Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
ALLIANCE DAIRIES PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1992

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

4951 N.W. 170TH STREET
TRENTON, FL 32693

2b Employer Identification Number (EIN) 59-2984490

2c Sponsor's telephone number 352-463-6613

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.	10/17/2011	RON ST. JOHN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

ALLIANCE DAIRIES

4951 N.W. 170TH STREET
TRENTON, FL 32693

3b Administrator's EIN
59-2984490

3c Administrator's telephone number
352-463-6613

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	200
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**	171
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	19
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	190
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	190
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	90
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2A 2E 3D 3H

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	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)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

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

A Name of plan	**B** Three-digit plan number (PN) ▶	
ALLIANCE DAIRIES PROFIT SHARING PLAN		001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
ALLIANCE DAIRIES	59-2984490

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

PERSHING, LLC

13-2741729

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

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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)

(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 ☐

(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 ☐

(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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

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

A Name of plan
ALLIANCE DAIRIES PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALLIANCE DAIRIES

D Employer Identification Number (EIN)
59-2984490

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)	122465	121975
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	565344	685496

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	687809	807471
	Liabilities			
g	Benefit claims payable	1g	147	0
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	147	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	687662	807471

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	121975	
	(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)		121975
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	899	
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		899
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	45608	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		45608
(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		168482
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	38976	
(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)		38976
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	9697	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		9697
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		48673
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		119809
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) [X] 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 [X] No

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

(1) Name: DIXON HUGHES GOODMAN LLP (2) EIN: 56-0747981

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		200000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

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

A Name of plan
ALLIANCE DAIRIES PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALLIANCE DAIRIES

D Employer Identification Number (EIN)
59-2984490

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 59-3508220

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ALLIANCE DAIRIES PROFIT SHARING PLAN

Financial Statements
and
Supplemental Schedules
As of December 31, 2010 and 2009
And for the Year Ended December 31, 2010

(with Independent Auditors' Report thereon)

ALLIANCE DAIRIES PROFIT SHARING PLAN

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DIXON HUGHES GOODMAN LLP
Certified Public Accountants and Advisors

- Independent Auditors' Report -

To the Participants of and Trustees of
Alliance Dairies Profit Sharing Plan

We have audited the accompanying statements of net assets available for benefits of the Alliance Dairies Profit Sharing Plan as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2010 and 2009, and the changes in net assets available for benefits for the year ended December 31, 2010 in conformity with accounting principles generally accepted in the United States of America.

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

Dixon Hughes Goodman LLP

Jacksonville, Florida
October 14, 2011

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ALLIANCE DAIRIES PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits

December 31, 2010 and 2009

	2010	2009
Assets		
Investments at fair value (See Notes 3, 4, 5)	$ 685,496	$ 565,344
Receivable:		
Employer contributions	121,975	122,465
Total assets	807,471	687,809
Liabilities		
Other liabilities	-	147
Net assets available for benefits	$ 807,471	$ 687,662

The accompanying notes are an integral part of these financial statements.

ALLIANCE DAIRIES PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2010

Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$	45,608
Interest and dividends		899
		46,507
Contributions:		
Employer profit sharing		121,975
Total additions		168,482
Deductions from net assets attributed to:		
Benefits paid to participants		38,976
Administrative expenses		9,697
Total deductions		48,673
Net increase		119,809
Net assets available for benefits:		
Beginning of year		687,662
End of year	$	807,471

The accompanying notes are an integral part of these financial statements.

ALLIANCE DAIRIES PROFIT SHARING PLAN
Notes to Financial Statements

December 31, 2010 and 2009

1. **Description of Plan**

The following description of the Alliance Dairies Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan covering all full time employees of Alliance Dairies, Gulf West Supply, Inc., Piedmont Dairies, Barrington Dairies, Highbrighton Dairy, Watson Dairy and Black Investments DBA Tri County Metals (the "Company") who have one year of service consisting of at least 1,000 hours of service and are twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions - The Company may make a discretionary profit sharing contribution as determined annually, for each of the Plan's allocation groups. Each participant is an allocation group as defined by the Plan.

