

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☒ single-employer plan ☐ multiple-employer plan (not multiemployer) ☐ one-participant plan
B This return/report is for:	☐ first return/report ☐ final return/report ☐ an amended return/report ☐ short plan year return/report (less than 12 months)
C Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>CEDARBURG DAIRY, INC. - PENSION PLAN FOR DAIRY WORKERS</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1b Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1968</u></td> </tr> </table>	1b Three-digit plan number (PN) ►	<u>002</u>	1c Effective date of plan <u>01/01/1968</u>	
1b Three-digit plan number (PN) ►	<u>002</u>				
1c Effective date of plan <u>01/01/1968</u>					
2a Plan sponsor's name and address (employer, if for single-employer plan) <u>CD OF WISCONSIN, INC.</u> <u>875 E. WISCONSIN AVENUE</u> <u>MILWAUKEE, WI 53202</u>	2b Employer Identification Number (EIN) <u>39-1299324</u>				
	2c Plan sponsor's telephone number <u>414-231-5000</u>				
	2d Business code (see instructions) <u>311500</u>				
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") <u>COLLEEN STENHOLT</u> <u>875 E. WISCONSIN AVENUE</u> <u>MILWAUKEE, WI 53202</u>	3b Administrator's EIN <u>39-1299324</u>				
	3c Administrator's telephone number <u>414-231-5000</u>				
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. Sponsor's name	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">4b EIN</td> <td style="width: 40%;"></td> </tr> <tr> <td>4c PN</td> <td></td> </tr> </table>	4b EIN		4c PN	
4b EIN					
4c PN					
5a Total number of participants at the beginning of the plan year	5a <u>65</u>				
b Total number of participants at the end of the plan year	5b <u>66</u>				
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c				
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	☒ Yes ☐ No				
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	☒ Yes ☐ No				

If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

Part III	Financial Information																																										
7 Plan Assets and Liabilities	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th></th> <th style="width: 25%;">(a) Beginning of Year</th> <th style="width: 25%;">(b) End of Year</th> </tr> <tr> <td>a Total plan assets</td> <td>7a <u>1034398</u></td> <td><u>1100805</u></td> </tr> <tr> <td>b Total plan liabilities</td> <td>7b</td> <td></td> </tr> <tr> <td>c Net plan assets (subtract line 7b from line 7a)</td> <td>7c <u>1034398</u></td> <td><u>1100805</u></td> </tr> </table>		(a) Beginning of Year	(b) End of Year	a Total plan assets	7a <u>1034398</u>	<u>1100805</u>	b Total plan liabilities	7b		c Net plan assets (subtract line 7b from line 7a)	7c <u>1034398</u>	<u>1100805</u>																														
	(a) Beginning of Year	(b) End of Year																																									
a Total plan assets	7a <u>1034398</u>	<u>1100805</u>																																									
b Total plan liabilities	7b																																										
c Net plan assets (subtract line 7b from line 7a)	7c <u>1034398</u>	<u>1100805</u>																																									
8 Income, Expenses, and Transfers for this Plan Year	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th></th> <th style="width: 25%;">(a) Amount</th> <th style="width: 25%;">(b) Total</th> </tr> <tr> <td>a Contributions received or receivable from:</td> <td></td> <td></td> </tr> <tr> <td> (1) Employers</td> <td>8a(1)</td> <td></td> </tr> <tr> <td> (2) Participants</td> <td>8a(2)</td> <td></td> </tr> <tr> <td> (3) Others (including rollovers)</td> <td>8a(3)</td> <td></td> </tr> <tr> <td>b Other income (loss)</td> <td>8b <u>137093</u></td> <td></td> </tr> <tr> <td>c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</td> <td>8c</td> <td><u>137093</u></td> </tr> <tr> <td>d Benefits paid (including direct rollovers and insurance premiums to provide benefits)</td> <td>8d <u>70486</u></td> <td></td> </tr> <tr> <td>e Certain deemed and/or corrective distributions (see instructions)</td> <td>8e</td> <td></td> </tr> <tr> <td>f Administrative service providers (salaries, fees, commissions)</td> <td>8f <u>200</u></td> <td></td> </tr> <tr> <td>g Other expenses</td> <td>8g</td> <td></td> </tr> <tr> <td>h Total expenses (add lines 8d, 8e, 8f, and 8g)</td> <td>8h</td> <td><u>70686</u></td> </tr> <tr> <td>i Net income (loss) (subtract line 8h from line 8c)</td> <td>8i</td> <td><u>66407</u></td> </tr> <tr> <td>j Transfers to (from) the plan (see instructions)</td> <td>8j</td> <td></td> </tr> </table>		(a) Amount	(b) Total	a Contributions received or receivable from:			(1) Employers	8a(1)		(2) Participants	8a(2)		(3) Others (including rollovers)	8a(3)		b Other income (loss)	8b <u>137093</u>		c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	<u>137093</u>	d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d <u>70486</u>		e Certain deemed and/or corrective distributions (see instructions)	8e		f Administrative service providers (salaries, fees, commissions)	8f <u>200</u>		g Other expenses	8g		h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	<u>70686</u>	i Net income (loss) (subtract line 8h from line 8c)	8i	<u>66407</u>	j Transfers to (from) the plan (see instructions)	8j	
	(a) Amount	(b) Total																																									
a Contributions received or receivable from:																																											
(1) Employers	8a(1)																																										
(2) Participants	8a(2)																																										
(3) Others (including rollovers)	8a(3)																																										
b Other income (loss)	8b <u>137093</u>																																										
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	<u>137093</u>																																									
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d <u>70486</u>																																										
e Certain deemed and/or corrective distributions (see instructions)	8e																																										
f Administrative service providers (salaries, fees, commissions)	8f <u>200</u>																																										
g Other expenses	8g																																										
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	<u>70686</u>																																									
i Net income (loss) (subtract line 8h from line 8c)	8i	<u>66407</u>																																									
j Transfers to (from) the plan (see instructions)	8j																																										

