

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 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2013</div> <div style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</div>
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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>KALMBACH FEEDS, INC. 401(K) AND PROFIT SHARING PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>KALMBACH FEEDS, INC.</u> <u>7148 STATE HIGHWAY199</u> <u>UPPER SANDUSKY, OH 43551</u>	1c Effective date of plan <u>12/31/1972</u>	2b Employer Identification Number (EIN) <u>31-1162375</u>
	2c Sponsor's telephone number <u>419-294-3838</u>	2d Business code (see instructions) <u>311200</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.	<u>10/14/2014</u>	<u>STEFAN MCDANIEL</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

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	201
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	185
b Retired or separated participants receiving benefits		6b	1
c Other retired or separated participants entitled to future benefits		6c	39
d Subtotal. Add lines 6a , 6b , and 6c		6d	225
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	0
f Total. Add lines 6d and 6e		6f	225
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	216
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	25
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 2G 2J 2K 2R 2S 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>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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>KALMBACH FEEDS, INC. 401(K) AND 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>KALMBACH FEEDS, INC.</u>	D Employer Identification Number (EIN) <u>31-1162375</u>

Part I	Service Provider Information (see instructions)
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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

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

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

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

FIFTH THIRD BANK RETIREMENT SERVICE

38 FOUNTAIN SQUARE PLAZA
CINCINNATI, OH 45263

(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?
64	RECORDKEEPER	51487	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

TD AMERITRADE, INC.

200 S. 108TH AVENUE
OMAHA, NE 68154

(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?
33	BROKERAGE SERVICES	390	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

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

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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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 KALMBACH FEEDS, INC. 401(K) AND 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 KALMBACH FEEDS, INC.	D Employer Identification Number (EIN) 31-1162375	

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)
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a	Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS STABLE VALUE COLLECTI
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b	Name of sponsor of entity listed in (a): THE GOLDMAN SACHS TRUST COMPANY NA
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c EIN-PN 13-4166989-025	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3070317
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a	Name of MTIA, CCT, PSA, or 103-12 IE: FIFTH THIRD BANK STABLE VALUE FUND
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b	Name of sponsor of entity listed in (a): FIFTH THIRD BANK
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c EIN-PN 31-6317828-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a	Name of MTIA, CCT, PSA, or 103-12 IE:
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b	Name of sponsor of entity listed in (a):
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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:
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b	Name of sponsor of entity listed in (a):
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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:
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b	Name of sponsor of entity listed in (a):
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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:
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b	Name of sponsor of entity listed in (a):
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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
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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
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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>KALMBACH FEEDS, INC. 401(K) AND 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>KALMBACH FEEDS, INC.</u>	D Employer Identification Number (EIN) <u>31-1162375</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	0	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)	0	0
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0	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)	389141	446670
	(9) Value of interest in common/collective trusts	1c(9)	2974114	3070317
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)	0	0
	(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	10381744	13307796
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other.....	1c(15)	55458	72426

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	13800457	16897209

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	13800457	16897209
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	621343	
(B) Participants	2a(1)(B)	724644	
(C) Others (including rollovers)	2a(1)(C)	12524	
(2) Noncash contributions	2a(2)	0	1358511
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(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)	19227	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		19227

(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	401582	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		401582

(3) Rents	2b(3)		0
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(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)		62660
(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)		1781941
c Other income.....	2c		-4032
d Total income. Add all income amounts in column (b) and enter total.....	2d		3619889

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	396543	
(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)		396543
f Corrective distributions (see instructions).....	2f		2983
g Certain deemed distributions of participant loans (see instructions).....	2g		72124
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	51487	
(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)		51487
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		523137

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		3096752
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: **HOLBROOK & MANTER**

(2) EIN: **31-0998651**

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.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		600000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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>KALMBACH FEEDS, INC. 401(K) AND 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>KALMBACH FEEDS, INC.</u>	D Employer Identification Number (EIN) <u>31-1162375</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>20-3691658</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
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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): _____

KALMBACH FEEDS, INC.
401(K) AND PROFIT SHARING PLAN
UPPER SANDUSKY, OHIO
FINANCIAL STATEMENTS AND SCHEDULES
DECEMBER 31, 2013

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INDEPENDENT AUDITORS' REPORT

Kalmbach Feeds, Inc.
Upper Sandusky, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Kalmbach Feeds, Inc. 401(k) and Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the 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.

