maturing 9/30/2011	1,500,938	1,499,297
Total U.S. Treasury Notes	<u>2,875,563</u>	<u>3,005,390</u>
Common Stocks:		
Abbot Laboratories	28,792	31,044
Activision Blizzard Inc	6,936	9,110
Actuant Corp Cl A New	18,762	14,491
Adobe Systems Inc	7,624	6,804
Air Prod & Chemicals Inc	16,201	18,644
Alberto Culver Co New	11,448	13,327
Allegiant Travel Co	19,488	22,878
Allianz Se Adr F	22,486	34,399
Amedisys Inc	19,722	18,808
Amern Tower Co New	18,103	26,142
Amgen Incorporated	13,451	14,708
Amphenol Corp Cl A	16,283	21,243
Analogic Corp	14,035	9,628
Anheuser-Busch Inbev Adr F	53,063	61,603
Apache Corp	33,392	45,911
Apple Inc	25,915	49,522
Applied Materials Inc	43,611	57,293
Arena Resources Inc	10,606	19,577
Ariba Inc New	11,724	15,262
Axis Capital Hldg Ltd F	43,403	56,801
Bae Systems Plc Adr F	53,204	54,083
Banco Bilbao Argen Adr F	56,044	56,628
Bank Of America Corp	107,090	122,965
Barclays Bank Plc Adr F	22,344	37,629
CR Bard Incorporated	33,486	38,248
Barrick Gold Corp F	40,317	47,335
Baxter International Inc	13,787	14,377
Bebe Stores Inc	10,762	8,621
Becton Dickinson & Co	54,438	65,454
Bg Group Plc Adr F	36,250	34,244

(Continued)

**SWISS VALLEY FARMS, CO.
EMPLOYEES' PENSION PLAN AND TRUST
EIN: 74-3213641, Plan No.: 001**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
AS OF DECEMBER 31, 2009 (CONTINUED)**

	Cost	Current Value
Bhp Billiton Ltd Adr F	26,312	37,141
Blackboard Inc	14,749	16,567
BNP Paribas Adr F	34,149	58,108
BP Plc Adr F	57,504	74,260
Br Amer Tobacco Plc Adr F	69,615	82,247
Brookfield Asset Mgmt F	66,316	81,157
Brown & Brown Inc	39,310	45,087
Bucyrus Intl Inc	14,150	22,323
CACI Intl Cl A	17,019	19,589
CB Richard Ellis Group	19,015	32,989
CH Robinson Wordlwd New	5,327	22,376
CKE Restaurants Inc	20,744	15,905
CRH Plc Sponsored Adr F	23,732	24,788
CVS Caremark Corp	15,086	12,884
Cameron Intl Corp	14,665	22,781
Canon Inc Sponsored Adr F	63,449	88,449
Carrizo Oil & Gas Inc	16,112	16,489
Cbiz Inc	15,703	15,847
Chubb Corporation	58,201	67,868
Church & Dwight Co Inc	30,726	35,545
Cisco Systems Inc	107,878	105,695
Clean Energy Fuels Corp	21,470	25,195
Coca Cola Company	22,359	25,650
Cognizant Tech Sol Cl A	11,281	18,812
Coinstar Inc	12,273	13,112
Colfax Corporation	16,936	17,506
Colgate-Palmolive Co	20,174	19,305
Copart Inc	10,535	13,842
Credit Suisse Grp Adr F	38,154	48,816
Cybersource Corp	23,667	29,924
Danaher Corp Del	36,795	48,880
Darling Intl Inc	16,284	21,268
Deckers Outdoor Corp	19,997	20,954
Deere & Co	16,498	15,686
Dell Inc	14,646	7,898
Dentsply Intl Inc	43,232	42,837
Directv Cl A	15,423	19,843
Disney Walt Co	27,246	31,605
Emergency Medical Svcs	15,268	26,046
Energizer Holding Inc	66,550	54,539

SWISS VALLEY FARMS, CO.
EMPLOYEES' PENSION PLAN AND TRUST
EIN: 74-3213641, Plan No.: 001

FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
AS OF DECEMBER 31, 2009 (CONTINUED)

