

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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
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; include room or suite number (employer, if for a single-employer plan) SWISS VALLEY FARMS COOPERATIVE 247 RESEARCH PARKWAY PO BOX 4493 DAVENPORT, IA 52808	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 50%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 05/01/1964</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 74-3213641</td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number 563-468-6600</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 311500</td> </tr> </table>	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	
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.	10/15/2014	THOMAS STONTZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2014	THOMAS STONTZ
	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
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) GLENN G. BLAIR BLAIR, WESTFALL & CO., PC 4427 E. 56TH STREET DAVENPORT, IA 52807			Preparer's telephone number (optional) 563-514-5522

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
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		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	313
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	83
b Retired or separated participants receiving benefits		6b	115
c Other retired or separated participants entitled to future benefits		6c	86
d Subtotal. Add lines 6a , 6b , and 6c		6d	284
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	19
f Total. Add lines 6d and 6e		6f	303
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics 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	
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) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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 2013 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

▶ **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>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 or 5500-SF <u>SWISS VALLEY FARMS COOPERATIVE</u>	D Employer Identification Number (EIN) <u>74-3213641</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>2013</u>
2	Assets:
a	Market value 2a <u>16381202</u>
b	Actuarial value 2b <u>16381202</u>
3	Funding target/participant count breakdown:
a	For retired participants and beneficiaries receiving payment..... 3a <u>131</u> <u>8930056</u>
b	For terminated vested participants..... 3b <u>86</u> <u>3308254</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>36108</u>
(2)	Vested benefits 3c(2) <u>4497941</u>
(3)	Total active..... 3c(3) <u>96</u> <u>4534049</u>
d	Total..... 3d <u>313</u> <u>16772359</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>6.27 %</u>
6	Target normal cost..... 6 <u>137447</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>10/10/2014</u>
	Signature of actuary	Date
<u>CHRISTINE DRAGER</u>	Type or print name of actuary	<u>14-59220</u>
		Most recent enrollment number
<u>DELOITTE CONSULTING, LLP</u>	Firm name	<u>312-486-2949</u>
		Telephone number (including area code)
<u>111 S. WACKER DRIVE</u> <u>CHICAGO, IL 60606-4301</u>	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) 2013
v. 130118

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)		177916
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		0
9	Amount remaining (line 7 minus line 8)	0	177916
10	Interest on line 9 using prior year's actual return of <u>8.46</u> %		15052
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		587511
b	Interest on (a) using prior year's effective interest rate of <u>6.98</u> % except as otherwise provided (see instructions)		41008
c	Total available at beginning of current plan year to add to prefunding balance		628519
d	Portion of (c) to be added to prefunding balance		628519
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	821487

Part III Funding Percentages			
14	Funding target attainment percentage	14	92.76 %
15	Adjusted funding target attainment percentage	15	92.76 %
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	100.00 %
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
07/25/2013	25000				
			Totals ►	18(b)	25000 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 24129
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No
c If line 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: 4.94%	2nd segment: 6.15%	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
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 subject to 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	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	
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	137447	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	1212644	202381	
b Waiver amortization installment			
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 (lines 31a - 31b + 32a + 32b - 33)...	34	339828	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....		339828	339828
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	24129	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	24129	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	24129	
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 an election was made to use PRA 2010 funding relief for this plan:			
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 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
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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 Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CHARLES SCHWAB INVEST MGMT, INC

94-3106735

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

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

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

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

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

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

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

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

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

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

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

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

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

AMI ASSET MANAGEMENT

76-0589652

(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	11342	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SCHAFFER CULLEN CAP MANAGEMENT

645 FIFTH
SUITE 1201
NEW YORK, NY 10022

(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	9411	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GRISANTI CAPITAL, LLC

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	8737	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

LAZARD ASSET MANAGEMENT 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	10479	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	NONE	60919	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLAIR, WESTFALL & CO., PC

4427 E. 56TH STREET
DAVENPORT, IA 52807

27-0166339

(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	7500	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

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

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?
11 50	NONE	75826	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

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

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

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

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2013 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
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	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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	21002	4393
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	694224	1174545
(2) U.S. Government securities	1c(2)	7275627	7254768
(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)	6635572	4039569
(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)	1754827	4027616
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(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	16381252	16500891

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	15263	15213
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	15263	15213

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	16365989	16485678
---	-----------	----------	----------

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)	25000	
(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)		25000

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	27	
(B) U.S. Government securities	2b(1)(B)	64375	
(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)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		64402

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	233648	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	31651	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		265299

