

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 sections 6057(b) and 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 2011 This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2011 or fiscal plan year beginning <u>10/01/2011</u> and ending <u>09/30/2012</u>			
A This return/report is for:	☒ a single-employer plan	☐ a multiple-employer plan (not multiemployer)	☐ a one-participant plan
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 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>WAYNE DAIRY PRODUCTS, INC. RETIREMENT PLAN FOR HOURLY EMPLOYEES</u>		1b Three-digit plan number (PN) ▶	<u>001</u>
		1c Effective date of plan	<u>12/01/1959</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>WAYNE DAIRY PRODUCTS, INC</u> <u>1381 DAIRY LANE</u> <u>ORRVILLE, OH 44667-2503</u>		2b Employer Identification Number (EIN)	<u>35-0743650</u>
		2c Sponsor's telephone number	<u>330-683-8710</u>
		2d Business code (see instructions)	<u>311500</u>
3a Plan administrator's name and address (if same as plan sponsor, enter "Same") <u>WAYNE DAIRY PRODUCTS, INC</u> <u>1381 DAIRY LANE</u> <u>ORRVILLE, OH 44667-2503</u>		3b Administrator's EIN	<u>35-0743650</u>
		3c Administrator's telephone number	<u>330-683-8710</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.		4b EIN	
a Sponsor's name		4c PN	
5a Total number of participants at the beginning of the plan year		5a	<u>107</u>
b Total number of participants at the end of the plan year.....		5b	<u>106</u>
c 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		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	<u>2690286</u>	<u>3324072</u>
b Total plan liabilities	7b	<u>0</u>	<u>0</u>
c Net plan assets (subtract line 7b from line 7a).....	7c	<u>2690286</u>	<u>3324072</u>
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	<u>311350</u>	
(2) Participants	8a(2)	<u>20480</u>	
(3) Others (including rollovers).....	8a(3)	<u>0</u>	
b Other income (loss).....	8b	<u>530613</u>	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		<u>862443</u>
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	<u>215326</u>	
e Certain deemed and/or corrective distributions (see instructions)....	8e	<u>0</u>	
f Administrative service providers (salaries, fees, commissions)	8f	<u>0</u>	
g Other expenses.....	8g	<u>13331</u>	
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		<u>228657</u>
i Net income (loss) (subtract line 8h from line 8c).....	8i		<u>633786</u>
j Transfers to (from) the plan (see instructions)	8j	<u>0</u>	

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:

1A 1G

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		500000
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.)			
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			

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?

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?

If "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?

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.	07/16/2013	TAMI SCRUGGS
	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 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012

▶ **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>WAYNE DAIRY PRODUCTS, INC. RETIREMENT PLAN FOR HOURLY EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>WAYNE DAIRY PRODUCTS, INC</u>	D Employer Identification Number (EIN) <u>35-0743650</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>10</u> Day <u>01</u> Year <u>2011</u>	
2 Assets:	
a Market value	2a <u>2689462</u>
b Actuarial value	2b <u>2689462</u>
3 Funding target/participant count breakdown:	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>40</u> <u>1490651</u>
b For terminated vested participants	3b <u>22</u> <u>366062</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>12214</u>
(2) Vested benefits	3c(2) <u>1832914</u>
(3) Total active	3c(3) <u>45</u> <u>1845128</u>
d Total	3d <u>107</u> <u>3701841</u>
4 If the plan is in at-risk status, check the box and complete lines (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 in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>5.56 %</u>
6 Target normal cost	6 <u>25906</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>07/16/2013</u>
Signature of actuary <u>RICHARD F. MCCLEARY, EA, MPSA, MAAA</u>	Date <u>11-06309</u>
Type or print name of actuary <u>TEGRIT GROUP</u>	Most recent enrollment number <u>330-644-2044</u>
Firm name <u>13680 CLEVELAND AVE. NW</u> <u>UNIONTOWN, OH 44685</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) 2011
v.012611