	Cost	Current Value
Enersys	16,092	21,673
Eni S P A Spon Adr F	19,350	32,947
Esprit Hldgs New Adr F	42,066	43,193
Euronet Worldwide Inc	17,429	20,392
Expeditors Intl Wash	13,825	13,213
Express Scripts Inc	18,202	28,951
Exxon Mobil Corporation	29,857	23,866
FEI Company	16,595	21,047
Fanuc Ltd Adr F	33,242	37,776
Fastenal Co	9,427	14,907
First American Corp	28,072	25,834
Firstmerit Corp	14,177	15,548
Fiserv Inv	94,088	94,536
Forward Air Corporation	16,663	12,340
Fossil Inc	11,015	18,525
Franklin Electric Co Inc	17,371	22,078
Freeport McMoran Copper	5,271	14,854
Gamestop Corp Cl A New	7,191	6,582
Genoptix Inc	19,849	22,277
Gilead Sciences Inc	15,619	21,419
GlaxoSmithKline Plc Adr F	58,823	71,783
Goldman Sachs Corp Inc	26,258	45,587
Google Inc Class A	32,401	40,919
Grainger W W Inc	19,808	19,366
Gulfport Energy Cp New	14,020	14,793
HCC Insurance Holdings	21,170	25,425
Haemonetics Corp	24,455	25,314
Harsco Corporation	20,748	25,526
Heineken N V Adr F	14,351	25,200
Hewlett-Packard Company	93,046	136,759
Hexcel Corp New	10,502	15,122
Hoya Corporation Adr F	42,069	53,457
HSBC Hldgs Plc Adr New F	43,639	57,432
IHS Inc	35,673	42,423
Idexx Labs Inc	22,083	26,725
Imperial Tob Gp Plc Adrf	58,021	74,950
Insituform Tech Cl A	18,425	26,355
Intel Corp	36,530	34,170

**SWISS VALLEY FARMS, CO.
EMPLOYEES' PENSION PLAN AND TRUST
EIN: 74-3213641, Plan No.: 001**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
AS OF DECEMBER 31, 2009 (CONTINUED)**

	Cost	Current Value
Intermec Inc	22,975	14,159
Intl Business Machines	40,241	49,742
IntercontinentalExchange	13,823	18,529
Intrepid Potash Inc	10,316	17,473
Ipg Photonics Corp	15,188	12,698
JDA Software Group Inc	20,734	23,738
Janus Capital Group Inc	25,893	21,520
Johnson & Johnson	25,292	25,764
Jones Lang Lasalle Inc	10,952	13,288
JP Morgan Chase & Co	59,959	80,423
K12 Inc	10,998	12,547
Kirby Corporation	41,894	52,802
Lab Cp Of Amer Hldg New	48,701	52,089
Lear Corporation	30,242	32,467
Lloyds Banking Gp Adr F	78,814	37,350
Lowes Companies Inc	22,538	21,051
Lululemon Athletica Inc	11,711	25,645
LVMH Moet New Adr F	24,713	35,875
Marten Transport Ltd	20,231	20,122
McCormick & Co Inc N-Vt	13,823	16,078
McDonalds Corp	19,928	21,479
Medtronics Inc	14,781	12,094
Merck & Co Inc New	5,838	9,975
Merck Kgaa Adr F	18,383	21,501
Meredith Corp	26,641	31,173
Microchip Technology Inc	20,337	23,821
Microsoft Corp	105,085	121,006
Millipore Corp Common	33,208	37,333
Mitsubishi Estate Adr F	32,617	35,245
Mobile Mini Inc	12,100	11,385
Mohawk Industries Inc	29,486	34,938
Monsanto Co New Del	15,646	26,160
Mosaic Company	35,231	44,798
Navistar Intl Corp New	71,226	69,957
Nestle S A Reg B Adr F	17,122	39,578
Nike Inc Class B	18,222	19,160
Nokia Corp Spon Adr F	20,849	21,961
Nomura Holdings New Adr F	36,668	34,003

SWISS VALLEY FARMS, CO.
EMPLOYEES' PENSION PLAN AND TRUST
EIN: 74-3213641, Plan No.: 001

FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
AS OF DECEMBER 31, 2009 (CONTINUED)