(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	11165200	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	10045711	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1119489

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-68669	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-68669

		(a) Amount	(b) Total
(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		1405521

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1050760	
(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)		1050760
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)	7500	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	179489	
(4) Other	2i(4)	48083	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		235072
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1285832

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		119689
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: BLAIR, WESTFALL, & CO., PC

(2) EIN: 26-0166339

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

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.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
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	
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		5000000
4e	X		5000000
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	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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 2013 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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	<u>0</u>
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): _____ 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>7</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 (include any prior year accumulated funding deficiency not waived).....	6a		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**Swiss Valley Farms, Co.
Employees' Pension Plan and Trust
Financial Statements
December 31, 2013 and 2012**

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

Table of Contents

	Page
INDEPENDENT AUDITOR'S REPORT	1- 2
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits as of December 31, 2013 and 2012	3
Statement of Changes in Net Assets Available for Benefits For the Year Ended December 31, 2013	4
Notes to Financial Statements As of December 31, 2013 and 2012, And for the Year Ended December 31, 2013	5 - 13
SUPPLEMENTAL SCHEDULES:	
Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2013	15 - 18
Form 5500, Schedule H, Part IV, line 4j – Schedule of Reportable Transactions for the Year Ended December 31, 2013	19
Note: 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.	



BLAIR, WESTFALL & CO., P.C.

CERTIFIED PUBLIC ACCOUNTANTS

4427 E. 56TH STREET, DAVENPORT, IA 52807 T. 563 514 5522 F. 563 514 3334

GLENN G. BLAIR, CPA AMY M. WESTFALL, CPA

To the Investment Committee of
Swiss Valley Farms, Co, Employees' Pension Plan and Trust

Independent Auditor's Report

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Swiss Valley Farms, Co, Employees' Pension Plan and Trust, which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the year ended December 31, 2013 , and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance on internal control relevant to the preparation and fair presentation on financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit 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 from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatements of the financial statements, whether do to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of Swiss Valley Farms, Co, Employees' Pension Plan and Trust as of December 31, 2013 and 2012, and the changes in its financial status for the year ended December 31, 2013 in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the financial statements 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 financial statements but are supplementary information required by the Department of Labor's Rules for Reporting disclosure under the Employee Retirement Income Security Act of 1974. These schedules are the responsibility of the Plan's management and were derived from and relate directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Blair, Westfall & Co., P.C.
BLAIR, WESTFALL & CO., P.C.
Certified Public Accountants

Davenport, Iowa
October 14, 2014

Swiss Valley Farms, Co, Employees' Pension Plan and Trust
Statements of Net Assets Available for Benefits
December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Investments, at fair value:		
Money market funds	\$ 1,174,545	\$ 694,224
Common Stocks	4,039,569	6,635,572
Mutual funds	4,027,616	1,754,827
U.S. Treasury notes	7,254,768	7,275,627
Total investments at fair value	<u>16,496,498</u>	<u>16,360,250</u>
 Receivables - Accrued interest	 <u>4,393</u>	 <u>21,002</u>
 Total assets	 <u>16,500,891</u>	 <u>16,381,252</u>
 Liabilities - Accrued administration expenses	 <u>15,213</u>	 <u>15,263</u>
 Net assets available for benefits	 <u><u>\$ 16,485,678</u></u>	 <u><u>\$ 16,365,989</u></u>

The notes to the Financial Statements are an integral part of this statement

Swiss Valley Farms Co. Employees' Pension Plan and Trust
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2013 and 2012

Additions to net assets:

Employer contributions:	\$ 25,000
Investment income:	
Appreciation in fair value of investments	
Common stocks	(71,540)
Mutual funds	(20,913)
U.S. Treasury notes	23,784
Dividends	265,299
Interest	64,402
Realized gains on sale of investments	1,119,489
	<hr/>
Net investment income	1,380,521
	<hr/>
Total additions to net assets	1,405,521

Deductions from net assets:

Benefits paid to participants:	
Lump sum benefit payments	52,393
Annuity benefit payments	998,367
Investment fees and charges	110,549
Administrative fees	124,523
	<hr/>
Total deductions from net assets	1,285,832
	<hr/>
Net increase (decrease)	119,689

Net assets available for benefits:

Beginning of year	16,365,989
End of year	<u><u>\$ 16,485,678</u></u>

The notes to the Financial Statements are an integral part of this statement

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

Notes to Financial Statements

As of December 31, 2013 and 2012, and for the
Year Ended December 31, 2013 and 2012

Note 1. Plan Description

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

General:

The Plan is a defined benefit pension plan covering substantially all employees of Swiss Valley Farms Cooperative (the Company) who have met the eligibility requirements. The Company serves as the Plan administrator, along with a three-member Board of Trustees, to control and manage the operation and administration of the Plan. The Plan is subject to the provisions of the Employee Income Securities Act of 1974 (ERISA). Charles Schwab Institutional and New York life Insurance Company serve as the custodian of the Plan.