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 (line 13 from prior year)	0	1355
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	1355
10	Interest on line 9 using prior year's actual return of <u>-0.36</u> %	0	-5
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		112
b	Interest on (a) using prior year's effective rate of <u>6.21</u> % except as otherwise provided (see instructions)		7
c	Total available at beginning of current plan year to add to prefunding balance.....		119
d	Portion of (c) to be added to prefunding balance.....		119
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	1469

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	72.61 %
15	Adjusted funding target attainment percentage.....	15	72.61 %
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	80.83 %
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
02/14/2012	37650	0	10/05/2011	0	2146
04/11/2012	39000	0	11/02/2011	0	1666
07/17/2012	39000	0	11/29/2011	0	1583
12/07/2012	39000	0	01/15/2012	0	1972
01/14/2013	59800	0	01/31/2012	0	1753
06/05/2013	96900	0	02/29/2012	0	1610
			Totals ▶	18(b)	311350
				18(c)	20480

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 contributions 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 292557
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 II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		
b	Interest on (a) using prior year's effective rate of _____% except as otherwise provided (see instructions)		
c	Total available at beginning of current plan year to add to prefunding balance.....		
d	Portion of (c) to be added to prefunding balance.....		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....		

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	%
15	Adjusted funding target attainment percentage.....	15	%
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	%
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
04/04/2012	0	2056			
05/31/2012	0	1648			
07/03/2012	0	2250			
08/01/2012	0	1752			
09/06/2012	0	2044			
			Totals ►	18(b)	18(c)

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 contributions from prior years.	19a
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c
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

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

21 Discount rate:				
a Segment rates:	1st segment: 2.03%	2nd segment: 5.20%	3rd segment: 6.30 %	☐ 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 contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	25906	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
b Waiver amortization installment	1013776	212952	
	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 (lines 31a - 31b + 32a + 32b - 33)...	34	238858	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	238858	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	292557	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	53699	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE SB ATTACHMENT

Line 26 – Schedule of Active Participant Data

Plan Name: Wayne Dairy Products, Inc. retirement Plan for Hourly Employees

EIN/PN: 35-0743650/001

Valuation Date: October 1, 2011[illegible]

Section XI

SUMMARY of ASSUMPTIONS

Census Date 10/01/2011

Valuation Interest Rates IRS-Prescribed Three-Segment Rates, for the month that includes the valuation date (Oct).

Segment I: 2.03%
Segment II: 5.20%
Segment III: 6.30%

The effective rate for the 2012 Plan Year was 5.56%.

Valuation Mortality IRS 2011 P.V. M Non-annuitants 1.430(h) and IRS 2011 P.V. F Non-annuitants 1.430(h) – Pre-retirement mortality was assumed in the valuation. Below is a representative table of rates:

Age	Males	Females
20	0.0002	0.0001
25	0.0003	0.0001
30	0.0004	0.0002
35	0.0007	0.0004
40	0.0009	0.0005
45	0.0011	0.0007
50	0.0013	0.0011
55	0.0018	0.0021
60	0.0032	0.0035

IRS 2011 P.V. M Annuitants 1.430(h)(3) – and IRS 2011 P.V. F annuitants 1.430(h)(3) – Post-retirement mortality was assumed in the valuation. Below is a representative table of rates:

Age	Males	Females
65	0.0104	0.0095
70	0.0169	0.0153
75	0.0294	0.0243
80	0.0537	0.0404
85	0.0976	0.0695
90	0.1706	0.1247
95	0.2580	0.1876
100	0.3384	0.2332
105	0.3979	0.2931

Valuation Assets Assets are equal to their Fair Market Value plus receivable contributions.

Expenses Expenses of \$13,331.00 were assumed.

Section XI

SUMMARY of ASSUMPTIONS

ASC 960 Assumptions

The selection of ASC 960 rates is the Plan Sponsor's view of the long-term rate of return on assets based on the actual trust assets. The rate used this year was 4.50%.

Salary Scale

Age	Males	Females
20	725%	725%
25	582%	582%
30	467%	467%
35	375%	375%
40	301%	301%
45	241%	241%
50	194%	194%
55	155%	155%
60	125%	125%

Taxable Wage Base Increase Assumption

None assumed.

