

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
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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 <u>DUTCHLAND INC. 401K PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1997</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>23-2328819</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>717-442-1459</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>238900</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/1997</u>		2b Employer Identification Number (EIN) <u>23-2328819</u>		2c Sponsor's telephone number <u>717-442-1459</u>		2d Business code (see instructions) <u>238900</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>07/01/1997</u>											
2b Employer Identification Number (EIN) <u>23-2328819</u>											
2c Sponsor's telephone number <u>717-442-1459</u>											
2d Business code (see instructions) <u>238900</u>											
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>DUTCHLAND INC.</u> <u>160 ROUTE 41</u> <u>GAP, PA 17527-0549</u>											

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. Signature of plan administrator	10/02/2014 Date	STEPHEN S. GROSH Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature. Signature of employer/plan sponsor	10/02/2014 Date	STEPHEN S. GROSH 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) <u>AMERICAN UNITED LIFE INSURANCE CO.</u> <u>AMERICAN UNITED LIFE INSURANCE CO.</u> <u>ONE AMERICAN SQUARE, PO BOX 368</u> <u>INDIANAPOLIS, IN 46206-0368</u>			Preparer's telephone number (optional) <u>800-261-9618</u>

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

Form 5500 (2013)
v. 130118

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	125
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	141
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits		6c	8
d Subtotal. Add lines 6a , 6b , and 6c		6d	149
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	0
f Total. Add lines 6d and 6e		6f	149
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	87
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 Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D			
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) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan DUTCHLAND INC. 401K PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 DUTCHLAND INC.	D Employer Identification Number (EIN) 23-2328819

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

AMERICAN UNITED LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0145825	60895	G37061	87	01/01/2013	10/21/2013

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 14994	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

LEIGH BALDWIN AND CO LLC
112 ALBANY STREET
CAZENOVIA, NY 13035

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
14994	0	N/A	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	246713
5 Current value of plan's interest under this contract in separate accounts at year end	5	2859508

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year	7b	0
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c Additions: (1) Contributions deposited during the year	7c(1)	0
(2) Dividends and credits	7c(2)	0
(3) Interest credited during the year	7c(3)	832
(4) Transferred from separate account	7c(4)	13195
(5) Other (specify below)	7c(5)	233701

▶ **TRANSFER FROM OUTSIDE SOURCE**

(6) Total additions	7c(6)	247728
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d Total of balance and additions (add lines 7b and 7c(6))	7d	247728
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	379
(2) Administration charge made by carrier	7e(2)	0
(3) Transferred to separate account	7e(3)	636
(4) Other (specify below)	7e(4)	0

(5) Total deductions	7e(5)	1015
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	246713
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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>DUTCHLAND INC. 401K PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DUTCHLAND INC.</u>	D Employer Identification Number (EIN) <u>23-2328819</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 <u>AMERICAN UNITED LIFE INSURANCE CO</u> <u>35-0145825</u>
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(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)

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

(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?
15 37 50 64 66 67 52 59 60 63	NONE	160	Yes ☒ No ☐	Yes ☐ No ☒	3700	Yes ☒ No ☐

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

FULTON FINANCIAL ADVISOR

23-1928421

(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?
15 16 19 21 25 38 50 59 60 62 63 64	NONE	15936	Yes ☒ No ☐	Yes ☐ No ☐		Yes ☐ No ☒

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

WALZ GROUP

23-2489722

(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	NONE	11390	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)

(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
AMERICAN UNITED LIFE INSURANCE CO	66 67	3700
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>AMERICAN UNITED LIFE INSURANCE CO</p> <p>35-0145825</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>ASSET CHARGE</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) Enter service provider name as it appears on line 2</p> <p>AMERICAN UNITED LIFE INSURANCE CO</p> </div> <div style="width: 20%;"> <p>(b) Service Codes (see instructions)</p> <p>63 60 52 59</p> </div> <div style="width: 20%;"> <p>(c) Enter amount of indirect compensation</p> <p style="text-align: right;">0</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>AMERICAN CENTURY INVESTMENTS</p> <p>20-2036524</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>REVENUE SHARING FORMULA - SEE ATTACHED</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) Enter service provider name as it appears on line 2</p> <p>AMERICAN UNITED LIFE INSURANCE CO</p> </div> <div style="width: 20%;"> <p>(b) Service Codes (see instructions)</p> <p>63 60 52 59</p> </div> <div style="width: 20%;"> <p>(c) Enter amount of indirect compensation</p> <p style="text-align: right;">0</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>AMERICAN FUNDS</p> <p>95-1411037</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>REVENUE SHARING FORMULA - SEE ATTACHED</p> </div> </div>		

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
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0
(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.	
COLUMBIA MGMT INVESTMENT ADVISORS 04-3156901	REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0
(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.	
FIRST AMERICAN FUNDS 41-2003732	REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0
(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.	
FRANKLIN TEMPLETON INVESTMENTS 94-3382187	REVENUE SHARING FORMULA - SEE ATTACHED	

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
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0
(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.	
GOLDMAN SACHS ASSET MANAGEMENT 13-4166989	REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0
(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.	
INVESCO 74-1881364	REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0
(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.	
JANUS CAPITAL GROUP INC 75-3019319	REVENUE SHARING FORMULA - SEE ATTACHED	

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
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0
(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.	
LEGG MASON 52-1200960	REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0
(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.	
PIMCO 06-1349805	REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0
(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.	
PIONEER INVESTMENTS 13-1961193	REVENUE SHARING FORMULA - SEE ATTACHED	

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
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0
(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.	
STATE STREET GLOBAL ADVISORS 04-1867445	REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0
(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.	
T ROWE PRICE 52-1184650	REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0
(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.	
THORNBURG INVESTMENT MANAGEMENT 85-0301299	REVENUE SHARING FORMULA - SEE ATTACHED	

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
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(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.
TIAA-CREF 13-3760073	REVENUE SHARING FORMULA - SEE ATTACHED