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 were eligible for retirement at December 31, 2004 who 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 Form 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.

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 the 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.

Normal Benefit Form:

Straight Life Annuity

Vesting Schedule:

100% after 5 years.

Death Benefit:

The greater of participant contributions with interest, or the actuarially equivalent present value of the normal retirement benefit accrued to the date of the participant's death.

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

Notes to Financial Statements

As of December 31, 2013 and 2012, and for the
Year Ended December 31, 2013 and 2012

Note 1. Plan Description (continued):

Disability Benefit:

One-half the normal retirement benefit based on salary at the time of disablement and years of service to 65, payable to the earlier of the end of the disablement or 65. At 65, the benefit increases from one-half to 100% of the 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:

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 Internal Revenue Service (IRS) determination letter (see Note 7). This amendment had no impact on the actuarial present value of accumulated plan benefits.

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 value of the accumulated plan benefits.

Note 2. Summary of Significant Accounting Policies:

Basis of Accounting:

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates:

The preparation of financial statements in accordance with GAAP requires the Plan administrator 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 at the date of the financial statements, and changes therein. Actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of the accumulated Plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated Plan benefits reported in the accompanying notes to the financial statements.

Swiss Valley Farms, Co. Employees' Pension Plan and Trust
Notes to Financial Statements
As of December 31, 2013 and 2012, and for the
Year Ended December 31, 2013 and 2012

Note 2. Summary of Significant Accounting Policies (continued):

Investment Valuation and Income Recognition:

Investments are reported at fair value at year end. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value is determined by the quoted market value of securities held at year end. The net appreciation or depreciation of fair value is determined by the change in the 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 accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits:

Benefit payments to participants are recorded upon distribution.

Risks and Uncertainties:

The Plan utilizes various investments 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 could occur in the near term, and that these changes could materially affect the amounts reported in the financial statements.

Administrative Expenses:

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

Subsequent Events:

Subsequent events have been evaluated through October 14, 2014, which is the date the financial statements were available to be issued.

Note 3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments that are attributable under the Plan's provisions, to the service employees have rendered. 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 which results from applying actuarial assumptions 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.

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

Notes to Financial Statements

As of December 31, 2013 and 2012, and for the
Year Ended December 31, 2013 and 2012

Note 3. Actuarial Present Value of Accumulated Plan Benefits (continued):

The significant actuarial assumptions used in the valuations as of 2013 and 2012 are as follows:

<u>Description</u>	<u>Actuarial Present Value of Accumulated Plan Benefits</u>
1. Investment Return	6.00% per year
2. Mortality:	
Disabled participants	GATT Disabled Mortality Table
All other participants	December 31, 2013: 2013 PPA Table December 31, 2012: 2012 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, 2013 and 2012 are as follows:

	<u>2013</u>	<u>2012</u>
Vested benefits:		
Participants and/or beneficiaries		
currently receiving benefits	\$ 9,455,880	\$ 8,963,158
Other participants	<u>7,767,578</u>	<u>8,138,430</u>
Total	17,223,458	17,101,588
Nonvested benefits	<u>116,882</u>	<u>142,733</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 17,340,340</u>	<u>\$ 17,244,321</u>

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

Notes to Financial Statements

As of December 31, 2013 and 2012, and for the
Year Ended December 31, 2013 and 2012

Note 3. Actuarial Present Value of Accumulated Plan Benefits (continued):

The changes in the present value of accumulated Plan benefits during the valuation years ended December 31, 2013 are as follows:

Actuarial present value of accumulated plan benefits at the beginning of the period	\$ 17,244,321
Increase (decrease) attributable to:	
Benefits accumulated and experience different than assumed	107,443
Interest due to the decrease in the discount period	1,003,605
Benefits paid with interest adjustments	(1,050,437)
Change in actuarial assumptions and methods	<u>35,408</u>
Net decrease	<u>96,019</u>
Actuarial present value of accumulated plan benefits at the end of the period	<u>\$ 17,340,340</u>

Note 4. Fair Value Measurements:

In accordance with GAAP, the Plan classifies its investments into Level 1, which refers to securities values 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 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 Plan's policy is to recognize significant transfers between levels at the end of the reporting period. For the years ended December 31, 2013 and 2012, there were no significant transfers in or out of levels 1, 2, or 3.