	Cost	Current Value
Novartis A G Spon Adr F	35,228	49,259
Novo-Nordisk A-S Adr F	24,863	34,671
Nuetral Tandem Inc	21,846	19,520
O Reilly Automotive Inc	62,269	87,791
Oracle Corporation	25,606	36,182
Patterson Companies	41,198	50,308
Paychex Inc	12,807	16,423
Peabody Energy Group	11,289	16,728
Pentair Inc	20,647	25,840
Pepsico Incorporated	33,315	34,048
Perkinelmer Inc	51,663	53,390
Perrigo Co	11,133	20,791
Pfizer Incorporated	73,246	82,765
Phase Forward Inc	9,252	9,802
Polo Ralph Lauren Cl A	26,148	34,417
Polycom Inc	12,887	14,632
Pool Corporation	15,995	16,237
Precision Castparts Corp	21,312	33,105
Procter & Gamble	32,630	39,713
Prudential Corp Plc Adr F	37,913	68,653
Qualcomm Inc	25,945	31,225
Roche Hldg Ltd Spon Adr F	45,955	61,351
Rogers Commun Inc Cl B F	22,231	22,878
Roper Industries Inc	24,576	22,257
SAP Ag Adr F	22,343	21,018
Sanofi Adventis Adr F	64,560	91,460
Schweitzer-Mauduit Intl	12,861	15,758
Sherwin Williams Co	44,347	53,327
Signature Bank	13,729	16,333
Signet Jewelers Ltd F	27,493	28,259
Singapore Tlcm Adr New F	26,430	35,952
Societe Genrale Spn Adr F	60,556	55,147
Strayer Education Inc	38,026	42,929
Sumitomo Mitsui Fin Adr F	64,903	34,633
Sun Hung Kai Pptys Adr F	19,767	23,263
Sysco Corporation	17,168	15,926
Target Corporation	61,573	69,653
Techne Corp Common	19,639	20,568

**SWISS VALLEY FARMS, CO.
EMPLOYEES' PENSION PLAN AND TRUST
EIN: 74-3213641, Plan No.: 001**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
AS OF DECEMBER 31, 2009 (CONCLUDED)**

	Cost	Current Value
Terex Corp	39,110	40,016
Tesco Plc Sponsored Adr F	35,227	52,396
Teva Pharm Inds Ltd Adr F	66,419	72,472
The Charles Schwab Corp*	82,138	83,749
Thermo Fisher Scientific	12,035	20,697
Total S A Adr F	33,679	59,429
Triquint Semiconductor	19,302	20,166
Tullow Oil Pld Adr F	11,807	11,896
Ubs Ag New F	46,886	38,589
Unilever Plc Adr New F	36,562	60,450
United Natural Foods Inc	7,130	9,760
United Technologies Corp	23,853	27,417
VCA Antech Inc	19,721	22,926
Visa Inc Cl A	12,938	23,614
Vodafone Group New Adr F	68,705	72,364
Wabtec	15,671	20,134
Walgreen Company	46,999	66,096
Wal-Mart Stores Inc	43,865	48,105
Washington Post Co Cl B	33,198	36,926
Watsco Inc	12,993	15,919
Weatherford Intl Ltd	31,257	31,257
Wendys Arbys Group Inc	64,711	65,895
Western Union Company	23,123	19,887
Williams Companies	72,581	82,212
Williams Sonoma	19,773	26,328
Wm Morrisn Supermkt Adr F	22,093	20,852
Zurich Finl Svcs Adr F	40,119	55,610
Total common stocks	<u>6,296,390</u>	<u>7,410,157</u>
Total investments	<u>\$ 12,250,349</u>	<u>\$ 13,493,943</u>

* Party-in-interest to the Plan

**SWISS VALLEY FARMS, CO.
EMPLOYEES' PENSION PLAN AND TRUST
EIN: 74-3213641, Plan No.: 001**

**FORM 5500, SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2009**

	Total Number of Trades	Purchase/ Sale Price	Historical Cost	Date	Gain/ Loss
<i>Series of Transactions in the Same Security:</i>					
Sales of units in New York Life Guaranteed Interest Account*	4	\$ 2,089,619	\$ 2,089,619	Various	\$ 0
Purchase of units in New York Life Money Market Fund*	3	2,154,482	2,154,482	Various	0
Sale of units in New York Life Money Market Fund*	53	2,561,039	2,561,039	Various	0
Purchase of units in Schwab Institutional Money Market Fund*	589	4,720,577	4,720,577	Various	0
Sale of units in Schwab Institutional Money Market Fund*	600	3,296,373	3,296,373	Various	0
<i>Single Transactions in the Same Security:</i>					
Sale of units in New York Life Money Market Fund*	1	700,000	700,000	1/26/2009	0
Purchase of units in New York Life Money Market Fund*	1	1,000,000	1,000,000	6/10/2009	0
Purchase of units in New York Life Money Market Fund*	1	1,000,000	1,000,000	11/6/2009	0
Sale of units in New York Life Guaranteed Interest Account*	1	1,456,370	1,456,370	9/28/2009	0
Purchase of units in Schwab Institutional Money Market Fund*	1	1,016,307	1,016,307	3/30/2009	0
Purchase of units in Schwab Institutional Money Market Fund*	1	2,082,110	2,082,110	9/29/2009	0
Purchase of units in U.S. Treasury Note	1	1,500,398	1,500,398	9/30/2009	0