Part IV Plan Characteristics**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1B 1G 1I

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

		Yes	No	Amount
10	During the plan year:			
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c	Was the plan covered by a fidelity bond?	X		5000000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)		X	
f	Has the plan failed to provide any benefit when due under the plan?		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3		X	

Part VI Pension Funding Compliance**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))..... ☒ Yes ☐ No**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)**a** 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 letter ruling granting the waiver. Month _____ Day _____ Year _____**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

b Enter the minimum required contribution for this plan year.....	12b	
c Enter the amount contributed by the employer to the plan for this plan year.....	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....		☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets**13a** Has a resolution to terminate the plan been adopted during the plan year or any prior year? ☐ Yes ☒ NoIf "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** **b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No**c** 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	10/06/2011	COLLEEN STENHOLT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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 2010 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **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 <u>CEDARBURG DAIRY, INC. - PENSION PLAN FOR DAIRY WORKERS</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CD OF WISCONSIN, INC.</u>	D Employer Identification Number (EIN) <u>39-1299324</u>
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>01</u> Day <u>01</u> Year <u>2010</u>	
2 Assets:	
a Market value	2a <u>1034398</u>
b Actuarial value	2b <u>1035349</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>26</u> <u>692203</u>
b For terminated vested participants	3b <u>39</u> <u>520750</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>0</u>
(2) Vested benefits	3c(2) <u>0</u>
(3) Total active	3c(3) <u>0</u>
d Total	3d <u>65</u> <u>1212953</u>
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 <u>6.62</u> %
6 Target normal cost	6 <u>3886</u>

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	<u>09/29/2011</u>
Signature of actuary <u>MARC R. CONDON</u>	Date <u>11-05598</u>
Type or print name of actuary <u>MASSACHUSETTS MUTUAL LIFE INS. CO.</u>	Most recent enrollment number <u>413-744-2992</u>
Firm name <u>1295 STATE STREET</u> <u>SPRINGFIELD, MA 01111-0001</u>	Telephone number (including area code)
Address of the firm	

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 ☐

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

Schedule SB (Form 5500) 2010
v.092308.1

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)	68050	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).....	68050	0
10	Interest on item 9 using prior year's actual return of <u>30.50</u> %	20755	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		8517
b	Interest on (a) using prior year's effective rate of <u>8.13</u> %		692
c	Total available at beginning of current plan year to add to prefunding balance		9209
d	Portion of (c) to be added to prefunding balance.....		
12	Reduction in balances due to elections or deemed elections.....	23918	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	64887	0

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	80.00 %
15	Adjusted funding target attainment percentage.....	15	80.00 %
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	91.07 %
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
09/01/2011	109606				
Totals ►			18(b)	109606	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 98506
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
0	0
(3) 3rd	(4) 4th
0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.60 %	2nd segment: 6.65 %	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code)	21b			0
22 Weighted average retirement age	22			65
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	
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	3886
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	193974	37816
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	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	41702
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	23058	0
36 Additional cash requirement (item 34 minus item 35).....	36	18644
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	98506
38 Interest-adjusted excess contributions for current year (see instructions).....	38	79862
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

Assumed Retirement Age

It is assumed that 100% of all participants retire at age 65.