(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

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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan 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 <div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2013</div> This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan DUTCHLAND INC. 401K PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 DUTCHLAND INC.	D Employer Identification Number (EIN) 23-2328819	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
--------	--

a	Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT II
---	---

b	Name of sponsor of entity listed in (a): AMERICAN UNITED LIFE INSURANCE CO
---	--

c EIN-PN 35-0145825-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2859508
--	--	---

a	Name of MTIA, CCT, PSA, or 103-12 IE:
---	---------------------------------------

b	Name of sponsor of entity listed in (a):
---	--

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a	Name of MTIA, CCT, PSA, or 103-12 IE:
---	---------------------------------------

b	Name of sponsor of entity listed in (a):
---	--

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a	Name of MTIA, CCT, PSA, or 103-12 IE:
---	---------------------------------------

b	Name of sponsor of entity listed in (a):
---	--

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a	Name of MTIA, CCT, PSA, or 103-12 IE:
---	---------------------------------------

b	Name of sponsor of entity listed in (a):
---	--

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a	Name of MTIA, CCT, PSA, or 103-12 IE:
---	---------------------------------------

b	Name of sponsor of entity listed in (a):
---	--

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a	Name of MTIA, CCT, PSA, or 103-12 IE:
---	---------------------------------------

b	Name of sponsor of entity listed in (a):
---	--

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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 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 DUTCHLAND INC. 401K PROFIT SHARING PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 DUTCHLAND INC.		D Employer Identification Number (EIN) 23-2328819

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	28	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other.....	1b(3)	84	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	154595	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(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)	2136801	2859508
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	246713
(15) Other.....	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	2291508	3106221

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	7611	16377
k Total liabilities (add all amounts in lines 1g through 1j)	1k	7611	16377

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2283897	3089844
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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)	43129	
(B) Participants	2a(1)(B)	245805	
(C) Others (including rollovers)	2a(1)(C)	52164	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		341098
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	832	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		832
(2) Dividends: (A) Preferred stock	2b(2)(A)	12813	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		12813
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		529836
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		884579

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	50580	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		50580
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	11390	
(2) Contract administrator fees.....	2i(2)	16662	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		28052
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		78632

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		805947
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		0

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: WALZ GROUP

(2) EIN: 23-2489722

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	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	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.	X		

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

A Name of plan <u>DUTCHLAND INC. 401K PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DUTCHLAND INC.</u>	D Employer Identification Number (EIN) <u>23-2328819</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): <u>23-1928421</u> <u>35-0145825</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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): _____

**Dutchland, Inc. 401(k) Profit
Sharing Plan
Gap, Pennsylvania**

December 31, 2013 and 2012

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INDEPENDENT AUDITORS' REPORT

**To the Trustees and Plan Administrator
Dutchland, Inc. 401(k) Profit Sharing Plan
Gap, Pennsylvania**

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Dutchland, Inc. 401(k) Profit Sharing Plan, 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 years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair 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 of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note J, which was certified by Fulton Financial Advisors, the trustee of the Plan from January 1, 2012 through September 30, 2013, and American United Life Insurance Company, the custodian of the Plan from October 1, 2013 through December 31, 2013, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee and custodian, respectively, hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained a certification from the trustee and custodian, respectively, as of and for the years ended December 31, 2013 and 2012, that the information provided to the Plan administrator by the trustee and custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.



INDEPENDENT AUDITORS' REPORT (Continued)

Other Matter

The supplemental schedules of Schedule H, Line 4i- Schedule of Assets (Held at End of Year) and Schedule H, Line 4j- Schedule of Reportable Transactions, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee and custodian, respectively, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Lancaster, Pennsylvania
September 25, 2014

Dutchland, Inc. 401(k) Profit Sharing Plan

Statements of Net Assets Available for Benefits

	December 31,	
	<u>2013</u>	<u>2012</u>
ASSETS		
Investments, at fair value		
Money Market Fund	\$ ---	\$ 154,623
Mutual Funds	2,530,514	2,136,801
Common Collective Trust	246,713	---
Variable Insurance Contract	201,267	---
Variable Contract Trust	127,727	---
TOTAL INVESTMENTS	<u>3,106,221</u>	<u>2,291,424</u>
Receivables		
Accrued Interest	---	84
TOTAL ASSETS	<u>3,106,221</u>	<u>2,291,508</u>
LIABILITIES		
Accounts Payable	11,390	1,204
Excess Contributions Payable	4,987	6,407
TOTAL LIABILITIES	<u>16,377</u>	<u>7,611</u>
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	<u>3,089,844</u>	<u>2,283,897</u>
Adjustment from Fair Value to Contract Value for Fully Benefit-Responsive Investment Contracts	---	---
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 3,089,844</u>	<u>\$ 2,283,897</u>

See independent auditors' report and notes to the financial statements.



Dutchland, Inc. 401(k) Profit Sharing Plan

Statements of Changes in Net Assets Available for Benefits

	Years Ended December 31,	
	<u>2013</u>	<u>2012</u>
ADDITIONS TO NET ASSETS ATTRIBUTABLE TO:		
Investment Income:		
Net Appreciation in Fair Value of Investments	\$ 529,836	\$ 230,239
Interest and Dividends	<u>13,645</u>	<u>37,340</u>
TOTAL INVESTMENT INCOME	<u>543,481</u>	<u>267,579</u>
Contributions:		
Participants	245,805	189,021
Employer	43,129	12,715
Rollovers	<u>52,164</u>	<u>---</u>
TOTAL CONTRIBUTIONS	<u>341,098</u>	<u>201,736</u>
TOTAL ADDITIONS	<u>884,579</u>	<u>469,315</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits Paid to Participants	50,580	52,888
Administrative Expenses	<u>28,052</u>	<u>28,221</u>
TOTAL DEDUCTIONS	<u>78,632</u>	<u>81,109</u>
NET INCREASE	805,947	388,206
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING	<u>2,283,897</u>	<u>1,895,691</u>
NET ASSETS AVAILABLE FOR BENEFITS - ENDING	<u><u>\$ 3,089,844</u></u>	<u><u>\$ 2,283,897</u></u>

See independent auditors' report and notes to the financial statements.