Participant Accounts - Each participant's account is credited with the Company's discretionary contributions and Plan earnings or losses, and charged with benefit payments and allocations of administrative expenses. Allocations of discretionary contributions are made based on participants' compensation received during the year. Administrative expenses are allocated proportionally among all Plan participants, based either on participants' account balances, or on the number of participants in the Plan. The benefit to which a participant is entitled is limited to the vested balance of the participant's account.

Vesting - Vesting in the Company's discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after six years of credited service.

Payment of Benefits - On termination of service due to death, disability or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account as a lump-sum amount. For termination of service due to other reasons, a participant may also receive the value of the vested interest in his or her account as a lump-sum distribution. Amounts contributed on a before-tax basis may only be withdrawn upon demonstration of financial hardship, disability, or after the participants reach the age of 59.5 years.

Forfeitures - At December 31, 2010 and 2009, there were no forfeited non-vested accounts. During 2010, forfeitures of $3,053 were used to offset employer contributions ($4,882 in 2009).

2. Summary of Significant Accounting Policies

Basis of Accounting - The financial statements of the Plan are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America ("GAAP").

Estimates - The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts, changes therein and disclosures. Accordingly, actual results may differ from those estimates and assumptions.

Investment Valuation and Income Recognition - Investments are reported at fair value. 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. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits - Benefits are recorded upon distribution.

Administrative Expenses - The Plan's administrative expenses are paid by either the Plan or the Company, as provided by the Plan document. Certain administrative functions are performed by employees of the Company. No such employee receives compensation from the Plan.

Subsequent Events - The Plan has evaluated subsequent events through October 14, 2011, the date the financial statements were available to be issued.

3. Investments

The following table presents investments that represent 5% or more of the Plan's net assets at December 31:

	2010	2009
Alger Small Cap and Mid Cap Growth Fund	*	$ 46,356
Columbia Funds Series Trust	*	80,620
Harbor Bond Fund	*	90,649
Mainstay ICAP Select Equity Fund	*	78,264
Neuberger Berman International Fund	*	83,272
Northern Small Cap Value Fund	*	45,699
Victory Diversified Stock Fund	*	92,345
Consumer Discretionary SPDR	67,188	*
Energy Select Sector SPDR	69,342	*
Industrial Select Sector SPDR	68,729	*
Rydex S&P Equal Weight	122,391	*
MidCap SPDRs	137,178	*
SPDR S&P Retail	67,849	*
iShares Russell 2000 Index	138,015	*

*All investments held by the Plan are nonparticipant-directed investments.

During the year ended December 31, 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

Exchange-traded funds	$ 45,608

4. Fair Value Measurements

Fair value as defined under GAAP is an exit price, representing 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. GAAP establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value. These tiers include:

- Level 1: Observable inputs such as quoted prices in active markets.
- Level 2: Inputs other than quoted prices in active markets that are either directly or indirectly observable.
- Level 3: Unobservable inputs about which little or no market data exists, therefore requiring an entity to develop its own assumptions.

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 assessment of the significance of a particular input to the fair value measurement requires judgment, and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

When quoted prices are available in active markets for identical instruments, investment securities are classified within Level 1 of the fair value hierarchy. Level 1 investments include exchange-traded funds and a money market fund.

The following tables set forth by level within the fair value hierarchy the Plan's assets accounted for at fair value on a recurring basis as of December 31, 2010 and 2009.

	Assets at Fair Value as of December 31, 2010			
	Level 1	Level 2	Level 3	Fair Value
Exchange-traded funds:				
Growth	$ 670,693	$ -	$ -	$ 670,693
Money market funds	14,803	-	-	14,803
Total assets	$ 685,496	$ -	$ -	$ 685,496

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Fair Value
Mutual funds				
Growth	$ 455,047	$ -	$ -	$ 455,047
Fixed Income	90,648	-	-	90,648
Money market funds	19,649	-	-	19,649
Total assets	$ 565,344	$ -	$ -	$ 565,344

5. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested in their accounts.