Marriage

100% of males and 100% of females were assumed to be married. The female spouse is assumed to be the same age as the male spouse.

Cost Method

The Unit Credit cost method was used to determine the liabilities and normal costs.

Retirement Rates

Employees were assumed to retire at age 65.

Termination Rates

T-5 LESS GA51M – Termination rates were assumed in the valuation. Employees were assumed to terminate in accordance with the rates shown below:

Age	Males	Females
20	0.0794	0.0794
25	0.0772	0.0772
30	0.0722	0.0722
35	0.0628	0.0628
40	0.0515	0.0515
45	0.0398	0.0398
50	0.0256	0.0256
55	0.0094	0.0094
60	0.0009	0.0009

Changes in non- prescribed assumptions since the last valuation

None.

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 2011 This Form is Open to Public Inspection
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► **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 WAYNE DAIRY PRODUCTS, INC. RETIREMENT PLAN FOR HOURLY EMPLOYEES	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF WAYNE DAIRY PRODUCTS, INC	D Employer Identification Number (EIN) 35-0743650	
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>10</u> Day <u>01</u> Year <u>2011</u>			
2 Assets:			
a Market value	2a	2689462	
b Actuarial value	2b	2689462	
3 Funding target/participant count breakdown:			
	(1) Number of participants	(2) Funding Target	
a For retired participants and beneficiaries receiving payment	3a	40	1490651
b For terminated vested participants	3b	22	366062
c For active participants:			
(1) Non-vested benefits	3c(1)		12214
(2) Vested benefits	3c(2)		1832914
(3) Total active	3c(3)	45	1845128
d Total	3d	107	3701841
4 If the plan is in at-risk status, check the box and complete lines (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 in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.56%	
6 Target normal cost	6	25906	

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	RICHARD F. MCCLEARY, EA, MSPA, MAAA <i>RFM</i> Signature of actuary RICHARD F. MCCLEARY, EA, MSPA, MAAA Type or print name of actuary Firm name 13680 CLEVELAND AVE. NW UNIONTOWN OH 44685 Address of the firm	7/16/2013 Date 1106309 Most recent enrollment number 330-644-2044 Telephone number (including area code)
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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 (line 13 from prior year)	0	1355
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	1355
10 Interest on line 9 using prior year's actual return of <u>-0.36%</u>	0	-5
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		112
b Interest on (a) using prior year's effective rate of <u>6.21%</u> except as otherwise provided (see instructions)		7
c Total available at beginning of current plan year to add to prefunding balance		119
d Portion of (c) to be added to prefunding balance		119
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	1469

Part III Funding percentages

14 Funding target attainment percentage	14	72.61%
15 Adjusted funding target attainment percentage	15	72.61%
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	80.83%
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
02/14/2012	37650	0	07/03/2012	0	2250
04/11/2012	39000	0	08/01/2012	0	1752
07/17/2012	39000	0	09/06/2012	0	2044
12/07/2012	39000	0			
01/14/2013	59800	0			
06/05/2013	96900	0			
10/05/2011	0	2146			
11/02/2011	0	1666			
11/29/2011	0	1583			
01/15/2012	0	1972			
01/31/2012	0	1753			
02/29/2012	0	1610			
04/04/2012	0	2056			
05/31/2012	0	1648			
Totals ▶			18(b)	311350	18(c) 20480

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 contributions 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	292557

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: 2.03%	2nd segment: 5.20%	3rd segment: 6.30%
			☐ 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 contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	25906	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	1013776		212952
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 (lines 31a - 31b + 32a + 32b - 33) ..	34	238858	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	238858	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	292557	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	53699	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE SB ATTACHMENT

Line 22 - Weighted Average Retirement Age

Plan Name: Wayne Dairy Products, Inc. Retirement Plan for Hourly Employees

EIN/PN: 35-0743650/001

Valuation Date: October 1, 2011

Each participant is assumed to retire at his/her normal retirement age of 65.