Auditor's 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 6, which was certified by Fifth Third Bank of Northwestern Ohio, N.A., the Trustee of the Plan's assets, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

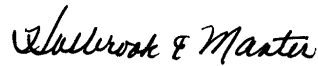
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Assets Held for Investment Purposes at End of Plan Year and Schedules of Reportable Transactions, which are the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we don't 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, 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.



Certified Public Accountants

Columbus, Ohio
October 14, 2014

KALMBACH FEEDS, INC.
401(K) AND PROFIT SHARING PLAN
 UPPER SANDUSKY, OHIO
 STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
 DECEMBER 31, 2013 AND 2012 (MODIFIED CASH BASIS)

ASSETS

	<u>2013</u>	<u>2012</u>
MARKETABLE INVESTMENTS AT FAIR VALUE:-		
Common/collective trusts	\$ 3,070,317	\$ 2,974,114
Registered investment accounts	13,307,796	10,381,744
Other investments	<u>72,426</u>	<u>55,458</u>
Total investments	16,450,539	13,411,316
RECEIVABLES:-		
Participant loans	<u>446,670</u>	<u>389,141</u>
Total net assets available for benefits	<u>\$ 16,897,209</u>	<u>\$ 13,800,457</u>

See Accompanying Notes to Financial Statements.

KALMBACH FEEDS, INC.
401(K) AND PROFIT SHARING PLAN
 UPPER SANDUSKY, OHIO
 STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)
 YEAR ENDED DECEMBER 31, 2013

	<u>2013</u>
ADDITIONS:-	
Contributions:-	
Employer cash contributions	\$ 621,343
Participants cash contributions	724,644
Rollover and other contributions	<u>12,524</u>
Total contributions	1,358,511
Investment Income:-	
Interest on participant loans	19,227
Net investment gain/loss on common funds	62,660
Dividends	401,582
Net investment gain from registered investments	1,781,941
Other income	<u>(4,032)</u>
Total investment income	<u>2,261,378</u>
Total additions	3,619,889
DEDUCTIONS:-	
Participant distributions	396,543
Corrective distributions	2,983
Distributed loans	72,124
Fees	<u>51,487</u>
Total deductions	<u>523,137</u>
Net increase	3,096,752
Net assets available for benefits - beginning of year	<u>13,800,457</u>
Net assets available for benefits - end of year	<u><u>\$ 16,897,209</u></u>

See Accompanying Notes to Financial Statements.

KALMBACH FEEDS, INC.
401(K) AND PROFIT SHARING PLAN
UPPER SANDUSKY, OHIO
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013

NOTE 1 - SIGNIFICANT ACCOUNTING POLICIES:-

The accompanying financial statements and supplemental schedules of Kalmbach Feeds, Inc. 401(k) and Profit Sharing Plan (the Plan) have been prepared on the modified cash basis, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America, and present net assets available for benefits and changes in those assets. The significant accounting policies that comprise this basis are:

- a. **Valuation of investments** - Investments are stated at fair market value as of December 31, 2013. Market values as determined by Fifth Third Bank of Northwestern Ohio, NA (Fifth Third Bank), Plan Trustee, are obtained from various market value quotations. Securities traded on a national securities exchange are valued at the last reported sales price on the last business day of the fiscal year. Securities not traded on a national securities exchange, if any, are valued by an independent third party. Realized and unrealized gains and losses are reflected in the statements of changes in assets available for benefits.
- b. **Assets held in trust** - Fifth Third Bank, Trustee and Custodian of the Plan, has certified the accuracy and completeness of all assets at December 31, 2013 and 2012, as well as the transactions involving the plan assets for the year ended December 31, 2013, and has reported to the Administrator of the Plan, Kalmbach Feeds, Inc., the trust fund investment activity and holdings at both cost and current value. The services provided by the Trustee include holding title to and safekeeping of all assets, collecting income, processing corporate actions as well as asset pricing and reporting.
- c. **Notes receivable from participants** - The Plan allows loans to participants in accordance with the Plan document. These loans are reported at the unpaid principal balance plus accrued interest. Loans are deemed distributions by the Plan when they are determined to be in default.
- d. **Administrative expenses** - Administrative expenses are paid by the Plan.
- e. **Contributions** - Contributions are recognized as income in the period earned.
- f. **Pension benefits** - Pension benefits are recognized as deductions when benefits are paid to the participant.
- g. **Income** - Interest and dividend income is recognized when received.
- h. **Estimates** - The preparation of financial statements in conformity with the modified cash basis of accounting may require the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