Dutchland, Inc. 401(k) Profit Sharing Plan

Notes to Financial Statements

Years Ended December 31, 2013 and 2012

NOTE A - DESCRIPTION OF PLAN

The following brief description of the Dutchland, Inc. 401(k) Profit Sharing Plan (Plan) provides only general information. The Plan was established July 1, 1997 and amended and restated thereafter. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General and Eligibility Requirements

The Plan is a defined contribution plan covering substantially all full-time employees of Dutchland, Inc. (the Company) who are at least 20 years old and have completed 90 days of service for employee deferrals and one year of service (1,000 hours) for employer contributions. Effective September 15, 2013, the Plan document was restated, and the eligibility age was changed to 21 and completed 90 days of service for all contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Management of the Company is responsible for oversight of the Plan. The Plan committee determines the appropriateness of the Plan's investment offerings and monitors investments and reports to Company management.

Plan Amendments

Effective September 15, 2013, the Plan sponsor amended and restated the Plan with the adoption of the American United Life Insurance Company Defined Contribution Prototype Plan and Trust. The IRS has determined and informed the Company by a letter dated March 31, 2008, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. The following is a list of significant changes to the previous Plan provisions:

- The age at which employees become eligible was changed from age 20 to age 21, as described above.
- Forfeitures are no longer permitted to be used to offset operational and administrative expenses.
- Service requirement for employer contribution eligibility was changed from 1 year to 90 days, as described above.

Participation

An employee (other than an excluded employee) becomes a participant in the Plan on the first day of the calendar month coinciding with or next following the date the age and service requirements are met.

Contributions

Each year, participants may contribute up to 100 percent of annual pretax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan.

Under current provisions of the Plan, the Company may make a matching contribution to all qualifying participants, which the Company determines from year to year. Effective April 1, 2009, the Company made the decision to suspend matching contributions. As of July 1, 2012, the Company elected to reinstate the matching contribution. The Company has elected to make a matching contribution of 25 percent of all employee contributions up to the first 5 percent of gross compensation. Matching contributions made by the Company amounted to \$43,129 and \$12,715 for the years ended December 31, 2013 and 2012, respectively. Additional profit sharing amounts may be contributed at the option of the Company's Board of Directors. The Company elected not to make a discretionary profit sharing contribution for 2013 or 2012. Contributions are subject to certain IRS limitations.



Dutchland, Inc. 401(k) Profit Sharing Plan

Notes to Financial Statements

Years Ended December 31, 2013 and 2012

NOTE A - DESCRIPTION OF PLAN (Continued)

Participant Accounts

Each participant's account is credited with the participant's contributions and Company matching contributions, as well as allocations of the Company's profit sharing contribution, if applicable, and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided by the participant's vested account.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their account is based on years of continuous service following a six-year vesting schedule as follows:

Years of Service

Less Than One Year	0%
One Year.....	10%
Two Years	20%
Three Years	40%
Four Years	60%
Five Years.....	80%
Six Years	100%

For purposes of vesting, each year of service must include at least 1,000 hours of service. A participant becomes fully-vested automatically regardless of the vesting schedule, upon disability, upon death, and upon attainment of the Early Retirement Date (age 59 ½ and 5 years of service), or upon termination of the Plan.

Payment of Benefits

On termination of service, participants may elect to receive a lump sum amount equal to the value of the participant's vested interest in his or her account. The portion of the participant's account to which they are not vested is a "forfeiture" and allocated in accordance with plan provisions.

Hardship withdrawals are allowed from employee elective deferrals and rollover contributions in the event of financial hardship at the discretion of the Plan Administrator. A participant who receives a distribution of elective deferrals is prohibited from making elective deferrals under this Plan and all plans of the Company for six months after receipt of the distribution.

In-service withdrawals of a participant's elective deferrals and vested employer contributions are permitted after the participant has obtained age 59 ½. Rollover contributions are available for in-service withdrawals at any time.

Forfeiture Accounts

At December 31, 2013 and 2012, forfeited non-vested accounts totaled \$668 and \$-0-, respectively. These accounts will be used to restore participant's forfeitures, if applicable, then to reduce employer matching contributions. In 2013 and 2012, operational and administrative expenses were reduced by \$-0- and \$232, respectively, from forfeited non-vested accounts.



Dutchland, Inc. 401(k) Profit Sharing Plan

Notes to Financial Statements

Years Ended December 31, 2013 and 2012

NOTE A - DESCRIPTION OF PLAN (Continued)

Pending Distributions

There were no pending distributions as of December 31, 2013 or 2012.

Reclassifications

Certain accounts in the prior year financial statements have been reclassified for comparative purposes to conform with the presentation in the current year financial statements.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting. Contributions from employees are recorded in the period in which the Company makes the authorized payroll deductions from Plan participants.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Plan management has determined that fair value approximates contract value for the investment contract held by the Plan.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

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 D for discussion of fair value measurements.

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

Excess Contribution Payable

In order to satisfy the relevant nondiscrimination provisions for the Plan during the year ended December 31, 2013, the Plan reimbursed excess contributions to its participants in the subsequent Plan year. Excess contributions amounted to \$4,987 and \$6,407, respectively, and were recorded as a liability as of December 31, 2013 and 2012, respectively.

Payment of Benefits

Benefits are recorded when paid.



Dutchland, Inc. 401(k) Profit Sharing Plan

Notes to Financial Statements

Years Ended December 31, 2013 and 2012

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Employer Contributions

Employer contributions to the Plan are recognized in the period for which the Plan sponsor has made a formal commitment to fund such amounts for the period. If applicable, contributions receivable include legal or contractual requirements for the employer to make contributions applicable to past periods.

Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Transactional fees and charges, which are attributable to a specific participant's account, are deducted directly from that account. Certain investment related expenses are included in Net Appreciation in Fair Value of Investments.