* Party-in-interest to the Plan

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

► **Round off amounts to nearest dollar.**
 ► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan SWISS VALLEY FARMS CO. EMPLOYEES' PENSION PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">B Three-digit plan number (PN) ►</td> <td style="width:40%; text-align: center;">001</td> </tr> </table>	B Three-digit plan number (PN) ►	001
B Three-digit plan number (PN) ►	001		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SWISS VALLEY FARMS COOPERATIVE	D Employer Identification Number (EIN) 74-3213641		
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B			
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500			

Part I Basic Information			
1	Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>		
2	Assets:		
	a Market value.....	2a	12,582,048
	b Actuarial value.....	2b	13,840,253
3	Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment.....	3a	121 7,133,894
	b For terminated vested participants.....	3b	73 1,947,147
	c For active participants:		
	(1) Non-vested benefits.....	3c(1)	190,613
	(2) Vested benefits.....	3c(2)	4,204,844
	(3) Total active.....	3c(3)	164 4,395,457
	d Total.....	3d	358 13,476,498
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐		
	a Funding target disregarding prescribed at-risk assumptions.....	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....	4b	
5	Effective interest rate.....	5	8.17 %
6	Target normal cost.....	6	160,906

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<div style="text-align: center; margin-bottom: 10px;"> </div> <div style="text-align: center;"> Signature of actuary _____ Dave Hilko Type or print name of actuary DELOITTE CONSULTING LLP Firm name 111 S. Wacker Dr. CHICAGO IL 60606-4301 Address of the firm </div>	<div style="text-align: center; margin-bottom: 10px;"> </div> <div style="text-align: center;"> Date 08-05365 Most recent enrollment number (312) 486-3057 Telephone number (including area code) </div>
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Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	78,538	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	78,538	0
10	Interest on item 9 using prior year's actual return of <u>(20.87)</u> %	(16,391)	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		2,218,834
b	Interest on (a) using prior year's effective rate of <u>6.30</u> %		139,787
c	Total available at beginning of current plan year to add to prefunding balance		2,358,621
d	Portion of (c) to be added to prefunding balance		2,358,621
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	62,147	2,358,621

Part III Funding percentages			
14	Funding target attainment percentage	14	84.73 %
15	Adjusted funding target attainment percentage	15	102.69 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	83.61 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/09/2009	128,511	0			
11/06/2009	1,000,000	0			
04/09/2010	1,712,544	0			
Totals ▶			18(b)	2,841,055	18(c)
				0	0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 2,607,963
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost**21** Discount rate:**a** Segment rates:1st segment:
%2nd segment:
%3rd segment:
%☒ N/A, full yield curve used**b** Applicable month (enter code)**21b****22** Weighted average retirement age**22**

64

23 Mortality table(s) (see instructions)☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Part VI Miscellaneous items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.☐

Yes

☒

No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.☒

Yes

☐

No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.☒

Yes

☐

No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of unpaid minimum required contributions for prior years****28** Unpaid minimum required contribution for all prior years**28**

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)**29**

0

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)**30**

0

Part VIII Minimum required contribution for current year**31** Target normal cost, adjusted, if applicable (see instructions)**31**

160,906

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

2,057,013

414,004

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)**34**

574,910

Carryover balance

Prefunding balance

Total balance

35 Balances used to offset funding requirement

62,147

310,208

372,355

36 Additional cash requirement (item 34 minus item 35)**36**

202,555

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)**37**

2,607,963

38 Interest-adjusted excess contributions for current year (see instructions)**38**

2,405,408

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)**39**

0

40 Unpaid minimum required contribution for all years**40**

0

***Schedule SB, Line 22 – Description of Weighted Average
Retirement Age***

<u>Age</u>	<u>Percentage of Eligible Participants Assumed to Retire</u>
55	1.00%
56	1.00%
57	1.00%
58	1.00%
59	1.00%
60	2.00%
61	4.00%
62	10.00%
63	5.00%
64	10.00%
65	100.00%

Weighted Average Retirement Age = 64

For each active participant, an expected retirement age was calculated, weighted in proportion to the probability that the individual would remain an active participant to each age and then retire at that age. The plan's weighted average retirement age (shown above) is the arithmetic average of the expected retirement ages of all such participants on the valuation date.

