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).

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

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ALLIANCE DAIRIES PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1992

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

ALLIANCE DAIRIES

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

2b Employer Identification Number (EIN)
59-2984490

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

2d Business code (see instructions)
311500

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2014	RON ST. JOHN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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 [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	

5	Total number of participants at the beginning of the plan year	**5**	221
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**	117
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	33
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	150
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	150
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	74
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
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:
2A 2E 3D 3H

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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	**B** Three-digit plan number (PN) ▶	
ALLIANCE DAIRIES PROFIT SHARING PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
ALLIANCE DAIRIES	59-2984490	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

PERSHING, LLC

13-2741729

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

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

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

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

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

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

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

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

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

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
ALLIANCE DAIRIES PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
59-2984490

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	147694	91015
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	842100	1024216

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	989794	1115231
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	989794	1115231

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)	89557	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		89557
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	10492	
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		10492
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	52926	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		52926

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		152975
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11371	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		11371
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	16167	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		16167
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		27538
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		125437
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

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

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

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			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		200000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

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

A Name of plan
ALLIANCE DAIRIES PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
59-2984490

Part I Distributions

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

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

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

EIN(s): 59-3508220

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

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

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (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: 00% 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):

ALLIANCE DAIRIES PROFIT SHARING PLAN

Financial Statements
and
Supplemental Schedules
As of December 31, 2013 and 2012
And for the Year Ended
December 31, 2013

(with Independent Auditors'
Report thereon)

ALLIANCE DAIRIES PROFIT SHARING PLAN

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DIXON HUGHES GOODMAN LLP
Certified Public Accountants and Advisors

- Independent Auditors' Report -

To the Participants and Trustees of
Alliance Dairies Profit Sharing Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Alliance Dairies Profit Sharing Plan (the "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

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 our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

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Praxity MEMBER GLOBAL ALLIANCE OF INDEPENDENT FIRMS

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2013 and 2012, and the changes in net assets available for benefits for the year ended December 31, 2013, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Dixon Hughes Goodman LLP

Jacksonville, Florida
October 3, 2014

ALLIANCE DAIRIES PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits

December 31, 2013 and 2012

	2013	2012
Assets		
Investments at fair value (See Notes 3 and 4)	$ 1,024,216	$ 842,100
Receivable:		
Employer contributions	91,015	147,694
Net assets available for benefits	$ 1,115,231	$ 989,794

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

ALLIANCE DAIRIES PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2013

Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$	52,926
Interest and dividends		10,492
		63,418
Contributions:		
Employer profit sharing		89,557
Total additions		152,975
Deductions from net assets attributed to:		
Benefits paid to participants		11,371
Administrative expenses		16,167
Total deductions		27,538
Net increase		125,437
Net assets available for benefits:		
Beginning of year		989,794
End of year	$	1,115,231

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

ALLIANCE DAIRIES PROFIT SHARING PLAN
Notes to Financial Statements

December 31, 2013 and 2012

1. **Description of Plan**

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

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

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

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

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

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

Forfeitures - At December 31, 2013 and 2012, there were no forfeited non-vested accounts. During 2013, $2,489 in forfeitures was used to offset employer contributions (none in 2012).

2. **Summary of Significant Accounting Policies**

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

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

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

Payment of Benefits - Benefits are recorded upon distribution.

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

Subsequent Events - The Plan has evaluated subsequent events through October 3, 2014, the date the financial statements were available to be issued.

3. Investments

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

	2013	2012
Money market fund	*	$ 842,100
iShares Core S&P 500 ETF	$ 256,197	*
PowerShares QQQ	257,107	*
Guggenheim S&P 500 Equal Weight	102,244	*
Financial Select Sector	81,538	*
Industrial Select Sector	102,952	*
Vanguard Growth	205,920	*

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

During the year ended December 31, 2013, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

Exchange-traded funds	$ 52,926

4. Fair Value Measurements

Fair value as defined under GAAP is an exit price, representing the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. GAAP establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value. These tiers include:

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

Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment, and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012.