The Plan received miscellaneous receipts, including but not limited to, payments from mutual funds, rebates of 12b-1 fees, service fees, sub-transfer agent fees, commission recaptures, and similar payments from third parties through an agreement with trustee. Such amounts are used to offset Plan operating expenses. During 2013 and 2012, administrative and custodian fee expense paid from the miscellaneous receipts amounted to \$669 and \$5,324, respectively. The amounts are included in investment income and administrative expenses in the Statement of Changes in Net Assets Available for Benefits.

NOTE C - INVESTMENTS

The following presents investments that are 5% or more of the Plan's net assets.

	<u>2013</u>	<u>2012</u>
Mutual Funds		
Harbor Bond Fund.....	\$ ---*	\$ 187,310
MFS International Diversification.....	---*	212,107
T. Rowe Price Retirement 2020.....	---*	138,941
T. Rowe Price Retirement 2030.....	---*	123,230
T. Rowe Price Retirement 2040.....	---*	142,330
Vanguard Morgan Growth.....	---*	270,171
Vanguard STAR Fund.....	---*	202,551
Vanguard Small Cap Growth.....	---*	128,611
TIAA-CREF Large Cap Value.....	160,154	---*
TIAA-CREF Large Cap Growth Index.....	306,975	---*
TIAA-CREF International Equity Index.....	261,958	---*
American Century One Choice 2030.....	159,902	---*
American Century One Choice 2040.....	183,322	---*
Franklin Income Adv.....	331,691	---*
Goldman Sachs Mid Cap Value.....	194,092	---*
Common Collective Trust		
American United Life Fixed Account.....	246,713	---*
Variable Insurance Contract		
Vanguard VIF Small Company Growth.....	201,267	---*

* Amount was less than 5% of net assets available for benefits for the respective year, but has been presented for comparative purposes.



Dutchland, Inc. 401(k) Profit Sharing Plan

Notes to Financial Statements

Years Ended December 31, 2013 and 2012

NOTE C - INVESTMENTS (Continued)

During 2013 and 2012, the Plan's investments (including gains and losses on investments bought, sold, and held during the year) appreciated in value as follows:

	<u>2013</u>	<u>2012</u>
<i>Mutual Funds</i>	\$ 510,039	\$ 230,239
<i>Variable Insurance Contract</i>	13,770	---
<i>Variable Contract Trust</i>	<u>6,027</u>	<u>---</u>
Net Change in Fair Value	\$ <u>529,836</u>	\$ <u>230,239</u>

NOTE D - FAIR VALUE MEASUREMENT

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the assets have a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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, 2013 and 2012, respectively.

Money Market Fund: Valued at the quoted market price per share at year end.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common Collective Trust: Valued at the net asset value of units of the fund held by the Plan, based on the fair value of the underlying securities of the fund less its liabilities.



Dutchland, Inc. 401(k) Profit Sharing Plan

Notes to Financial Statements

Years Ended December 31, 2013 and 2012

NOTE D - FAIR VALUE MEASUREMENT (Continued)

Variable Insurance Contract: Valued at the net asset value of units of the fund held by the Plan, based on the fair value of the underlying securities of the fund less its liabilities.

Variable Contract Trust: Valued at the net asset value (NAV) of securities held in the variable contract trust. The NAV is based on the fair value of the underlying securities held by the fund less its liabilities.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013 and 2012:

Assets at Fair Value as of December 31, 2013

	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
<i>Mutual Funds – U.S. Stocks</i>			
Growth – Small Cap.....	\$ 10,806	\$ ---	\$ 10,806
Growth – Large Cap	415,995	---	415,995
Blend – Large Cap	191,671	---	191,671
Value – Small Cap.....	170,067	---	170,067
Value – Mid Cap	194,092	---	194,092
Value – Large Cap	520,039	---	520,039
<i>Mutual Funds – International Stocks</i>			
Growth – Mid Cap.....	499	---	499
Blend – Large Cap	305,999	---	305,999
<i>Mutual Funds – Balanced</i>			
Blend – Large Cap	513,296	---	513,296
<i>Mutual Funds – Bonds</i>			
Intermediate Term – Other.....	170,256	---	170,256
Short Term – Other	1,244	---	1,244
<i>Mutual Funds – Real Estate</i>	36,550	---	36,550
Common Collective Trust	---	246,713	246,713
<i>Variable Insurance Contract – Small</i>			
Cap Growth.....	---	201,267	201,267
<i>Variable Contract Trust – Mid Cap</i>			
Growth.....	---	127,727	127,727
Total.....	\$ 2,530,514	\$ 575,707	\$ 3,106,221



Dutchland, Inc. 401(k) Profit Sharing Plan

Notes to Financial Statements

Years Ended December 31, 2013 and 2012

NOTE D - FAIR VALUE MEASUREMENT (Continued)

	<u>Assets at Fair Value as of December 31, 2012</u>		
	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
<i>Mutual Funds – Money Market</i>	\$ 154,623	\$ ---	\$ 154,623
<i>Mutual Funds – U.S. Stocks</i>			
<i>Growth – Small Cap</i>	128,611	---	128,611
<i>Growth – Mid Cap</i>	95,449	---	95,449
<i>Growth – Large Cap</i>	277,703	---	277,703
<i>Blend – Large Cap</i>	326,307	---	326,307
<i>Value – Small Cap</i>	81,685	---	81,685
<i>Value – Mid Cap</i>	99,294	---	99,294
<i>Value – Large Cap</i>	112,536	---	112,536
<i>Mutual Funds – International Stocks</i>			
<i>Growth – Large Cap</i>	212,107	---	212,107
<i>Blend – Large Cap</i>	42,669	---	42,669
<i>Mutual Funds – Balanced</i>			
<i>Growth – Large Cap</i>	492,794	---	492,794
<i>Blend – Large Cap</i>	75,070	---	75,070
<i>Mutual Funds – Bonds</i>			
<i>Intermediate Term – Other</i>	187,310	---	187,310
<i>Short Term – Other</i>	<u>5,266</u>	<u>---</u>	<u>5,266</u>
Total	\$ <u>2,291,424</u>	\$ <u>---</u>	\$ <u>2,291,424</u>

NOTE E - FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

In 2013, the Plan entered into a fully benefit-responsive guaranteed investment contract with American United Life Insurance Company (American United). American United maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Plan management has determined that contract value approximates fair value as of December 31, 2013. Contract value, as reported to the Plan by American United, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2013 was \$246,713. The crediting interest rate is based on a formula agreed upon with the issuer. But it may not be less than 1.00%. Such interest rates are reviewed on an annual basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) termination of the Plan, or (2) complete termination of the contract. Plan management believes that any events that would limit the Plan's ability to transact at contract value with participants are probable of not occurring.