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

Notes to Financial Statements

As of December 31, 2013 and 2012, and for the
Year Ended December 31, 2013 and 2012

Note 4. Fair Value Measurements (continued):

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, 2013 and 2012:

	Fair Value Measurement at December 31, 2013, Using			Total
	Active Markets for Identical Assets (Level 1)	Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
Money market funds	\$ 1,174,545	\$ -	\$ -	\$ 1,174,545
Common stocks:				
Common cyclical	40,958	-	-	40,958
Consumer discretionary	345,920	-	-	345,920
Consumer staples	502,811	-	-	502,811
Energy	450,790	-	-	450,790
Financial	785,120	-	-	785,120
Healthcare	726,434	-	-	726,434
Industrials	376,898	-	-	376,898
Information technology	299,084	-	-	299,084
Materials	215,604	-	-	215,604
Other	115,124	-	-	115,124
Real estate development	41,517	-	-	41,517
Telecommunication services	139,309	-	-	139,309
Utilities	-	-	-	0
Total common stocks	4,039,569	-	-	4,039,569
Mutual funds	4,027,616	-	-	4,027,616
U.S. Treasury notes	7,254,768	-	-	7,254,768
Total	\$ 16,496,498	\$ -	\$ -	\$ 16,496,498

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

Notes to Financial Statements

As of December 31, 2013 and 2012, and for the
Year Ended December 31, 2013 and 2012

Note 4. Fair Value Measurements (continued):

	Fair Value Measurement at December 31, 2012, Using			Total
	Active Markets for Identical Assets (Level 1)	Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
Money market funds	\$ 694,224	\$ -	\$ -	\$ 694,224
Common stocks:				
Common cyclical	85,530	-	-	85,530
Consumer discretionary	622,795	-	-	622,795
Consumer staples	1,006,132	-	-	1,006,132
Energy	743,688	-	-	743,688
Financial	989,077	-	-	989,077
Healthcare	989,421	-	-	989,421
Industrials	765,746	-	-	765,746
Information technology	692,819	-	-	692,819
Materials	149,929	-	-	149,929
Other	145,021	-	-	145,021
Real estate development	111,804	-	-	111,804
Telecommunication services	284,097	-	-	284,097
Utilities	49,513	-	-	49,513
Total common stocks	6,635,572	-	-	6,635,572
Mutual funds	1,754,827			1,754,827
U.S. Treasury notes	7,275,627	-	-	7,275,627
Total	<u>\$ 16,360,250</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 16,360,250</u>

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

Notes to Financial Statements

As of December 31, 2013 and 2012, and for the
Year Ended December 31, 2013 and 2012

Note 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, 2013 and 2012 were \$500,000 and \$574,856, respectively, including interest credited at 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 \$25,000 for the year ended December 31, 2013. This amount was in excess of the minimum funding requirements of ERISA.

Note 6. Investments:

The Plan's investments which represent five percent or more of net assets as of December 31, 2013 and 2012 are as follows:

	2013	2012
Schwab Treasury Money Market Fund*	\$ 1,027,952	\$ -
MFS Emerging Markets Debt	1,527,872	\$ 1,754,827
Brandes Inv't Tr Instl Emergn	842,718	-
Lazard Fds Inc Gbl Infra Inst	835,251	-
U.S. Treasury Note, 1.75%	-	5,023,440
U.S. Treasury Note, 0.5%	1,002,813	1,004,531
U.S. Treasury Note, .025%	1,249,610	1,247,656
U.S. Treasury Note, .25%	5,002,345	-

* Indicates a party-in-interest to the Plan

Note 7. Federal Income Tax Status:

The Internal Revenue Service (IRS) issued a favorable determination letter 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 this determination letter. The Company and Plan management believe that the Plan, as amended, 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.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2012, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdiction; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2009.

Swiss Valley Farms, Co. Employees' Pension Plan and Trust
Notes to Financial Statements
As of December 31, 2013 and 2012, and for the
Year Ended December 31, 2013 and 2012

Note 8. Provisions on Termination:

The Company has the right under the Plan, in certain circumstances, to discontinue at any time and to terminate the Plan subject to the provisions of ERISA. The Plan Administrators intend to liquidate the Plan in 2019 or 2020. When the Plan is terminated, the net assets of the Plan will be allocated for payment to the participants in an order of priority determined in accordance with ERISA.