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Many of the factors affecting the funding cost and liability cost of the Plan are variables which cannot be predicted with certainty. The following actuarial assumptions have either been mandated by statute and regulation or selected to reasonably anticipate future experience with respect to these variables.

Funding Target and Liability for Maximum Tax Deductible Contribution

Interest:	January, 2010 IRS Segmented Yield Curve
Preretirement Mortality:	IRC Sec 430 2010 Static Non-Annuitant Tables
Postretirement Mortality:	IRC Sec 430 2010 Static Annuitant Tables
Assumed Retirement:	Age 65
Asset Smoothing Rate	6.00% but no greater than the appropriate third segment rate for each year as described in Treasury Regulation 430(h) and associated guidance.
Marriage:	It is assumed that 80% of males and 65% of females are married and that a male is 3 years older than his female spouse.
Expenses:	Administrative expenses that are expected to be paid from plan funds.
Optional Forms:	Liabilities include no load to account for the value of optional annuity forms.

Actuarial Cost Method

The Target Normal Cost is equal to the present value as of the valuation date of the increase in the accrued benefit arising from the service increase in the current plan year plus plan expenses expected to be paid from plan assets. The Funding Target as of the valuation date is the present value of the accrued benefit as of the valuation date.

Asset Valuation Method

The Actuarial Value of Assets is determined using a 3-year averaging method described in IRS Notice 2009-22. See the following page.

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Development of Actuarial Value of Assets

1. January 1, 2008 Adjusted Market Value of Assets as of January 1, 2010

a. Market Value of Assets as of 1/1/2008 including prior year accrued contributions:	\$ 1,114,726
b. Contributions made through 1/1/2010 not included in assets above:	121,910
c. Benefit payments and expenses paid through 1/1/2010 not included in assets above:	(129,316)
d. Expected return:	<u>114,168</u>
e. 1/1/2008 Adjusted Market Value of Assets as of 1/1/2010:	
(a) + (b) + (c) + (d)	\$ 1,221,488

2. January 1, 2009 Adjusted Market Value of Assets as of January 1, 2010

a. Market Value of Assets as of 1/1/2009 including prior year accrued contributions:	\$ 836,954
b. Contributions made through 1/1/2010 not included in assets above:	33,939
c. Benefit payments and expenses paid through 1/1/2010 not included in assets above:	(69,803)
d. Expected return:	<u>49,070</u>
e. 1/1/2009 Adjusted Market Value of Assets as of 1/1/2010:	
(a) + (b) + (c) + (d)	\$ 850,160

3. January 1, 2010 Average Adjusted Market Value of Assets

a. 1/1/2008 Adjusted Market Value of Assets as of 1/1/2010:	\$ 1,221,488
b. 1/1/2009 Adjusted Market Value of Assets as of 1/1/2010:	\$ 850,160
c. January 1, 2010 Market Value of Assets (including discounted receivables):	<u>\$ 1,034,398</u>
d. Average Adjusted Market Value of Assets: [(a)+(b)+(c)] / 3	\$ 1,035,349

4. 90% of 1/1/2010 Market Value of Assets \$ 930,958

5. 110% of 1/1/2010 Market Value of Assets \$ 1,137,838

6. 1/1/2010 Actuarial Value of Assets: (4) < (3)(d) < (5) \$ 1,035,349

Schedule SB, Part V - Summary of Plan Provisions

The provisions shown here are only summaries. In the interest of space and simplicity, many of them have been abbreviated, simplified, or paraphrased. In matters of Plan interpretation or application, the actual Plan Document should be consulted.

Plan: Cedarburg Dairy, Inc. Pension Plan

Employer Identification Number/Plan Number: 39-1299324 / 002

Effective Date: January 1, 1968

Plan Year: January 1 to December 31

Employer: Cedarburg Dairy, Inc.

Employee: All employees covered by a collective bargaining agreement between Cedarburg Dairy, Inc and the Teamsters General Local Union Number 200 were eligible to participate in this plan.

Participation Date: After December 31, 1975, an employee of Cedarburg Dairy, Inc. began immediately participating upon satisfying the eligibility requirements. There will be no new participants after 8/28/1993.

Service: The period of an Employee's employment with the Employer, as determined by the Employer from its personnel records.

Vesting Service: Plan years of employment with the Company during which an employee is credited with 1,000 or more hours.

Benefit Service: Plan years of employment in which the participant is credited with 1,920 or more hours. A pro-rata year of service is given for each plan year in which the participant is credited with fewer than 1,920 hours according to the following table:

Hours of Service	Partial Year of Credited Service
1,000 to 1,120	7/12ths
1,121 to 1,280	8/12ths
1,281 to 1,440	9/12ths
1,441 to 1,600	10/12ths
1,601 to 1,760	11/12ths
1,761 and above	12/12ths

Normal Retirement Date: The first day of the calendar month coincident with or next following attainment of age 65.