Dutchland, Inc. 401(k) Profit Sharing Plan

Notes to Financial Statements

Years Ended December 31, 2013 and 2012

NOTE E - FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT (Continued)

The average yields earned by the guaranteed investment contract are as follows:

<u>Average yield:</u>	<u>2013</u>
Based on interest rate credited to participants	1.75%

NOTE F - RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

The Plan has not considered Company contributions to the Plan or benefits paid by the Plan as related party transactions.

The common collective trust is managed by American United Life Insurance Company, the custodian of the Plan, for the period October 1, 2013 through December 31, 2013. Transactions with the common collective trust qualify as party-in-interest transactions.

Administrative maintenance charges are paid to the trustee based on the closing market value of the plan assets in the Plan's trust. These are considered related party and party in interest transactions.

Certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

NOTE G - 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 will become 100 percent vested in their accounts.

NOTE H - TAX STATUS

For the period September 15, 2013 through the auditor's report date, the Plan is operating under an adoption agreement of the Defined Contribution Prototype Plan and Trust prepared by American United Life Insurance Company (AUL). The Internal Revenue Service has determined by a letter dated March 31, 2008 that the AUL prototype plan document was designed in accordance with the applicable sections of the Internal Revenue Code. For the period January 1, 2012 through September 14, 2013, the Plan operated under an adoption agreement of the Prototype Defined Contribution Plan prepared by Fulton Financial Advisors, N.A. (Fulton). The Internal Revenue Service has determined by a letter dated June 16, 2004 that the Fulton prototype plan document was designed in accordance with the applicable sections of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's advisors believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. 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 2011.



Dutchland, Inc. 401(k) Profit Sharing Plan

Notes to Financial Statements

Years Ended December 31, 2013 and 2012

NOTE I - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. 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 the participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE J - INFORMATION CERTIFIED TO BY TRUSTEE

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA for 2013 and 2012. Accordingly, Fulton Financial Advisors, N.A., the trustee of the Plan from January 1, 2012 through September 30, 2013, and American United Life Insurance Company, the custodian of the Plan from October 1, 2013 through December 31, 2013, have certified to the completeness and accuracy of all investments reported in the accompanying statement of net assets available for benefits as of December 31, 2013 and 2012, and the supplemental Schedule H, Line 4i – Schedule of Assets (Held at Year End) as of December 31, 2013, and the related investment activity reported on the statement of changes in net assets available for benefits for the years ended December 31, 2013 and 2012.

NOTE K - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through September 25, 2014, the date the financial statements were available to be issued. Except as set forth below there were no material subsequent events that require recognition or additional disclosure in these financial statements.

The Plan was amended effective February 17, 2014 to update the application of forfeitures. The amendment states that forfeitures should first be used to pay any operational and administrative expenses. Any remaining forfeitures are to be applied to employer contributions. The Plan was also amended effective September 23, 2014 to update eligibility for employer contributions. The amendments change the service eligibility requirement for employer contributions from 90 days to 1 year.



Dutchland, Inc. 401(k) Profit Sharing Plan

EIN: 23-2328819

Plan Number: 001

Schedule H, Line 4i

Schedule of Assets (Held at End of Year)

As of December 31, 2013

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party			Cost	Current Value
American Century Real Estate		Mutual Fund - 38,091 Shares	**	\$ 36,550
TIAA CREF Large Cap Value		Mutual Fund - 94,164 Shares	**	160,154
Franklin Income Advantage		Mutual Fund - 279,594 Shares	**	331,691
T. Rowe Price Equity Income		Mutual Fund - 1,925 Shares	**	8,215
American Century Income and Growth		Mutual Fund - 13,203 Shares	**	19,979
Goldman Sachs Small Cap Value		Mutual Fund - 44,165 Shares	**	75,100
Columbia Small Cap Index		Mutual Fund - 60,263 Shares	**	94,967
TIAA CREF Large Cap Growth Index		Mutual Fund - 175,118 Shares	**	306,975
American Century Strategic Allocation Aggressive		Mutual Fund - 1,132 Shares	**	88,591
American Century One Choice 2015		Mutual Fund - 7,094 Shares	**	11,020
American Century One Choice 2020		Mutual Fund - 26,087 Shares	**	41,804
American Century One Choice 2025		Mutual Fund - 23,939 Shares	**	39,600
American Century One Choice 2030		Mutual Fund - 93,378 Shares	**	159,902
American Century One Choice 2035		Mutual Fund - 7,274 Shares	**	12,972
American Century One Choice 2040		Mutual Fund - 99,212 Shares	**	183,322
American Century One Choice 2045		Mutual Fund - 10,874 Shares	**	20,514
American Century One Choice 2050		Mutual Fund - 15,006 Shares	**	28,606
Goldman Sachs Mid Cap Value		Mutual Fund - 128,409 Shares	**	194,092
Invesco Small Cap Growth		Mutual Fund - 4,636 Shares	**	10,806
American Funds Fundamental		Mutual Fund - 27,054 Shares	**	39,664
American Century Strategic Allocation Conservative		Mutual Fund - 22,630 Shares	**	36,019
SSgA S&P 500 Index Institutional		Mutual Fund - 25,795 Shares	**	115,988
Columbia Acorn International		Mutual Fund - 438 Shares	**	499
TIAA CREF International EQ Index Retirement		Mutual Fund - 200,597 Shares	**	261,958
American Funds Euro Pacific Growth		Mutual Fund - 34,533 Shares	**	44,041
Janus Aspen Flexible Bond		Mutual Fund - 35,765 Shares	**	81,998
PIMCO Total Return		Mutual Fund - 62,431 Shares	**	88,258
American Century One Choice 2055		Mutual Fund - 12,204 Shares	**	15,556
American Century Strategic Allocation Moderate		Mutual Fund - 11,236 Shares	**	20,429
Thornburg Limited Term Income		Mutual Fund - 952 Shares	**	1,244
* AUL Fixed Account		Common Collective Trust - 246,713 Units	**	246,713
Vanguard VIF Small Company Growth		Variable Insurance Contract - 102,048 Units	**	201,267
Pioneer Select Mid Cap Growth VCT		Variable Contract Trust - 47,880 Units	**	127,727
Total				\$ 3,106,221

* A party-in-interest as defined by ERISA.