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 benefits should the Plan be terminated at some future date 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.

Note 9. Exempt Party-in-Interest Transactions:

Certain Plan investments are shares of a money market fund managed by New York Life Insurance Company (New York Life) and Charles Schwab Institutional (Charles Schwab). New York Life and Charles Schwab are custodians of the Plan as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions

Fees paid by the Plan to New York Life for investment management services for the year ended December 31, 2013 and 2012 were \$1,549 and \$1,111, respectfully. Fees charged by Charles Schwab are included in the transaction price each time a security is purchased or sold.

Supplemental Schedules

Swiss Valley Farms, Co. Employees' Pension Plan and Trust
Form 5500, Schedule H, Part IV, line 4i-Schedule of Assets
(Held at End of Year)
December 31, 2013 and 2012

Identy of issuer, Borrower, Lessor or Similar Party

	Cost	Current Value
Money Market Funds:		
New York Life Insurance Company Money Market Funds*	122,313	122,313
Schwab Institutional Money Market Funds*	1,052,232	1,052,232
Total Money Market Funds	<u>1,174,546</u>	<u>1,174,546</u>
U.S. Treasury Notes:		
US Treasruy Note, 0.25%, Due 04/14	5,005,078	5,002,345
US Treasury Note, 0.25%, Due 08/15	1,247,217	1,249,610
US Treasury Note, 0.5%, Due 10/14	1,002,500	1,002,813
Total U.S. Treasury Notes	<u>7,254,795</u>	<u>7,254,768</u>
Mutual Funds:		
Brandes Emerging Markets	808,968	842,718
Driehaus Emerging Mrkts	802,148	821,774
Lazard Global Listed	814,715	835,251
MFS Emerging Mkts Debt	1,549,263	1,527,872
Total Mutual Funds	<u>3,975,094</u>	<u>4,027,616</u>
Common Stocks:		
Abbot Laboratories	39,025	48,679
Allergan Inc	31,466	39,433
Altria Group Inc	33,301	52,402
Anheuser-Busc Invbev	10,458	29,809
Apple Inc	7,313	60,029
ASSA Abloy Ab	6,547	19,123
Assc Brit Foods	7,459	12,361
Astrazeneca Plc	42,930	54,324
AT & T Inc	41,310	48,697
Atlanta Spa	12,645	18,037
B C E Inc	48,252	47,403
Bard C R Incorporated	37,139	53,576
Bayer A G Sponsored	17,130	30,388
Bayerische Motr	17,147	23,382
Bection Dickinson & Co	43,919	62,427
BG Group Plc	9,242	12,971
BHP Billiton Ltd	14,014	16,982
BNP Paribas	15,422	26,617
Boeing Co	16,096	32,758
Brit Amer Tobacco	8,768	19,980
Carlsberg As	9,378	9,614
Chevron Corporation	38,863	53,087

Swiss Valley Farms Co. Employees' Pension Plan and Trust
Form 5500, Schedule H, Part 4i – Schedule of Assets
(Held at End of Year)
As of December 31, 2012 (continued)

Identity of issuer, Borrower, Lessor or Similar Party		
Church & Dwight Co Inc	64,134	91,798
Cisco Systems Inc	36,967	42,168
Citrix Systems Inc	40,613	38,583
Compagnie Finan Ric	10,087	10,940
Concho Resources Inc	31,059	30,780
Conocophillips	37,098	50,162
Continental Resources	30,610	41,070
Costco Whsl Corp	32,182	46,418
CST Brands Inc	22	37
Daikin Industries	10,029	14,868
Daiwa House Ind Ltd	17,261	17,865
Diageo Plc	23,229	41,050
Diamond Offshr Drilling	49,338	39,844
Discover Commun Ser A	46,540	50,635
Dominion Res Inc	20,898	31,375
Du Pont	34,404	44,829
Ebay Inc	21,391	37,034
Ecolab Inc	36,217	62,041
Eni S P A Spon	11,115	11,298
Euro Aero Defense	13,144	15,090
Experian Ltd	5,169	6,156
Express Scripts Hldg Co	52,745	62,865
Fresenius Se Co	6,746	6,810
General Electric Company	29,911	45,549
Genuine Parts Co	25,721	41,595
Hain Celestial Group Inc	25,763	53,106
Healthcare Svc Group Inc	32,144	51,633
HSBC Hldgs Plc	62,961	65,439
Informa Plc	11,384	17,575
Intel Corp	41,351	50,742
Johnson & Johnson	35,957	52,206
JPMorgan Chase & Co	26,950	34,503
K D D I Corp	10,399	11,456
Kimberly-Clark Corp	57,982	76,778
Komatsu Ltd	13,559	10,022
Kraft Foods Group	18,387	29,651
Lilly Eli & Company	32,188	46,920
Lixil Group Corp	11,939	15,040
Lloyds Banking Gp	11,775	20,338
Makita Corp Spon	17,046	15,582