Schedule SB, Line 26 – Schedule of Active Participant Data

Years of Credited Service

Age	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24	
	No.	Comp	No.	Comp	No.	Comp	No.	Comp	No.	Comp	No.	Comp
Under 25	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
25-29	0	N/A	1	N/A	3	N/A	0	N/A	0	N/A	0	N/A
30-34	0	N/A	2	N/A	3	N/A	0	N/A	0	N/A	0	N/A
35-39	0	N/A	1	N/A	6	N/A	0	N/A	0	N/A	0	N/A
40-44	0	N/A	12	N/A	5	N/A	3	N/A	1	N/A	0	N/A
45-49	0	N/A	11	N/A	13	N/A	1	N/A	10	N/A	0	N/A
50-54	0	N/A	8	N/A	17	N/A	1	N/A	7	N/A	10	N/A
55-59	0	N/A	6	N/A	8	N/A	0	N/A	5	N/A	3	N/A
60-64	0	N/A	1	N/A	0	N/A	5	N/A	0	N/A	2	N/A
65-69	0	N/A	2	N/A	0	N/A	1	N/A	0	N/A	1	N/A
70 & up	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
TOTAL	0	N/A	44	N/A	55	N/A	11	N/A	23	N/A	16	N/A

Age	25 to 29		30 to 34		35 to 39		40 & Up		Total	
	No.	Comp	No.	Comp	No.	Comp	No.	Comp	No.	Comp
Under 25	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
25-29	0	N/A	0	N/A	0	N/A	0	N/A	4	N/A
30-34	0	N/A	0	N/A	0	N/A	0	N/A	5	N/A
35-39	0	N/A	0	N/A	0	N/A	0	N/A	7	N/A
40-44	0	N/A	0	N/A	0	N/A	0	N/A	21	1
45-49	0	N/A	0	N/A	0	N/A	0	N/A	35	1
50-54	4	N/A	0	N/A	0	N/A	0	N/A	47	1
55-59	8	N/A	0	N/A	0	N/A	0	N/A	30	1
60-64	0	N/A	1	N/A	2	N/A	0	N/A	11	N/A
65-69	0	N/A	0	N/A	0	N/A	0	N/A	4	N/A
70 & up	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
TOTAL	12	N/A	1	N/A	2	N/A	0	N/A	164	N/A

***Schedule SB, Part V – Statement of Actuarial
Assumptions/Methods***

Actuarial Assumptions

The following assumptions as to future experience were used in this valuation.

- 1. Interest Rate** Funding target determined using the yield curve for October 2008. (See Appendix 1).

SFAS No. 35 Disclosures: 8.00% per annum
- 2. Mortality** As defined in regulations 1.430(h)(3). This table is based on the RP2000 sex distinct table that reflects projected mortality improvements 15 years into the future from the valuation date for nonannuitants and seven years into the future for annuitants.

For disabled participants, GATT disabled mortality is assumed.
- 3. Termination** Sarason's T-5 Table. Sample rates are:

	Per 100
<u>Age</u>	<u>Employees</u>
25	7.7
30	7.2
35	6.3
40	5.2
45	4.0
50	2.6
55	0.9

4. **Disability** Hunter Ultimate Rates. Sample rates are:

<u>Age</u>	<u>Per 100 Employees</u>
25	.053
30	.056
35	.064
40	.083
45	.115
50	.170
55	.275
60	.540

5. **Retirement Age** Age related table shown below:

<u>Age</u>	<u>Expected to Retire by Year End</u>
65	100%
64	10
63	5
62	10
61	4
60	2
55-59	1
>55	0

6. **Form of Payment** Straight life annuity.
7. **Asset Basis** 2-year averaging (changed from market value)
8. **Salary Increases** 3.0% per year
9. **Accumulation of Employee Contributions** 5.0% per year
10. **Expense Loading** Normal cost is increased by the actual expenses from the prior year

- 11. Changes from Prior Year** Funding target interest rates were changed from the full yield curve for December 2007 to the full yield curve for October 2008.

There have been no other changes in actuarial methods or assumptions since the prior valuation other than the required changes mandated by the Pension Protection Act of 2006 with respect to the mortality table and normal cost expense load.