** Historical cost has not been presented since all investments are participant directed.

See independent auditors' report and notes to the financial statements.



Dutchland, Inc. 401(k) Profit Sharing Plan

EIN: 23-2328819

Plan Number: 001

Form 5500 - Schedule H, Line 4j

Schedule of Reportable Transactions

Year Ended December 31, 2013

(a) Identity of Party Involved	(b) Description of Asset	(c) # of Transactions	(d) Aggregate Purchase Price	(e) Aggregate Selling Price	(f) Lease Rental	(g) Expense Incurred	(h) Cost of Asset	(i) Current Value of Asset on Transaction Date	(j) Net Gain (Loss)
<i>Category (i) Single Transactions:</i>									
N/A	TIAA-CREF International Equity Index, Mutual Fund	1	\$ 272,626	\$ —	\$ —	\$ —	\$ 272,626	\$ 272,626	\$ —
N/A	TIAA-CREF Large Cap Growth Index, Mutual Fund	1	324,550	—	—	—	324,550	324,550	—
N/A	TIAA-CREF Large Cap Value Index, Mutual Fund	1	162,977	—	—	—	162,977	162,977	—
N/A	Goldman Sachs Mid Cap Value, Mutual Fund	1	127,039	—	—	—	127,039	127,039	—
N/A	Janus Asp Flexible Bond, Mutual Fund	1	117,468	—	—	—	117,468	117,468	—
N/A	Franklin Income Advantage, Mutual Fund	1	359,022	—	—	—	359,022	359,022	—
N/A	American Century One Choice 2030, Mutual Fund	1	152,380	—	—	—	152,380	152,380	—
N/A	American Century One Choice 2040, Mutual Fund	1	263,777	—	—	—	263,777	263,777	—
N/A	AUL Fixed Account, Stable Value Fund	1	233,701	—	—	—	233,701	233,701	—
N/A	Vanguard VIF Small Company Growth, Variable Insurance Contract	1	196,020	—	—	—	196,020	196,020	—
N/A	Pioneer Select Mid Cap Growth VCT, Variable Contract Trust	1	137,693	—	—	—	137,693	137,693	—
N/A	MFS International Diversification, Mutual Fund	1	—	272,626	—	—	229,194	272,626	43,432
N/A	Vanguard Morgan Growth, Mutual Fund	1	—	324,550	—	—	224,318	324,550	100,232
N/A	Vanguard Windsor II Fund, Mutual Fund	1	—	162,977	—	—	132,502	162,977	30,475
N/A	Goldman Sachs Mid Cap Value, Mutual Fund	1	—	127,039	—	—	84,056	127,039	42,983
N/A	Harbor Bond Fund, Mutual Fund	1	—	117,468	—	—	119,529	117,468	(2,061)
N/A	Vanguard Star, Mutual Fund	1	—	359,022	—	—	308,223	359,022	50,799
N/A	Vanguard Mid Cap Growth Fund, Mutual Fund	1	—	137,693	—	—	102,094	137,693	35,599
N/A	Vanguard Small Cap Growth Fund, Mutual Fund	1	—	196,020	—	—	132,790	196,020	63,230
N/A	T. Rowe Price Retirement 2030, Mutual Fund	1	—	152,380	—	—	114,508	152,380	37,872
N/A	T. Rowe Price Retirement 2040, Mutual Fund	1	—	263,777	—	—	207,966	263,777	55,811
N/A	Goldman Sachs FS Money Market Fund, Money Market	1	—	233,555	—	—	233,555	233,555	—

See independent auditors' report and notes to the financial statements.



Schedule C Attachment for Line Item 3(e)

Plan Name **G37061 DUTCHLAND INC. 401K PROFIT SHARING PLAN**

Plan Number **001** **Plan Year End** **12/31/2013**

EIN **23-2328819**

Revenue Sharing Formula:

The investment options of the Plan include various portfolios within an AUL separate account. The separate account in turn invests in investment portfolios of certain open-end management investment companies. AUL receives indirect compensation from these investment companies for the services provided by AUL.

The compensation received by AUL is computed by each investment company by multiplying the daily account balance of the AUL separate account's interest in a particular portfolio by a predetermined percentage rate negotiated with the investment company. This indirect compensation is not charged to the plan or participants accounts but is paid directly by the investment company.

The investment company, the underlying investment portfolio, and the annual compensation percentages are shown below.