Swiss Valley Farms Co. Employees' Pension Plan and Trust

Form 5500, Schedule H, Part 4i – Schedule of Assets

(Held at End of Year)

As of December 31, 2012 (continued)

Identity of issuer, Borrower, Lessor or Similar Party

Mastercard Inc	35,162	71,850
Mc Cormick & Co Inc	27,432	36,872
Mediolanum Spa	12,298	14,169
Merck & Co Inc	37,270	60,060
Metlife Inc	32,110	44,484
Microsoft Corp	34,802	47,137
Nextera Energy Inc	29,825	48,375
Novartis A G Spon	16,142	35,206
Novo-Nordisk A-S	25,964	29,007
Pepsico Incorporated	48,870	62,205
Petsmart Inc	47,398	52,380
Philip Morris Intl Inc	32,409	47,922
P G S Asa New	7,395	6,825
Prudential Corp Plc	15,139	34,830
Qualcomm Inc	30,720	54,203
Raytheon Company	29,859	51,246
Red Electrica Corp	12,727	16,169
Rexam Plc	15,446	21,486
Rogers Commun Inc CL B	7,982	11,991
Royal Dutch Shell A	14,138	16,606
Royal Dutch Shell B	51,774	55,206
Ryanair Hlodgs Plc	7,933	14,548
S A P AG	15,798	29,192
Salix Pharmaceuticals	45,785	59,360
Sampo Oyj	10,311	20,665
Sands China Ltd	11,262	24,249
Sanofi	14,990	23,704
Seven & I Hldg Co	16,474	20,566
Signet Jewelers Ltd	10,448	13,064
Starbucks Corp	39,441	64,672
Stericycle Inc	43,341	59,828
Sumitomo Mitsui New	18,400	30,683
Sumitomo Mitsui Tr	8,968	9,131
Swatch Group Ag	7,039	10,757
Swedbank AB Spon	7,946	12,088
The Charles Schwab Corp	23,867	47,840
Travelers Companies Inc	28,105	45,723
Tullow Oil Plc	7,495	5,987
Unilever Plc	9,282	20,518
Unilever N V NY Shs	35,220	44,856

Swiss Valley Farms Co. Employees' Pension Plan and Trust

Form 5500, Schedule H, Part 4i – Schedule of Assets

(Held at End of Year)

As of December 31, 2012 (continued)

Identity of issuer, Borrower, Lessor or Similar Party		
Valeo Sponsored	8,899	21,076
Verizon Communications	21,810	27,518
Vodafone Group New	35,026	51,103
Wells Fargo & Co	34,169	51,529
Whole Foods Market Inc	27,955	48,577
Wolseley Plc	7,386	13,619
Yahoo Japan Corp	15,931	20,294
Zoetis Inc	43,444	46,910
3M Company	58,861	96,071
H C P Inc	41,686	41,768
Health Care REIT Inc	35,919	41,517
 Total Common Stocks	 <u>2,862,288</u>	 <u>4,039,569</u>
 Total Investments	 <u>15,266,723</u>	 <u>16,496,498</u>

* Party-in-interest to the Plan

Swiss Valley Farms, Co. employees Pension Plan and Trust
Form 5500, Schedule H, Part IV, Line 4j-Schedule of Reportable Transactions
for the Year ended December 31, 2013

Identity of Party Involved and Asset Description	Total Number of Trades	Purchase Price	Sales Price	Historical Cost	Current Value of Assets on Transaction Date	Gain or Loss
<i>Series of Transactions in the Same Security:</i>						
Purchase of units in Schwab Institutional Money Market funds*	322	10,751,590			4,720,950	
Purchase of units in New York Life Insurance Company Money Market funds*	15	1,075,027			1,000,000	
Sale of units in Schwab Institutional Money Market funds*	96		10,164,416	10,164,416	10,164,416	-
Sale of units in New York Life Insurance Company Money Market funds	19		1,176,409	1,176,409	1,176,409	-
<i>Single Transactions in the Same Security:</i>						
Purchase of U.S. Treasury Note	1	5,010,879			5,010,879	
Sale of U.S. Treasury Note	1		5,000,000	5,022,243	5,022,243	(22,243)
Purchase of units in Brandes Emerging Markets	1	782,350			782,350	
Purchase of units in Driehuas Emerging Mkts Growth Fund	1	782,350			782,350	
Purchase of units in Lazard Global Listed	1	782,350			782,350	