Appendix 1

Monthly yield curve as issued by the IRS for October 2008									
Maturity	Yield	Maturity	Yield	Maturity	Yield	Maturity	Yield	Maturity	Yield
0.5	5.45	20.5	8.11	40.5	7.17	60.5	6.87	80.5	6.72
1.0	6.19	21.0	8.06	41.0	7.15	61.0	6.86	81.0	6.72
1.5	6.83	21.5	8.02	41.5	7.14	61.5	6.86	81.5	6.71
2.0	7.32	22.0	7.97	42.0	7.13	62.0	6.85	82.0	6.71
2.5	7.64	22.5	7.93	42.5	7.12	62.5	6.85	82.5	6.71
3.0	7.83	23.0	7.89	43.0	7.11	63.0	6.85	83.0	6.71
3.5	7.95	23.5	7.85	43.5	7.10	63.5	6.84	83.5	6.70
4.0	8.03	24.0	7.81	44.0	7.09	64.0	6.84	84.0	6.70
4.5	8.11	24.5	7.77	44.5	7.09	64.5	6.83	84.5	6.70
5.0	8.18	25.0	7.74	45.0	7.08	65.0	6.83	85.0	6.70
5.5	8.25	25.5	7.71	45.5	7.07	65.5	6.82	85.5	6.69
6.0	8.33	26.0	7.68	46.0	7.06	66.0	6.82	86.0	6.69
6.5	8.41	26.5	7.65	46.5	7.05	66.5	6.81	86.5	6.69
7.0	8.50	27.0	7.62	47.0	7.04	67.0	6.81	87.0	6.69
7.5	8.57	27.5	7.59	47.5	7.03	67.5	6.81	87.5	6.68
8.0	8.65	28.0	7.57	48.0	7.03	68.0	6.80	88.0	6.68
8.5	8.71	28.5	7.54	48.5	7.02	68.5	6.80	88.5	6.68
9.0	8.77	29.0	7.52	49.0	7.01	69.0	6.80	89.0	6.68
9.5	8.81	29.5	7.50	49.5	7.00	69.5	6.79	89.5	6.67
10.0	8.85	30.0	7.48	50.0	7.00	70.0	6.79	90.0	6.67
10.5	8.87	30.5	7.46	50.5	6.99	70.5	6.78	90.5	6.67
11.0	8.89	31.0	7.44	51.0	6.98	71.0	6.78	91.0	6.67
11.5	8.89	31.5	7.42	51.5	6.97	71.5	6.78	91.5	6.67
12.0	8.89	32.0	7.40	52.0	6.97	72.0	6.77	92.0	6.66
12.5	8.87	32.5	7.39	52.5	6.96	72.5	6.77	92.5	6.66
13.0	8.85	33.0	7.37	53.0	6.95	73.0	6.77	93.0	6.66
13.5	8.82	33.5	7.35	53.5	6.95	73.5	6.76	93.5	6.66
14.0	8.79	34.0	7.34	54.0	6.94	74.0	6.76	94.0	6.66
14.5	8.74	34.5	7.32	54.5	6.94	74.5	6.76	94.5	6.65
15.0	8.70	35.0	7.31	55.0	6.93	75.0	6.75	95.0	6.65
15.5	8.65	35.5	7.29	55.5	6.92	75.5	6.75	95.5	6.65
16.0	8.60	36.0	7.28	56.0	6.92	76.0	6.75	96.0	6.65
16.5	8.54	36.5	7.26	56.5	6.91	76.5	6.74	96.5	6.65
17.0	8.49	37.0	7.25	57.0	6.91	77.0	6.74	97.0	6.64
17.5	8.43	37.5	7.24	57.5	6.90	77.5	6.74	97.5	6.64
18.0	8.38	38.0	7.22	58.0	6.89	78.0	6.73	98.0	6.64
18.5	8.32	38.5	7.21	58.5	6.89	78.5	6.73	98.5	6.64
19.0	8.27	39.0	7.20	59.0	6.88	79.0	6.73	99.0	6.64
19.5	8.22	39.5	7.19	59.5	6.88	79.5	6.73	99.5	6.63
20.0	8.16	40.0	7.18	60.0	6.87	80.0	6.72	100.0	6.63

Actuarial Methods for Funding, Expense and Present Value of Accrued Benefits

Liability Valuation Method

Funding Target and Target Normal Cost as Defined in PPA

The funding target is defined to be the present value of the benefits accrued or earned at valuation date. The earned benefits include retirement-type benefits and ancillary benefits (1.430(d)-1(c)(1)(i)). If the amount of a benefit that is expected to be paid is neither a function of the accrued benefit at the time the benefit is expected to be paid nor a function of the participant's service at that time, then the portion of the benefit taken into account for purposes of determining the funding target for a plan year is based on the proportion of a participant's service as of the first day of the plan year relative to the service the participant will have when the participant meets the age and service eligibility requirements for the benefit. The portion of the benefit that is taken into account in the target normal cost is the increase in the proportional benefit for the plan year (1.430(d)-1(c)(1)(ii)(C)). The determination of the funding target and target normal cost of a plan for a plan year is not permitted to take into account any limitations or anticipated limitations under section 436 (1.430(d)-1(c)(1)(iii)).