NOTE 2 - DESCRIPTION OF THE PLAN:-

The Plan, as restated with an effective date of January 1, 2012, is a defined contribution plan covering all employees that have met the service requirements, which is 21 years of age or older and 3 months of service for elective deferrals, and one year of service for matching and nonelective contributions. The Plan is subject to the Employees Retirement Income Security Act of 1974.

Participants are able to contribute to the Plan during each plan year a percentage of their received compensation not to exceed \$17,500, or up to \$23,000 for employees age 50 or older. All amounts contributed by a participant shall be credited to each individual's Participant Contributions Account and shall be fully vested and nonforfeitable at all times.

KALMBACH FEEDS, INC.
401(K) AND PROFIT SHARING PLAN
UPPER SANDUSKY, OHIO
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013

NOTE 2 - DESCRIPTION OF THE PLAN:- (continued)

If the participant meets certain Plan criteria, the Plan Sponsor, Kalmbach Feeds, Inc., may make a discretionary matching contribution as well as discretionary profit sharing contributions. For the 2013 and 2012 Plan year, the matching contribution amount has been equal to fifty percent of employee contributions up to 6% of the participant's gross wages. For 2013, the discretionary profit sharing contribution was \$385,100. The employer matching contributions vest on a graded vesting schedule with 100% vesting after six years of service.

<u>Years Of Service</u>	<u>Vesting Percentage</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Upon termination of employment, the Plan participants are entitled to receive their vested contributions. Any non-vested portions of the participant's account will be forfeited to the Plan and may be used to reduce any future Plan Sponsor's contributions to the Plan. The forfeiture account at December 31, 2013 was \$842.

Although it has not expressed an intention to do so, the employer has the right under the Plan to alter or amend the Plan in whole or in part, provided that no such change shall in any way affect the vesting rights of the employees under this Plan. Additionally, the employer has the right to terminate the Plan upon which each participant becomes fully vested as of the termination date, regardless of the participant's actual vesting percentage at the date of termination.

The foregoing description of the Plan provides only general information. Employees, their beneficiaries, and advisors should refer to the full Adoption Agreement (or the Summary Plan Description) for a more complete description of the Plan's provision.

NOTE 3 - FAIR VALUE MEASUREMENTS:-

The Plan has adopted the Accounting Standards Codification (ASC) No. 820, Fair Value Measurements. ASC No. 820 establishes a framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC No. 820 are described below:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities 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 or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

KALMBACH FEEDS, INC.
401(K) AND PROFIT SHARING PLAN
UPPER SANDUSKY, OHIO
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013

NOTE 3 - FAIR VALUE MEASUREMENTS:- (continued)

If the asset or liability has 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 or liability'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 valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012.

Shares of common/collective trusts: Valued at the net asset value ("NAV") of shares held by the Plan at year end.

Shares of registered investment companies: Valued at the net asset value ("NAV") of shares held by the Plan at year end.

Shares of other investments: Valued at the net asset value ("NAV") of shares held by the Plan at year end.

The method described above may produce a fair value that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets 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				
	Level 1	Level 2	Level 3	Total
Common/collective trusts	\$ 3,070,317	\$ 0	\$ 0	\$ 3,070,317
Registered investment accounts	13,307,796	0	0	13,307,796
Other investments	72,426	0	0	72,426
	<u>\$ 16,450,539</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 16,450,539</u>

Assets at Fair Value as of December 31, 2012				
	Level 1	Level 2	Level 3	Total
Common/collective trusts	\$ 2,974,114	\$ 0	\$ 0	\$ 2,974,114
Registered investment accounts	10,381,744	0	0	10,381,744
Other investments	55,458	0	0	55,458
	<u>\$ 13,411,316</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 13,411,316</u>

KALMBACH FEEDS, INC.
401(K) AND PROFIT SHARING PLAN
 UPPER SANDUSKY, OHIO
 NOTES TO FINANCIAL STATEMENTS
 DECEMBER 31, 2013

NOTE 4 - INCOME TAX STATUS:-

The Plan obtained a determination letter on November 19, 2001, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the plan's financial statements.