* Party-in-interest to the Plan

Swiss Valley Farms, Co Employees Pension Plan & Trust

EIN: 74-3213641

Plan Number: 001

Statement in Support of Question 4(i)

**The listing of assets held for investment may be
found attached to the auditor's opinion.**

Swiss Valley Farms, Co Employees Pension Plan & Trust

EIN: 74-3213641

Plan Number: 001

Statement in Support of Question 4(j)

**The listing of transactions in excess of 5% of the Plan's assets
may be found attached to the auditor's opinion.**

Schedule SB, line 26 – Schedule of Active Participant Data**Participant Information**

The following table displays the distribution of active participants by age and service.

Age Group	Service Group										Total
	< 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
0 – 24											
25 – 29											
30 – 34				1							1
35 – 39				3							3
40 – 44				2	3						5
45 – 49			3	6	3	1	2				15
50 – 54				7	3	3	1	5	3		22
55 – 59			1	6	5	1	1	5	13	1	33
60 – 64				4	2			5	2	2	15
65 – 69					1						1
70+				1							1
Total			4	30	17	5	4	15	18	3	96

Schedule SB, Part V – Summary of Plan Provisions

Plan Provisions Summary

Plan Name	Swiss Valley Farms, Co. Employees' Pension Plan
1. Plan Year	January 1 to December 31. Effective December 31, 2003 the plan year was changed from a plan year beginning May 1.
2. 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.
3. 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.
4. Years of Vesting Service	One year for each plan year with more than 1,000 hours of service.
5. 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.
6. 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 December 31, 2004 for frozen participants will not be considered.
7. Employee Contributions	None.
8. 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.
9. Eligibility for Benefits	
a. Normal Retirement	Age 65.
b. Early Retirement	After age 55. Unreduced early retirement is available to participants age 62 with 25 years of participation service.
c. Disability Retirement	Any active participant.
d. Vested Termination	After five years of vesting service.
e. Death Benefit	After five years of vesting service.
10. Monthly Benefit Amounts	
a. 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.
b. 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.

Schedule SB, Part V – Summary of Plan Provisions (Continued)

c. 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.
d. 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.
e. 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.
11. Normal Form of Benefit	Straight life annuity.
12. Plan Provision Changes Since Previous Valuation	None

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

Actuarial Methods for Funding 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 decrements. 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 two and one half months after the close of the plan year) (1.430(d)-1(d)).

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 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.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Continued)

Asset Valuation Method

Funding Purposes: Plan assets are equal to the market value of assets plus receivable contributions discounted at the appropriate interest rate to the valuation date.

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.

Present Value of Accrued and Vested Benefits (ASC 960)

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 for accrued benefits.

Method Changes Since Last Year

There were no method changes since the prior valuation.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Continued)

Actuarial Assumptions

Interest Rates		Pre-MAP-21 Segment Rates ¹	25 Year Average Segment Rates	MAP-21 Corridor (85%-115% for 2013)	MAP-21 Segment Rates ²
	Lookback Month	September 2012	N/A	N/A	N/A
	First Segment Rate	1.75%	5.81%	4.94% - 6.68%	4.94%
	Second Segment Rate	4.62%	7.23%	6.15% - 8.31%	6.15%
	Third Segment Rate	5.72%	7.95%	6.76% - 9.14%	6.76%
	Effective Rate	4.85%	N/A	N/A	6.27%
	¹ Used for Maximum Deductible, PBGC Variable Rate Premium, ERISA 4010-80% Threshold reporting and excess assets for §420 transfers ² Used for minimum funding and benefit restrictions ASC 960: 6.00% per annum				
Mortality – Healthy Participants	Funding Target and ASC 960: As defined in proposed 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 non-annuitants and seven years into the future for annuitants.				
Mortality – Disabled Participants	GATT disabled mortality				
Withdrawal	Sarason's T-5 Table. Sample rates are as follows:				
		<u>Age</u>	<u>Rate</u>		
		25	7.7%		
		30	7.2%		
		35	6.3%		
		40	5.2%		
		45	4.0%		
		50	2.6%		
		55	0.9%		
Disability	Hunter Ultimate Rates. Sample rates are as follows:				
		<u>Age</u>	<u>Rate</u>		
		25	0.053%		
		30	0.056%		
		35	0.064%		
		40	0.083%		
		45	0.115%		
		50	0.170%		
		55	0.275%		
	60	0.540%			