The target normal cost is the present value of all the benefits expected to accrue or to be earned during the year (benefits attributable to services performed in a prior year that are increased by reason of a compensation increase in the current year are treated as having accrued during the current year). Plan administrative expenses paid (or expected to be paid) from plan assets for a plan year are not reflected in the determination of a plan's funding target for that plan year (1.430(d)-1(c)(2)), but are reflected in the determination of a plan's target normal cost.

Generally if insurance contracts are held by the Plan, they are included in Plan Assets and the related benefits are included in the liability. In the case of benefits that are funded through insurance contracts purchased from an insurance company licensed under the laws of a State, the Plan is permitted to exclude the benefits from the liability and the insurance policy from the assets, but only to the extent that the right to receive benefits is an irrevocable contractual right based on premiums paid prior to the valuation date (1.430(d)-1(c)(3)).

The determination of a plan's funding target and target normal cost for a plan year is based on plan provisions that are adopted no later than the valuation date for the plan year and that become effective during that plan year. Section 412(d)(2) applies for purposes of determining whether a plan amendment is treated as having been adopted on the first day of the plan year (including a plan amendment adopted within 2 ½ months after the close of the plan year) (1.430(d)-1(d)).

Actuarial Methods for Funding, Expense and Present Value of Accrued Benefits (Continued)

For maximum deductible purposes, the cushion amount is equal to the sum of 50 percent of the funding target for the plan year and the amount the funding target for the plan year would increase if the Plan were to take into account increases in compensation which are expected to occur in succeeding plan years. If the Plan does not base benefits for service to date on compensation, increases in benefits which are expected to occur in succeeding plan years (determined on the basis of the average annual increase in benefits over the six immediately preceding plan years) are taken into account in lieu of expected increases in compensation. For plans that have less than 100 participants, increases in benefits for highly compensated employees as a result of plan amendments within the last two years are excluded from the calculation of the cushion amount.

Asset Valuation Method

Funding Purposes: Plan assets are determined using the Average Value of Assets method as set forth in Notice 2009-22. Under this method, the actuarial value of assets is the average of the fair market value of the assets on the valuation date and the adjusted fair market value of assets determined as of each of the earlier determination dates, 2007 and 2008. The adjusted fair market value of assets as of a determination date is the market value of assets on that date, increased by contributions that were not included in the plan's asset balance on the determination date and decreased by benefits and administrative expenses between that determination date and the valuation date plus an adjustment for expected earnings as the sum of the expected earnings separately determined for each period between the determination date and the valuation date. The adjustment for expected earnings in 2007 is limited to 6.09% and for 2008 is limited to 6.41%. The calculated value is then further constrained to be no more than 110% of the market value of assets plus discounted receivable contributions and no less than 90% of the market value of assets plus discounted contributions.

Actuarial Methods for Funding, Expense and Present Value of Accrued Benefits (Continued) Procedures

Financial and census data: Financial data was submitted by the Trustee and census data was submitted by the plan sponsor. Information provided was reviewed for internal consistency and we have no reason to doubt its substantial accuracy.

No benefits of materiality were excluded from the valuation of the liabilities.

The limitations of the Internal Revenue Code 415(b) and 401(a)(17) have been incorporated into our calculations.

No liability is included for participants who terminated without vesting in their benefit prior to the valuation date.

The plan sponsor provided us with the data on its employees as of the valuation date, but only those employees who have completed the Plan's eligibility requirements are included in the valuation of liabilities.

The wages used in the projection of benefits and liabilities satisfied the Plan's definition of compensation, but do not exceed \$230,000 in accordance with Section 404(l) of the Internal Revenue Code.

Present Value of Accrued and Vested Benefits (SFAS No. 35)

For active participants, the accrued pension benefits as of the valuation date and payable from the assumed retirement age were determined based on actual plan compensation history for each participant. For inactive participants, accrued benefits were either supplied by the Company or estimated. The present value of accrued benefits was determined by multiplying the accrued pension benefits by single premium cost factors based on the applicable actuarial assumptions of accrued benefits.