6. Tax Status

The Plan has not obtained a determination letter from the Internal Revenue Service ("IRS") stating that the Plan was in compliance with the applicable requirement of the Internal Revenue Code ("IRC"). The Plan is relying on the IRS approval of the standardized prototype plan that it is utilizing. The IRS has determined and informed the trustee by a letter dated March 31, 2008 that the prototype plan document was designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC. Therefore, the Plan administrator believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Department of Labor. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; 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 2007.

7. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

SUPPLEMENTAL SCHEDULES

ALLIANCE DAIRIES PROFIT SHARING PLAN

Schedule H, Line 4i--Schedule of Assets (Held at End of Year)

December 31, 2010

EIN: 59-2984490
Plan No: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Consumer Discretionary SPDR	Small/Mid Growth	$ 66,861	$ 67,188
	Energy Select Sector SPDR	Money Market Fund	66,583	69,342
	Industrial Select Sector SPDR	Large Cap Growth	70,389	68,729
	Rydex S&P Equal Weight	Gov/Credit-Intern Term Bond	119,711	122,391
	MidCap SPDRs	Large Cap Value	125,869	137,178
	SPDR S&P Retail	International Equity	67,384	67,849
	iShares Russell 2000 Index	Small/Mid Value	129,336	138,016
	Cash/Money Market		14,803	14,803
				$685,496

ALLIANCE DAIRIES PROFIT SHARING PLAN

Form 5500, Schedule H, Line 4j--Schedule of Assets (Aquired and Disposed of Within Year)

For the Year Ended December 31, 2010

EIN: 59-2984490
Plan No. 001

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value interest rate and maturity in case of a loan)	(c) Costs of acquisitions	(d) Proceeds of dispositions
	Alger Small Cap and Mid Cap Growth Fund	$ 63,362	$ 55,260
	Money Market	681,475	681,475
	Columbia Funds Series Trust	101,999	86,162
	Harbor Bond Fund	113,000	119,406
	Mainstay ICAP Select Equity Fund	112,099	96,288
	Neuberger Berman International Fund	142,306	98,606
	Northern Small Cap Value Fund	64,269	56,590
	T Rowe Price Emerging Markets Stock Fund	40,022	33,708
	Victory Diversified Stock Fund	130,130	105,973
	Industrial Select Sector SPDR	87,675	84,441
	Blackrock Liquidity TempFund	2,005,596	1,991,134
	Consumer Staples Select Sector SPDR	68,287	67,063
	DIAMONDS Trust Series 1	135,686	133,619
	iShares Barclays 1-3 Year Credit Bond	62,715	62,452
	iShares Barclays 1-3 Yr Trs Bond	68,154	68,274
	iShares Barclays 3-7 Year Treasury Bond	62,536	61,957
	iShares MSCI EAFE Index	229,928	232,709
	iShares MSCI Emerging Markets	99,399	100,072
	iShares Silver Trust	53,480	53,981
	PIMCO Enhanced Short Maturity Strgy ETF	170,357	170,746
	PowerShares QQQ	157,400	172,577
	SPDR Gold Trust	38,747	39,092
	SPDR S&P 500	246,208	251,723
	Utilities Select Sector SPDR	68,849	67,891
	Utilities Select Sector SPDR	68,849	67,891
	iShares Barclays Short Treasury Bond	34,054	34,049
	iShares Cohen & Steers Realty Majors	20,391	19,877
	iShares MSCI Australia Index	12,714	13,619
	iShares MSCI Germany Index	17,682	17,521
	iShares MSCI Hong Kong Index	18,502	19,709
	iShares MSCI Japan Index	31,423	30,990
	iShares MSCI Malaysia Index	6,361	6,376
	iShares MSCI Singapore Index	6,306	6,610
	iShares Russell 1000 Growth Index	34,256	33,562
	iShares S&P Latin America	20,411	20,026
	Materials Select Sector SPDR	20,229	19,807
	Technology Select Sector SPDR	20,101	19,539
	WisdomTree India Earnings	6,287	6,859