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Continued)

Retirement Age	<p>Age related table shown below:</p> <table> <tr> <th><u>Age</u></th><th><u>Rate</u></th></tr> <tr> <td>Less than 55</td><td>0%</td></tr> <tr> <td>55</td><td>1%</td></tr> <tr> <td>56</td><td>1%</td></tr> <tr> <td>57</td><td>1%</td></tr> <tr> <td>58</td><td>1%</td></tr> <tr> <td>59</td><td>1%</td></tr> <tr> <td>60</td><td>2%</td></tr> <tr> <td>61</td><td>4%</td></tr> <tr> <td>62</td><td>10%</td></tr> <tr> <td>63</td><td>5%</td></tr> <tr> <td>64</td><td>10%</td></tr> <tr> <td>65</td><td>100%</td></tr> </table>	<u>Age</u>	<u>Rate</u>	Less than 55	0%	55	1%	56	1%	57	1%	58	1%	59	1%	60	2%	61	4%	62	10%	63	5%	64	10%	65	100%
<u>Age</u>	<u>Rate</u>																										
Less than 55	0%																										
55	1%																										
56	1%																										
57	1%																										
58	1%																										
59	1%																										
60	2%																										
61	4%																										
62	10%																										
63	5%																										
64	10%																										
65	100%																										
Form of Payment	Straight life annuity																										
Asset Basis	Market value																										
Salary Increases	N/A																										
Accumulation of Employee Contributions	5.0% per annum																										
Expense Loading	Normal cost is increased by the actual expenses from the prior year.																										
Assumption Changes Since Last Year	<p>Funding Target: The interest rates and mortality table were updated per IRS requirements.</p> <p>ASC 960: The mortality table was updated to be the same as the mortality table used for the Funding Target.</p>																										

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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

2013**This Form is Open to Public
Inspection**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

► 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. EMPLOYERS' PENSION PLAN

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, CO.

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 1 Day 1 Year 2013**2** Assets:**a** Market value **2a** 16,381,202**b** Actuarial value **2b** 16,381,202**3** Funding target/participant count breakdown:**a** For retired participants and beneficiaries receiving payment **3a** 131 8,930,056**b** For terminated vested participants **3b** 86 3,308,254**c** For active participants:(1) Non-vested benefits **3c(1)** 36,108(2) Vested benefits **3c(2)** 4,497,941(3) Total active **3c(3)** 96 4,534,049**d** Total **3d** 313 16,772,359**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** 6.27 %**6** Target normal cost **6** 137,447**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

Christine Drager

Type or print name of actuary

DELOITTE CONSULTING LLP

Firm name

111 S. Wacker Dr.

CHICAGO

IL 60606-4301

Address of the firm

10-10-14

Date

14-5920

Most recent enrollment number

(312) 486-2949

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) 2013

v. 130118

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	177,916
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	177,916
10 Interest on line 9 using prior year's actual return of <u>8.46</u> %	0	15,052
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 36a from prior year)		587,511
b Interest on (a) using prior year's effective interest rate of <u>6.98</u> % except as otherwise provided (see instructions)		41,008
c Total available at beginning of current plan year to add to prefunding balance		628,519
d Portion of (c) to be added to prefunding balance		628,519
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	821,487

Part III Funding Percentages

14 Funding target attainment percentage	14	92.76 %
15 Adjusted funding target attainment percentage	15	92.76 %
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	100.00 %
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

(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
07/25/2013	25,000				
Totals ▶			18(b)	25,000	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 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	24,129

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 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: 4.94 %	2nd segment: 6.15 %	3rd segment: 6.76 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
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 subject to 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	137,447	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	1,212,644		202,381
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 (lines 31a - 31b + 32a + 32b - 33)	34	339,828	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	339,828	339,828
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	24,129	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	24,129	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	24,129	
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 an election was made to use PRA 2010 funding relief for this plan:			
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, Line 32 – Schedule of Amortization Bases**Shortfall Amortization Bases for Minimum Funding Requirements**

Date Established	Amortization Base Type	Remaining Number of Years	Annual Shortfall Amortization Installment	Present Value of Remaining Amortization Installments as of January 1, 2013
January 1, 2013	Shortfall	7	\$202,381	\$1,212,644
			\$202,381	\$1,212,644