Investment Company	Investment Portfolio	Annual Percentage
AMERICAN CENTURY INVESTMENTS	AmerCent Ginnie Mae A	0.50
AMERICAN CENTURY INVESTMENTS	AmerCent One Choice Inc Inv	0.35
AMERICAN CENTURY INVESTMENTS	AmerCent RealEstate Inv	0.35
AMERICAN CENTURY INVESTMENTS	AmerCent One Choice 2015 Inv	0.35
AMERICAN CENTURY INVESTMENTS	AmerCent One Choice 2020 Inv	0.35
AMERICAN CENTURY INVESTMENTS	AmerCent One Choice 2025 Inv	0.35
AMERICAN CENTURY INVESTMENTS	AmerCent One Choice 2030 Inv	0.35
AMERICAN CENTURY INVESTMENTS	AmerCent One Choice 2035 Inv	0.35
AMERICAN CENTURY INVESTMENTS	AmerCent One Choice 2040 Inv	0.35
AMERICAN CENTURY INVESTMENTS	AmerCent One Choice 2045 Inv	0.35
AMERICAN CENTURY INVESTMENTS	AmerCent One Choice 2050 Inv	0.35
AMERICAN CENTURY INVESTMENTS	AmerCent One Choice 2055 Inv	0.35

Investment Company	Investment Portfolio	Annual Percentage
AMERICAN CENTURY INVESTMENTS	AmerCent Strat Alloc Agrsv Inv	0.35
AMERICAN CENTURY INVESTMENTS	AmerCent AllocCon Inv	0.35
AMERICAN CENTURY INVESTMENTS	AmerCent Strat Alloc: Mod Inv	0.35
AMERICAN FUNDS	AmerFds American Balanced R4	0.35
AMERICAN FUNDS	AmerFds EuroPac Grth R4	0.35
AMERICAN FUNDS	AmerFds Fdamental Invs R4	0.35
AMERICAN FUNDS	AmerFds New Perspective R4	0.35
COLUMBIA MGMT INVESTMENT ADVISORS	Columbia ACORN Intl R4	0.25
COLUMBIA MGMT INVESTMENT ADVISORS	Columbia Seligman Com&Info R4	0.25
COLUMBIA MGMT INVESTMENT ADVISORS	Columbia SmCap Indx A	0.25
FIRST AMERICAN FUNDS	Nuveen MidCap Grth Ops A	0.50
FRANKLIN TEMPLETON INVESTMENTS	Franklin Income Adv	0.25
FRANKLIN TEMPLETON INVESTMENTS	Templeton Global Bond A	0.40
GOLDMAN SACHS ASSET MANAGEMENT	GoldmanSachs MidCap Val Inst	0.10
GOLDMAN SACHS ASSET MANAGEMENT	GoldmanSachs SmCapVal Inst	0.10
INVESCO	Invesco SmCap Grth A	0.45
JANUS CAPITAL GROUP, INC	Janus Asp Flexible Bond Inst	0.15
LEGG MASON	Western Asset CorePlus Bond FI	0.40
PIMCO	PIMCO Income Adm	0.25
PIMCO	PIMCO Total Return Adm	0.25
PIONEER INVESTMENTS	Pioneer Bond Y	0.35
PIONEER INVESTMENTS	Pioneer Sel Mid Cap Grth VCT I	0.25
STATE STREET GLOBAL ADVISORS	SSgA S&P 500 Indx F	0.22
T ROWE PRICE	TRowePrice Eqty Inc Ins	0.25
THORNBURG INVESTMENT MANAGEMENT	Thornburg Ltd-Term Inc R3	0.55
TIAA-CREF	TIAA-CREF LgCapGrth Indx R	0.25
TIAA-CREF	TIAA-CREF Intl Eqty Indx R	0.25
TIAA-CREF	TIAA-CREF LgCap Val Indx R	0.25

Plan Type 1 401PS

Dutchland, Inc. 401(k) Profit Sharing Plan

EIN: 23-2328819
Plan Number: 001
Form 5500 - Schedule H, Line 4j

Schedule of Reportable Transactions

Year Ended December 31, 2013

(a) Identity of Party Involved	(b) Description of Asset	(c) # of Transactions	(c) Aggregate Purchase Price	(d) Aggregate Selling Price	(e) Lease Rental	(f) Expense Incurred	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
<i>Category (i) Single Transactions:</i>									
N/A	TIAA-CREF International Equity Index, Mutual Fund	1	\$ 272,626	\$ —	\$ —	\$ —	\$ 272,626	\$ 272,626	\$ —
N/A	TIAA-CREF Large Cap Growth Index, Mutual Fund	1	324,550	—	—	—	324,550	324,550	—
N/A	TIAA-CREF Large Cap Value Index, Mutual Fund	1	162,977	—	—	—	162,977	162,977	—
N/A	Goldman Sachs Mid Cap Value, Mutual Fund	1	127,039	—	—	—	127,039	127,039	—
N/A	Janus Asp Flexible Bond, Mutual Fund	1	117,468	—	—	—	117,468	117,468	—
N/A	Franklin Income Advantage, Mutual Fund	1	359,022	—	—	—	359,022	359,022	—
N/A	American Century One Choice 2030, Mutual Fund	1	152,380	—	—	—	152,380	152,380	—
N/A	American Century One Choice 2040, Mutual Fund	1	263,777	—	—	—	263,777	263,777	—
N/A	AUL Fixed Account, Stable Value Fund	1	233,701	—	—	—	233,701	233,701	—
N/A	Vanguard VIF Small Company Growth, Variable Insurance Contract	1	196,020	—	—	—	196,020	196,020	—
N/A	Pioneer Select Mid Cap Growth VCT, Variable Contract Trust	1	137,693	—	—	—	137,693	137,693	—
N/A	MFS International Diversification, Mutual Fund	1	—	272,626	—	—	229,194	272,626	43,432
N/A	Vanguard Morgan Growth, Mutual Fund	1	—	324,550	—	—	224,318	324,550	100,232
N/A	Vanguard Windsor II Fund, Mutual Fund	1	—	162,977	—	—	132,502	162,977	30,475
N/A	Goldman Sachs Mid Cap Value, Mutual Fund	1	—	127,039	—	—	84,056	127,039	42,983
N/A	Harbor Bond Fund, Mutual Fund	1	—	117,468	—	—	119,529	117,468	(2,061)
N/A	Vanguard Star, Mutual Fund	1	—	359,022	—	—	308,223	359,022	50,799
N/A	Vanguard Mid Cap Growth Fund, Mutual Fund	1	—	137,693	—	—	102,094	137,693	35,599
N/A	Vanguard Small Cap Growth Fund, Mutual Fund	1	—	196,020	—	—	132,790	196,020	63,230
N/A	T. Rowe Price Retirement 2030, Mutual Fund	1	—	152,380	—	—	114,508	152,380	37,872
N/A	T. Rowe Price Retirement 2040, Mutual Fund	1	—	263,777	—	—	207,966	263,777	55,811
N/A	Goldman Sachs FS Money Market Fund, Money Market	1	—	233,555	—	—	233,555	233,555	—

See independent auditors' report and notes to the financial statements.