ALLIANCE DAIRIES PROFIT SHARING PLAN

Form 5500, Schedule H, Line 4j--Schedule of Reportable Transactions

For the Year Ended December 31, 2010

EIN: 59-2984490
Plan No. 001

SINGLE TRANSACTIONS

(a) Identity of party involved	(b) Description of asset (Include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	# of transactions	(f) Expense incurred with transaction*	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or loss
	Alger Small Cap and Mid Cap Growth Fund	$ 63,362					$ 63,362	$ 63,362	
			55,260				55,260	55,260	$ (8,102)
	Money Market	681,475					681,475	681,475	
			681,475				681,475	681,475	-
	Columbia Funds Series Trust	101,999					101,999	101,999	
			86,162				86,162	86,162	(15,837)
	Harbor Bond Fund	113,000					113,000	113,000	
			119,406				119,406	119,406	6,406
	Mainstay ICAP Select Equity Fund	112,099					112,099	112,099	
			96,288				96,288	96,288	(15,811)
	Neuberger Berman International Fund	142,306					142,306	142,306	
			98,606				98,606	98,606	(43,700)
	Northern Small Cap Value Fund	64,269					64,269	64,269	
			56,590				56,590	56,590	(7,679)
	T Rowe Price Emerging Markets Stock Fund	40,022					40,022	40,022	
			33,708				33,708	33,708	(6,314)
	Victory Diversified Stock Fund	130,130					130,130	130,130	
			105,973				105,973	105,973	(24,157)
	Consumer Discretionary SPDR	66,861					66,861	66,861	
			-				-	-	-
	Energy Select Sector SPDR	66,583					66,583	66,583	
			-				-	-	-
	Industrial Select Sector SPDR	87,675					87,675	87,675	
			84,441				84,441	84,441	(3,234)
	Industrial Select Sector SPDR	68,729					68,729	68,729	
			-				-	-	-
	Rydex S&P Equal Weight	119,711					119,711	119,711	
			-				-	-	-
	MidCap SPDRs	127,097					127,097	127,097	
			-				-	-	-
	SPDR S&P Retail	67,384					67,384	67,384	
			-				-	-	-
	iShares Russell 2000 Index	130,407					130,407	130,407	
			-				-	-	-
	Blackrock Liquidity TempFund	2,005,596					2,005,596	2,005,596	
			1,991,134				1,991,134	1,991,134	(14,462)
	Consumer Staples Select Sector SPDR	68,287					68,287	68,287	
			67,063				67,063	67,063	(1,224)
	DIAMONDS Trust Series 1	135,686					135,686	135,686	
			133,619				133,619	133,619	(2,067)
	iShares Barclays 1-3 Year Credit Bond	62,715					62,715	62,715	
			62,452				62,452	62,452	(263)
	iShares Barclays 1-3 Yr Trs Bond	68,154					68,154	68,154	
			68,274				68,274	68,274	120
	iShares Barclays 3-7 Year Treasury Bond	62,536					62,536	62,536	
			61,957				61,957	61,957	(579)

ALLIANCE DAIRIES PROFIT SHARING PLAN

Form 5500, Schedule H, Line 4j--Schedule of Reportable Transactions

For the Year Ended December 31, 2010

EIN: 59-2984490
Plan No. 001

SINGLE TRANSACTIONS

(a) Identity of party involved	(b) Description of asset (Include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	# of transactions	(f) Expense incurred with transaction*	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or loss
	iShares MSCI EAFE Index	229,928					229,928	229,928	
			232,709				232,709	232,709	2,781
	iShares MSCI Emerging Markets	99,399					99,399	99,399	
			100,072				100,072	100,072	673
	iShares Silver Trust	53,480					53,480	53,480	
			53,981				53,981	53,981	501
	PIMCO Enhanced Short Maturity Strgy ETF	170,357					170,357	170,357	
			170,746				170,746	170,746	389
	PowerShares QQQ	157,400					157,400	157,400	
			172,577				172,577	172,577	15,177
	SPDR Gold Trust	38,747					38,747	38,747	
			39,092				39,092	39,092	345
	SPDR S&P 500	246,208					246,208	246,208	
			251,723				251,723	251,723	5,515
	Utilities Select Sector SPDR	68,849					68,849	68,849	
			67,891				67,891	67,891	(958)