Schedule SB, Part V - Summary of Plan Provisions

Early Retirement Date: The first day of the calendar month coincident with or next following attainment of age 55 and completion of 5 years of vesting service.

Disability Retirement Date: The first day of the calendar month coincident with or next following attainment of age 50 and completion of 5 years of vesting service and total and permanent disability.

Normal Retirement Benefit: A monthly benefit equal to \$27.00 times the participant's credited service.

Accrued Benefit: The Normal Retirement Benefit as calculated using Benefit Service and Annual Compensation to the date of determination. **This pension plan was frozen for future benefit accruals as of 8/28/1993.**

Earlier Retirement Benefit: The accrued benefit reduced 5/9ths of one-percent for each month Early Retirement Age precedes Normal Retirement Age.

Disability Benefit: The accrued benefit without any reduction for early commencement.

Termination Benefit: A Participant who has at least five years of Vesting Service has a nonforfeitable right to his or her Accrued Benefit.

Normal Form: A reduced Joint and 50% Survivor Annuity if the Participant is married. If the Participant is single, a life annuity.

Optional Forms: Single life annuity; or Social Security Leveling; or 10 year Certain and Continuous.

Death Benefits:

Pre-retirement: If the Participant is not vested, no death benefits are payable. If the participant is vested, then the death benefit is 50% of the amount that would have been payable to the Participant under the Joint and Survivor option.

Post-Retirement: None except as provided by the annuity form elected.

Schedule SB, Line 32, Schedule of Amortization Bases

<u>Effective Date</u>	<u>Base Type</u>	<u>Initial Amount</u>	<u>Outstanding Balance</u>	<u>Years Remaining</u>	<u>Installments</u>
01/01/08	Shortfall	152,980	117,167	5	25,587
01/01/09	Shortfall	(29,924)	(28,349)	6	(5,345)
01/01/10	Shortfall	105,156	105,156	7	17,574
Total		<u>228,212</u>	<u>193,974</u>		<u>37,816</u>

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <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 2010 This Form is Open to Public Inspection
---	--	---

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

► **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 Cedarburg Dairy, Inc. - Pension Plan for Dairy Workers	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CD of Wisconsin, Inc.	D Employer Identification Number (EIN) 39-1299324	
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>2010</u>		
2	Assets:		
a	Market value.....	2a	1,034,398
b	Actuarial value.....	2b	1,035,349
3	Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a	692,203
b	For terminated vested participants	3b	520,750
c	For active participants:		
(1)	Non-vested benefits.....	3c(1)	0
(2)	Vested benefits	3c(2)	0
(3)	Total active	3c(3)	0
d	Total	3d	1,212,953
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	6.62 %
6	Target normal cost	6	3,886

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	 Signature of actuary Marc R. Condon Type or print name of actuary Massachusetts Mutual Life Ins. Co. Firm name 1295 State Street Springfield Address of the firm	<u>9/29/2011</u> Date 11-05598 Most recent enrollment number (413) 744-2992 Telephone number (including area code)
------------------	---	---

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 ☐

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

Schedule SB (Form 5500) 2010
v.092308.1

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)	68,050	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).....	68,050	0
10	Interest on item 9 using prior year's actual return of <u>30.50</u> %	20,755	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		8,517
b	Interest on (a) using prior year's effective rate of <u>8.13</u> %		692
c	Total available at beginning of current plan year to add to prefunding balance		9,209
d	Portion of (c) to be added to prefunding balance.....		
12	Reduction in balances due to elections or deemed elections.....	23,918	0
13	Balance at beginning of current year (Item 9 + item 10 + item 11d - item 12)	64,887	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	80.00 %
15	Adjusted funding target attainment percentage.....	15	80.00 %
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	91.07 %
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
09/01/2011	109,606				
Totals ▶			18(b)	109,606	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	98,506

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:
4.60 %2nd segment:
6.65 %3rd segment:
6.76 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

0

22 Weighted average retirement age**22**

65

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****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**

3,886

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

193,974

37,816

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**

0

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)**34**

41,702

Carryover balance

Prefunding balance

Total balance

35 Balances used to offset funding requirement

23,058

0

23,058

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

18,644

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

98,506

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

79,862

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 19 - Discounted Employer Contributions

Plan Anniversary: January 1, 2010

Plan Effective Rate: 6.62%

Date	Amount Paid in Cash	For Plan Year	Value as of January 1, 2010
09/01/11	109,606	2010	98,506
Total	\$ 109,606		\$ 98,506