NOTE 5 - PLAN ASSETS:-

The Plan's assets are maintained by its trustee, Fifth Third Bank, and are allocated into 38 separate investment funds as follows: American Funds EuroPacific Gr R3, Artisan International Inv, Dodge & Cox International Stock, First Eagle Gold A, ING Real Estate W, Oppenheimer Gold & Special Minerals A, T. Rowe Price Real Estate, American Beacon Small Cp Val Inv, Columbia Small Cap Value II – A, Dreyfus Small Cap Stock Index Fund, Touchstone Small Cap Growth Y, Goldman Sachs Small Cap Value IR, T. Rowe Price Small Cap Stock – Adv, Artisan Mid Cap Value Investor, Baron Growth Fund, Columbia Mid Cap Index Fund Z, First Eagle Fund of America A, Goldman Sachs Mid Cap Value A, Principal MidCap Inst, Prudential Jennison Mid Cap Growth Z, American Century Equity Income Inv, American Funds Washington Mutual R3, Diamond Hill Large Cap A, Dodge & Cox Stock Fund, Fidelity Advisor New Insights I, FMI Large Cap, Nueberger Berman Socially Responsive Inv, T. Rowe Price Growth Stock Fund – Adv, Touchstone Value Y, Vanguard 500 Index Signal, Diamond Hill Long- Short A, American Funds American Balanced R3, Dodge & Cox Income Fund, PIMCO Commodity Real Ret Strat Admin, PIMCO Total Return Fund – Admin, Vanguard Total Bond Market Index Signal, Goldman Sachs Stable Val Coll TR CL III, and TD. Ameritrade SDB. Each participant directs amounts credited to his or her account to be allocated between the 38 investment funds in such proportions as the participant determines.

The following is a summary of the Plan allocations at December 31, 2013 that represent five percent or more of the Plan's net assets:

<u>Description</u>	<u>2013</u>
Dodge and Cox International Stock	\$ 1,008,718
Artisan Mid Cap Value Investor	850,819
Principal MidCap Blend Inst.	952,412
Vanguard 500 Index Signal	936,986
American Funds American Balanced Fund R3	2,206,050
Vanguard Total Bond Market Index Signal	1,204,857
PIMCO Total Return Fund - Admin	1,176,306
Goldman Sachs Table Val Coll TR CL III	3,070,317
	<u>\$ 11,406,465</u>

KALMBACH FEEDS, INC.
401(K) AND PROFIT SHARING PLAN
UPPER SANDUSKY, OHIO
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013

NOTE 6 - INFORMATION CERTIFIED BY TRUSTEE:-

Fifth Third Bank, the Plan Trustee, holds the Plan's investment assets and executes investment transactions (see Note 1b) and has certified that as of December 31, 2013 and for the year then ended, the information provided to the Plan Administrator is complete and accurate in accordance with Section 2520.103-5 of the Labor Rules and Regulations for Reporting and Disclosure under ERISA. A summary of information included in the financial statements based on such certification follows:

	2013
ASSETS:-	
Common/collective trusts	\$ 3,070,317
Registered investments	13,307,796
Other investments	72,426
Participant loans	446,670
ADDITIONS (DEDUCTIONS) TO NET	
ASSETS AVAILABLE FOR BENEFITS:-	
Interest, dividends and realized and	
unrealized gains (losses)	\$ 2,261,378

NOTE 7 - SUBSEQUENT EVENTS:-

The Company evaluated subsequent events through October 14, 2014, the date which the financial statements were available to be issued.