ALLIANCE DAIRIES PROFIT SHARING PLAN

Schedule H, Line 4i--Schedule of Assets (Held at End of Year)

December 31, 2010

EIN: 59-2984490
Plan No: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Consumer Discretionary SPDR	Small/Mid Growth	$ 66,861	$ 67,188
	Energy Select Sector SPDR	Money Market Fund	66,583	69,342
	Industrial Select Sector SPDR	Large Cap Growth	70,389	68,729
	Rydex S&P Equal Weight	Gov/Credit-Intern Term Bond	119,711	122,391
	MidCap SPDRs	Large Cap Value	125,869	137,178
	SPDR S&P Retail	International Equity	67,384	67,849
	iShares Russell 2000 Index	Small/Mid Value	129,336	138,016
	Cash/Money Market		14,803	14,803
				$685,496

ALLIANCE DAIRIES PROFIT SHARING PLAN

Form 5500, Schedule H, Line 4j--Schedule of Assets (Aquired and Disposed of Within Year)

For the Year Ended December 31, 2010

EIN: 59-2984490
Plan No. 001

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value interest rate and maturity in case of a loan)	(c) Costs of acquisitions	(d) Proceeds of dispositions
	Alger Small Cap and Mid Cap Growth Fund	$ 63,362	$ 55,260
	Money Market	681,475	681,475
	Columbia Funds Series Trust	101,999	86,162
	Harbor Bond Fund	113,000	119,406
	Mainstay ICAP Select Equity Fund	112,099	96,288
	Neuberger Berman International Fund	142,306	98,606
	Northern Small Cap Value Fund	64,269	56,590
	T Rowe Price Emerging Markets Stock Fund	40,022	33,708
	Victory Diversified Stock Fund	130,130	105,973
	Industrial Select Sector SPDR	87,675	84,441
	Blackrock Liquidity TempFund	2,005,596	1,991,134
	Consumer Staples Select Sector SPDR	68,287	67,063
	DIAMONDS Trust Series 1	135,686	133,619
	iShares Barclays 1-3 Year Credit Bond	62,715	62,452
	iShares Barclays 1-3 Yr Trs Bond	68,154	68,274
	iShares Barclays 3-7 Year Treasury Bond	62,536	61,957
	iShares MSCI EAFE Index	229,928	232,709
	iShares MSCI Emerging Markets	99,399	100,072
	iShares Silver Trust	53,480	53,981
	PIMCO Enhanced Short Maturity Strgy ETF	170,357	170,746
	PowerShares QQQ	157,400	172,577
	SPDR Gold Trust	38,747	39,092
	SPDR S&P 500	246,208	251,723
	Utilities Select Sector SPDR	68,849	67,891
	Utilities Select Sector SPDR	68,849	67,891
	iShares Barclays Short Treasury Bond	34,054	34,049
	iShares Cohen & Steers Realty Majors	20,391	19,877
	iShares MSCI Australia Index	12,714	13,619
	iShares MSCI Germany Index	17,682	17,521
	iShares MSCI Hong Kong Index	18,502	19,709
	iShares MSCI Japan Index	31,423	30,990
	iShares MSCI Malaysia Index	6,361	6,376
	iShares MSCI Singapore Index	6,306	6,610
	iShares Russell 1000 Growth Index	34,256	33,562
	iShares S&P Latin America	20,411	20,026
	Materials Select Sector SPDR	20,229	19,807
	Technology Select Sector SPDR	20,101	19,539
	WisdomTree India Earnings	6,287	6,859