Schedule SB, Line 25 – Change in Method

- Assets – The Plan assets are calculated using a smoothed value of assets as permitted by the Worker, Retiree and Employer Recovery Act of 2008 (WRERA) and IRS Notice 2009-22, which provided automatic approval for this change in asset valuation method.
- Interest Rate Structure – Interest rates were changed from December 2007 full yield curve to October 2008 full yield curve.

Plan Name	SWISS VALLEY FARMS, CO. EMPLOYEES PENSION PLAN AND TRUST
Plan Sponsor EIN	74-3213641
ERISA Plan #	001
Plan Year Ending	12 / 31 / 2009

The required attachment marked with an “X” in the Attachment column is included within the Accountant’s Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan’s Independent Qualified Public Accountant (IQPA).

Form / Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name	SWISS VALLEY FARMS, CO. EMPLOYEES PENSION PLAN AND TRUST
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5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

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Schedule SB, Part V – Summary of Plan Provisions

Plan Name:	Swiss Valley Farms, Co. Employees' Pension Plan
Plan Year:	January 1 to December 31. Effective December 31, 2003 the plan year was changed from a plan year beginning May 1.
Employees Covered:	All employees in the service of Swiss Valley Farms, Co. on or before Dec. 31, 2003, other than collective bargaining employees covered by a collective bargaining agreement which does not provide for participation in the Plan.
Participation Requirements:	All covered employees who have reached age 21, completed six months, and are scheduled to work at least 1,000 hours during a 12-month period are eligible to participate. Effective December 31, 2003, no new participants will enter the Plan.
Years of Vesting Service:	One year for each plan year with more than 1,000 hours of service.
Years of Benefit Service:	One year for each plan year with more than 1,000 hours of service as an active participant under the Plan. No benefit service will accrue after December 31, 2003 except for grandfathered employees.
Final Average Monthly Earnings:	Participant's average monthly W-2 earnings, over the highest five of the last ten calendar years of plan participation. Earnings after Dec. 31, 2004 for frozen participants will not be considered.
Employee Contributions:	None.
Grandfathered Employees:	The only employees not affected by the January 1, 2004 freeze are those who are now eligible for retirement, i.e., those who are 65 or who are at least 55 and have 5

years of pension plan participation as of
December 31, 2003.

Eligibility for Benefits:

Normal Retirement:	Age 65.
Early Retirement:	After age 55. Unreduced early retirement is available to participants age 62 with 25 years of participation service.
Disability Retirement:	Any active participant.
Vested Termination:	After five years of vesting service.
Death Benefit:	After five years of vesting service.

Monthly Benefit Amounts:

Normal Retirement:	Amount equal to sum of (a) and (b): (a) Past service benefit: 1% of final average monthly earnings on May 1, 1964 multiplied by the number of years of credited service as of April 30, 1964. (b) Future Service Benefit: 1 1/2% of final average monthly earnings for each year of service credit after April 30, 1964.
Early Retirement:	Amount equal to: (a) Deferred pension: Payable beginning at age 65; same as normal retirement pension using service to termination date. (b) The immediate early retirement benefit is equal to the accrued benefit as of the early retirement date, reduced by 5% per year that the commencement date precedes age 65. Participants who have attained age 62 and completed 25

years of vesting service receive no
reduction for early retirement.

Disability Retirement:

Amount equal to one-half of the normal retirement benefit, based on salary at time of disablement and years of service to age 65, payable to the earlier of the end of disablement or age 65. At 65, benefit increases from 50% to 100% of Normal Retirement Benefit.

Vested Termination:

Amount equal to the normal retirement benefit, using the benefit service and final average monthly earning amounts at date of termination, with payments commencing at age 65. Accumulated employee contributions are always 100% vested.

Death Benefit:

Amount equal to the greater of (a) or (b):

- (a) Sum of the participant's employee contributions to the plan, with interest; or
- (b) The actuarially equivalent present value of the normal retirement benefit accrued to the date of the Participant's death.

Normal Form of Benefit:

Straight life annuity.

**Plan Provisions Changes
Since Previous Valuation:**

None

Schedule SB, Line 32 – Schedule of Amortization Bases

<u>Date Established</u>	<u>Type of Base</u>	<u>Remaining Number of Years</u>	<u>Annual Shortfall Amortization Installment</u>	<u>Present Value of Remaining Amortization Installments as of January 1, 2009</u>
January 1, 2009	Shortfall	7	\$(32,191)	\$(181,410)
January 1, 2008	Shortfall	6	<u>\$446,195</u>	<u>\$2,238,423</u>
Total			\$414,004	\$2,057,013