KALMBACH FEEDS, INC.
401(K) AND PROFIT SHARING PLAN
UPPER SANDUSKY, OHIO
FORM 5500 – SCHEDULE H, PART IV, 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF PLAN YEAR
DECEMBER 31, 2013

EMPLOYER IDENTIFICATION: 31-1162375
PLAN NUMBER: 001

Column (a)	Column (b) & (c)	Column (d)	Column (e)
	DESCRIPTION	COST	CURRENT VALUE
	American Funds EuroPacifi Gr R3	\$ 437,246	\$ 527,019
	Artisan International Inv	349,166	437,691
	Dodge and Cox International Stock	820,902	1,008,717
	First Eagle Gold Fund - A	59,125	27,400
	ING Real Estate W	82,870	84,823
	Oppenheimer Gold & Special Minerals Fund - A	47,710	21,084
	T. Rowe Price Real Estate Fund	178,702	198,017
	American Beacon Small Cap Val Investor	318,828	326,646
	Baron Growth Fund	160,175	188,653
	Columbia Small Cap Value II - A	208,498	219,827
	Dreyfus Small Cap Stock Index Fund	208,885	264,620
	Touchstone Small Cap Growth Y	37,872	47,262
	Goldman Sachs Small Cap Value IR	213,364	250,282
	T. Rowe Price Small Cap Stock - ADV	107,414	119,257
	Artisan Mid Cap Value Investor	769,745	850,819
	Columbia Mid Cap Index Fund Z	156,089	181,795
	First Eagle Fund of America - A	115,036	136,680
	Goldman Sachs Mid Cap Value A	51,292	59,267
	Principal MidCap Blend Inst.	832,575	952,412
	Prudential Jennison Mid Cap Growth Z	115,858	143,266
	American Century Equity Income Inv	5,144	5,289
	American Funds Washington Mutual R3	41,327	49,192
	Diamond Hill Large Cap Fund A	12,820	16,984
	Dodge & Cox Stock Fund	585,623	697,614
	Fidelity Advisor New Insights I	159,922	181,582
	FMI Large Cap	38,233	41,689
	Neuberger Berman Socially Responsive Inv	80,163	97,589
	T. Rowe Price Growth Stock Fund Adv.	172,718	215,872
	Touchstone Value Y	31,850	39,263
	Vanguard 500 Index Signal	793,414	936,986
	Diamond Hill Long-Short Adv.	4,547	5,460
	American Funds American Balanced Fund R3	1,940,277	2,206,050
	Dodge & Cox Income Fund	23,565	23,383
	PIMCO Commodit Real Ret Start - Admin	416,568	364,143
	Vanguard Total Bond Market Index Signal	1,251,950	1,204,857
	PIMCO Total Return Fund - Admin	1,213,385	1,176,306
	Total Registered Investments	12,042,858	13,307,796
	Goldman Sachs Table Val Coll TR CL III	3,070,317	3,070,317
	Total common/collective trusts	3,070,317	3,070,317
	TD Ameritrade SDB	72,426	72,426
	Participant Loans (4.25% to 8.00%)	446,260	446,670
	Total assets	\$ 15,631,861	\$ 16,897,209

Note: The above data is based upon information that has been certified as accurate and complete by the Plan Trustee, Fifth Third Bank.

See Independent Auditors' Report.

KALMBACH FEEDS, INC.
401(K) AND PROFIT SHARING PLAN
 UPPER SANDUSKY, OHIO
 FORM 5500 – SCHEDULE H, PART IV, 4j
 SCHEDULE OF REPORTABLE TRANSACTIONS
 DECEMBER 31, 2013

EMPLOYER IDENTIFICATION : 31-1162375
PLAN NUMBER: 001

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Trans. Date	Net Gain or (Loss)

No reportable transactions during the year ended December 31, 2013.

The above data is based upon information that has been certified as accurate and complete by the Plan Trustee, Fifth Third Bank.

See Independent Auditors' Report.