SCHEDULE SB ATTACHMENT **Line 19 - Discounted Employer Contributions**

Plan Name: Wayne Dairy Products, Inc. Retirement Plan for Hourly Employees

EIN/PN: 35-0743650/001

Valuation Date: October 1, 2011

Total Contributed: \$ 311,350.00

Total Discounted to Valuation Date: \$ 292,557.00

Date	Amount	Plan Year	Effective Rate of Interest	Amount Discounted	Penalty Rate of Interest	Additional Amount Discounted	Present Value on Date of Valuation
02/14/2012	37,650	2011	5.56%	36,899	10.56%	140	36,759
04/11/2012	39,000	2011	5.56%	37,903	10.56%	14	37,889
07/17/2012	39,000	2011	5.56%	37,363	10.56%	23	37,340
12/07/2012	39,000	2011	5.56%	36,578	10.56%	257	36,321
01/14/2013	59,800	2011	5.56%	55,771	10.56%	13	55,758
06/05/2013	96,900	2011	5.56%	88,490	0.00%	-	88,490

Section XII SUMMARY of PLAN BENEFITS

Plan Effective Date	December 1, 1959. The plan was last restated effective October 1, 2011.
Eligibility Requirements	Following completion of 6 months of service. Employee contributions are required, and Participant must elect to participate each year.
Vesting	100% vesting upon earning 5 Years of Vesting Service.
Accrued Benefit Formula	Sum of 1) 20% of Average Monthly Compensation, plus 1% of Average Compensation per Year of Credited Service in excess of 15 Years of Credited Service on and after December 1, 1959; and 2) Participant's "Short Service Percentage" computed to the nearest cent. "Short Service Percentage" is the sum of the number of whole months, between the Participant's latest date of employment with the Employer and his Normal Retirement Date, plus the number of whole months he was an Employee before such latest date of employment; this sum is then divided by 180, and expressed as a percentage (not to exceed 100%). Minimum benefit is \$10 per month. Maximum benefit is 30% of Average Monthly Compensation or \$800.
Average Compensation	Average Compensation is the highest consecutive five year average of calendar year compensation.
Credited Service	Elapsed time.
Vesting Service	Elapsed time.
Normal Retirement Age	Upon attainment of age 65.
Early Retirement	<u>Eligibility:</u> Upon attainment of age 58. <u>Benefit:</u> The accrued benefit is reduced 6% per year for each of the first 7 years.

Section XII SUMMARY of PLAN BENEFITS

Disability Retirement

Eligibility: Upon attainment of age 55 and completion of 10 Years of Benefit Service.

Benefit: The Actuarial Equivalent of the Accrued Benefit payable immediately.

Pre-Retirement Death

Eligibility: Upon earning 5 Years of Service.

Benefit: The spouse is eligible for 50% of the benefit that would have been payable, if the Participant had live to Early Retirement Eligibility and elected a 50% Qualified Joint and Survivor Annuity. The benefit is payable upon the Participant's Early Retirement Eligibility date.

Normal Form of Payment

Unless otherwise elected, the benefit payable a participant who has been married at least one year is an actuarially equivalent 50% Joint and Survivor benefit. For unmarried participants, the Normal Form is a straight-life annuity.

Optional Forms

Benefits may be elected from:

- 50%, 66-2/3%, 75% and 100% Joint and Survivor
- 5, 10 and 15 Year Certain and Continuous
- Life Annuity with Modified Cash Refund
- Straight Life Annuity

Changes in Plan Benefits recognized since the last valuation

None.

SCHEDULE SB ATTACHMENT

Line 32 - Amortization Bases Used in the Valuation

Plan Name: Wayne Dairy Products, Inc. Retirement Plan for Hourly Employees

EIN/PN: 35-0743650/001

Valuation Date: October 1, 2011

Original Valuation	Remaining Years	Amortization Type	Outstanding Balance	Current Year Amortization
2011	7	Shortfall	478,694	75,757
2010	6	Shortfall	94,515	16,935
2009	5	Shortfall	(136,980)	(28,508)
2008	4	Shortfall	577,547	148,768