ALLIANCE DAIRIES PROFIT SHARING PLAN

Form 5500, Schedule H, Line 4j--Schedule of Reportable Transactions

For the Year Ended December 31, 2010

EIN: 59-2984490
Plan No. 001

SINGLE TRANSACTIONS

(a) Identity of party involved	(b) Description of asset (Include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	# of transactions	(f) Expense incurred with transaction[a]	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or loss
	Alger Small Cap and Mid Cap Growth Fund	$ 63,362					$ 63,362	$ 63,362	
			55,260				55,260	55,260	$ (8,102)
	Money Market	681,475					681,475	681,475	
			681,475				681,475	681,475	-
	Columbia Funds Series Trust	101,999					101,999	101,999	
			86,162				86,162	86,162	(15,837)
	Harbor Bond Fund	113,000					113,000	113,000	
			119,406				119,406	119,406	6,406
	Mainstay ICAP Select Equity Fund	112,099					112,099	112,099	
			96,288				96,288	96,288	(15,811)
	Neuberger Berman International Fund	142,306					142,306	142,306	
			98,606				98,606	98,606	(43,700)
	Northern Small Cap Value Fund	64,269					64,269	64,269	
			56,590				56,590	56,590	(7,679)
	T Rowe Price Emerging Markets Stock Fund	40,022					40,022	40,022	
			33,708				33,708	33,708	(6,314)
	Victory Diversified Stock Fund	130,130					130,130	130,130	
			105,973				105,973	105,973	(24,157)
	Consumer Discretionary SPDR	66,861					66,861	66,861	
			-				-	-	-
	Energy Select Sector SPDR	66,583					66,583	66,583	
			-				-	-	-
	Industrial Select Sector SPDR	87,675					87,675	87,675	
			84,441				84,441	84,441	(3,234)
	Industrial Select Sector SPDR	68,729					68,729	68,729	
			-				-	-	-
	Rydex S&P Equal Weight	119,711					119,711	119,711	
			-				-	-	-
	MidCap SPDRs	127,097					127,097	127,097	
			-				-	-	-
	SPDR S&P Retail	67,384					67,384	67,384	
			-				-	-	-
	iShares Russell 2000 Index	130,407					130,407	130,407	
			-				-	-	-
	Blackrock Liquidity TempFund	2,005,596					2,005,596	2,005,596	
			1,991,134				1,991,134	1,991,134	(14,462)
	Consumer Staples Select Sector SPDR	68,287					68,287	68,287	
			67,063				67,063	67,063	(1,224)
	DIAMONDS Trust Series 1	135,686					135,686	135,686	
			133,619				133,619	133,619	(2,067)
	iShares Barclays 1-3 Year Credit Bond	62,715					62,715	62,715	
			62,452				62,452	62,452	(263)
	iShares Barclays 1-3 Yr Trs Bond	68,154					68,154	68,154	
			68,274				68,274	68,274	120
	iShares Barclays 3-7 Year Treasury Bond	62,536					62,536	62,536	
			61,957				61,957	61,957	(579)

ALLIANCE DAIRIES PROFIT SHARING PLAN

Form 5500, Schedule H, Line 4j--Schedule of Reportable Transactions

For the Year Ended December 31, 2010

EIN: 59-2984490
Plan No. 001

SINGLE TRANSACTIONS

(a) Identity of party involved	(b) Description of asset (Include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	# of transactions	(f) Expense incurred with transaction*	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or loss
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			232,709				232,709	232,709	2,781
	iShares MSCI Emerging Markets	99,399					99,399	99,399	
			100,072				100,072	100,072	673
	iShares Silver Trust	53,480					53,480	53,480	
			53,981				53,981	53,981	501
	PIMCO Enhanced Short Maturity Strgy ETF	170,357					170,357	170,357	
			170,746				170,746	170,746	389
	PowerShares QQQ	157,400					157,400	157,400	
			172,577				172,577	172,577	15,177
	SPDR Gold Trust	38,747					38,747	38,747	
			39,092				39,092	39,092	345
	SPDR S&P 500	246,208					246,208	246,208	
			251,723				251,723	251,723	5,515
	Utilities Select Sector SPDR	68,849					68,849	68,849	
			67,891				67,891	67,891	(958)