ASSETS HELD FOR INVESTMENT PURPOSES

Kalmbach Feeds, Inc. 401(k) and Profit Sharing Plan
01-JAN-13 to 31-DEC-13

16-JAN-14 04:51:31

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IRERCX			437,245.93	527,018.46
IARTIX			349,165.75	437,690.88
IDODFX			820,901.93	1,008,717.51
ISGGDX			59,124.76	27,400.38
IIREWX			82,870.37	84,823.22
IOPGSX			47,709.58	21,083.63
ITRREX			178,702.46	198,017.38
IAPVAX			318,827.84	326,646.32
ICOVAX			208,497.79	219,826.80
IDISSX			208,885.19	264,620.29
IMXAIX			37,871.94	47,261.87
IGSQTIX			213,363.67	250,281.87
IPASSX			107,413.83	119,256.57
IARTQX			769,745.31	850,819.39
IBGRFX			160,175.48	188,652.90
INMPAX			156,089.00	181,794.92
IFEFAX			115,036.10	136,679.84
IGCMAX			51,291.57	59,266.59
IPCBIX			832,574.88	952,411.71
IPEGZX			115,858.25	143,265.96
I20-EQI			5,143.53	5,288.51
IRWMCX			41,327.35	49,192.36
IDHLAX			12,819.84	16,984.29
IDC-SF			585,622.75	697,614.21
IFINSX			159,922.28	181,581.62
IFMIHX			38,232.90	41,688.70
INB-SRF			80,162.62	97,588.76
ITRSAX			172,718.15	215,872.18
ITVLYX			31,849.81	39,263.07
IVFSX			793,413.80	936,985.65
IDIAMX			4,547.09	5,460.15
IRLBCX			1,940,276.95	2,206,050.31
IDC-INC			23,565.48	23,382.94
IPCRRX			416,567.76	364,143.50
IPI-TRT			1,213,385.24	1,176,305.54
IVBTSX			1,251,949.72	1,204,857.36
IGSSV3			3,069,475.07	3,069,475.07
ISDBTDA			72,425.64	72,425.64
			15,184,757.61	16,449,696.35
PARTICIPANT LOANS	VARIOUS	4.250-8.000	446,260.25	446,670.48
FORFEITURES			842.33	842.33

ASSETS HELD FOR INVESTMENT PURPOSES

Kalmbach Feeds, Inc. 401(k) and Profit Sharing Plan
01-JAN-13 to 31-DEC-13

16-JAN-14 04:51:31

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

1RERCX	American Funds EuroPacific Gr R3	1ARTIX	Artisan International Inv
1DODFX	Dodge & Cox International Stock	1SGGDX	First Eagle Gold A
1IREWX	ING Real Estate W	1OPGSX	Oppenheimer Gold & Special Minerals A
1TRREX	T. Rowe Price Real Estate	1AVPAX	American Beacon Small Cp Val Inv
1COVAX	Columbia Small Cap Value II - A	1DISSX	Dreyfus Small Cap Stock Index Fund
1MXAIX	Touchstone Small Cap Growth Y	1GSQTX	Goldman Sachs Small Cap Value IR
1PASSX	T. Rowe Price Small Cap Stock - Adv	1ARTQX	Artisan Mid Cap Value Investor
1BGRFX	Baron Growth Fund	1NMPAX	Columbia Mid Cap Index Fund Z
1FEFAX	First Eagle Fund of America A	1GCMAX	Goldman Sachs Mid Cap Value A
1PCBIX	Principal MidCap Inst	1PEGZX	Prudential Jennison Mid Cap Growth Z
120-EQI	American Century Equity Income Inv	1RWMCX	American Funds Washington Mutual R3
1DHLAX	Diamond Hill Large Cap A	1DC-SF	Dodge & Cox Stock Fund
1FINSX	Fidelity Advisor New Insights I	1FMIHX	FMI Large Cap
1NB-SRF	Neuberger Berman Socially Responsive Inv	1TRSAX	T. Rowe Price Growth Stock Fund - Adv
1TVLYX	Touchstone Value Y	1VIFSX	Vanguard 500 Index Signal
1DIAMX	Diamond Hill Long-Short A	1RLBCX	American Funds American Balanced R3
1DC-INC	Dodge & Cox Income Fund	1PCRRX	PIMCO Commodity Real Ret Strat Admin
1PI-TRT	PIMCO Total Return Fund - Admin	1VBTSX	Vanguard Total Bond Market Index Signal
1GSSV3	Goldman Sachs Stable Val Coll Tr Cl III	1SDBTDA	TD Ameritrade SDB

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year