Attachment to 2013 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name DUTCHLAND INC. 401K PROFIT SHARING PLAN

EIN: 23-2328819

Plan Sponsor's Name DUTCHLAND INC.

PN: 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
	AMERICAN CENTURY INVESTMENTS	AMERCENT ALLOCCON INV MUTUAL FUND SHARES	0	36,019
	AMERICAN CENTURY INVESTMENTS	AMERCENT ONE CHOICE 2015 INV MUTUAL FUND SHARES	0	11,020
	AMERICAN CENTURY INVESTMENTS	AMERCENT ONE CHOICE 2025 INV MUTUAL FUND SHARES	0	39,600
	AMERICAN CENTURY INVESTMENTS	AMERCENT ONE CHOICE 2035 INV MUTUAL FUND SHARES	0	12,972
	AMERICAN CENTURY INVESTMENTS	AMERCENT ONE CHOICE 2055 INV MUTUAL FUND SHARES	0	15,556
	AMERICAN CENTURY INVESTMENTS	AMERCENT ONE CHOICE 2020 INV MUTUAL FUND SHARES	0	41,805
	AMERICAN CENTURY INVESTMENTS	AMERCENT ONE CHOICE 2030 INV MUTUAL FUND SHARES	0	159,902

Attachment to 2013 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name DUTCHLAND INC. 401K PROFIT SHARING PLAN

EIN: 23-2328819

Plan Sponsor's Name DUTCHLAND INC.

PN: 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
	AMERICAN CENTURY INVESTMENTS	AMERCENT ONE CHOICE 2040 INV MUTUAL FUND SHARES	0	183,322
	AMERICAN CENTURY INVESTMENTS	AMERCENT ONE CHOICE 2045 INV MUTUAL FUND SHARES	0	20,514
	AMERICAN CENTURY INVESTMENTS	AMERCENT ONE CHOICE 2050 INV MUTUAL FUND SHARES	0	28,606
	AMERICAN CENTURY INVESTMENTS	AMERCENT ONE CHOICE INC INV MUTUAL FUND SHARES	0	19,979
	AMERICAN CENTURY INVESTMENTS	AMERCENT REALESTATE INV MUTUAL FUND SHARES	0	36,550
	AMERICAN CENTURY INVESTMENTS	AMERCENT STRAT ALLOC AGRSV INV MUTUAL FUND SHARES	0	88,591
	AMERICAN CENTURY INVESTMENTS	AMERCENT STRAT ALLOC: MOD INV MUTUAL FUND SHARES	0	20,429

Attachment to 2013 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name DUTCHLAND INC. 401K PROFIT SHARING PLAN

EIN: 23-2328819

Plan Sponsor's Name DUTCHLAND INC.

PN: 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
	AMERICAN FUNDS	AMERFDS EUROPAC GRTH R4 MUTUAL FUND SHARES	0	44,041
	AMERICAN FUNDS	AMERFDS FDAMENTAL INVS R4 MUTUAL FUND SHARES	0	39,664
*	AMERICAN UNITED LIFE INS CO	AUL FIXED ACCOUNT	0	246,713
	COLUMBIA MGMT INVESTMENT ADVISORS	COLUMBIA ACORN INTL R4 MUTUAL FUND SHARES	0	499
	COLUMBIA MGMT INVESTMENT ADVISORS	COLUMBIA SMCAP INDX A MUTUAL FUND SHARES	0	94,967
	FRANKLIN TEMPLETON INVESTMENTS	FRANKLIN INCOME ADV MUTUAL FUND SHARES	0	331,691
	GOLDMAN SACHS ASSET MANAGEMENT	GOLDMANSACHS MIDCAP VAL INST MUTUAL FUND SHARES	0	194,092

Attachment to 2013 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name DUTCHLAND INC. 401K PROFIT SHARING PLAN

EIN: 23-2328819

Plan Sponsor's Name DUTCHLAND INC.

PN: 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
	GOLDMAN SACHS ASSET MANAGEMENT	GOLDMANSACHS SMCAPVAL INST MUTUAL FUND SHARES	0	75,100
	INVESCO	INVESCO SMCAP GRTH A MUTUAL FUND SHARES	0	10,806
	JANUS CAPITAL GROUP INC	JANUS ASP FLEXIBLE BOND INST MUTUAL FUND SHARES	0	81,998
	PIMCO	PIMCO TOTAL RETURN ADM MUTUAL FUND SHARES	0	88,258
	PIONEER INVESTMENTS	PIONEER SEL MID CAP GRTH VCT I MUTUAL FUND SHARES	0	127,727
	STATE STREET GLOBAL ADVISORS	SSGA S & P 500 INDX F MUTUAL FUND SHARES	0	115,988
	THORNBURG INVESTMENT MANAGEMENT	THORNBURG LTD-TERM INC R3 MUTUAL FUND SHARES	0	1,244

Attachment to 2013 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name DUTCHLAND INC. 401K PROFIT SHARING PLAN

EIN: 23-2328819

Plan Sponsor's Name DUTCHLAND INC.

PN: 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
	TIAA-CREF	TIAA-CREF INTL EQTY INDX R MUTUAL FUND SHARES	0	261,958
	TIAA-CREF	TIAA-CREF LGCAP VAL INDX R MUTUAL FUND SHARES	0	160,154
	TIAA-CREF	TIAA-CREF LGCAPGRTH INDX R MUTUAL FUND SHARES	0	306,975
	T ROWE PRICE	TROWEPRI EQTY INC INS MUTUAL FUND SHARES	0	8,214
	THE VANGUARD GROUP INC	VANGUARD VIF SMALLCOMPGRTH INS MUTUAL FUND SHARES	0	201,267