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

The following tables set forth by level within the fair value hierarchy the Plan's assets accounted for at fair value on a recurring basis as of December 31, 2013 and 2012.

	Assets at Fair Value as of December 31, 2013			
	Level 1	**Level 2**	**Level 3**	**Fair Value**
Money market fund	$ 18,258	$ -	$ -	$ 18,258
Exchange traded funds	1,005,958	-	-	1,005,958
Total assets	$ 1,024,216	$ -	$ -	$ 1,024,216

	Assets at Fair Value as of December 31, 2012			
	Level 1	**Level 2**	**Level 3**	**Fair Value**
Money market fund	$ 842,100	$ -	$ -	$ 842,100
Total assets	$ 842,100	$ -	$ -	$ 842,100

5. Plan Termination

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

Tax Status

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

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Department of Labor. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

6. **Risks and Uncertainties**

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

SUPPLEMENTAL SCHEDULES

ALLIANCE DAIRIES PROFIT SHARING PLAN

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

December 31, 2013

EIN: 59-2984490
Plan No: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Blackrock Liquidity T-Fund Management	Money Market Fund	$ 18,258	$ 18,258
	iShares Core S&P 500 ETF	Exchange Traded Fund	253,823	256,197
	PowerShares QQQ	Exchange Traded Fund	251,228	257,107
	Guggenheim S&P 500 Equal Weight	Exchange Traded Fund	101,741	102,244
	Financial Select Sector	Exchange Traded Fund	80,911	81,538
	Industrial Select Sector	Exchange Traded Fund	99,685	102,952
	Vanguard Growth	Exchange Traded Fund	201,157	205,920
				$ 1,024,216

See Independent Auditors' Report.

ALLIANCE DAIRIES PROFIT SHARING PLAN

Schedule H, Line 4i--Schedule of Assets (Acquired and Disposed of Within Year)

For the Year Ended December 31, 2013

EIN: 59-2984490
Plan No. 001

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value interest rate and maturity in case of a loan)	(c) Costs of acquisitions	(d) Proceeds of dispositions
	BlackRock Liquidity T-Fund Management	$ 5,468,720	$ 5,471,030
	Consumer Discretionary SPDR	292,924	294,451
	Consumer Staples Select Sector SPDR	74,895	74,864
	Energy Select Sector SPDR	51,265	50,465
	Financial Select Sector SPDR	294,478	286,185
	Guggenheim S&P 500 Equal Weight	363,642	355,015
	Health Care Select Sector SPDR	97,427	95,676
	Industrial Select Sector SPDR	172,970	140,845
	iShares Core S&P 500 ETF	488,978	230,436
	iShares Dow Jones US Healthcare Provider	30,692	30,471
	iShares Dow Jones US Real Estate	45,175	44,353
	iShares High Dividend Equity	132,238	136,397
	iShares iBoxx $ Invest Grade Corp Bd	45,767	44,970
	iShares MSCI EAFE Index	176,088	303,706
	iShares MSCI Emerging Markets	30,135	114,547
	iShares MSCI Japan Index	45,108	86,741
	iShares Russell 1000 Growth Index	102,323	100,894
	iShares Russell 1000 Index	49,963	51,077
	iShares Russell 2000 Growth	94,589	96,766
	iShares Russell 2000 Index	226,867	228,106
	iShares Russell 2000 Value	50,686	51,453
	iShares S&P 100 Index	203,330	202,678
	iShares S&P Global 100 Index	42,301	41,444
	iShares S&P Small Cap 600/Barra Growth	102,819	102,140
	Materials Select Sector SPDR	51,454	51,045
	MidCap SPDR	202,399	341,384
	PowerShares DB US Dollar Index Bullish	44,379	43,400
	PowerShares QQQ	785,494	525,303
	PowerShares S&P 500 Low Volatility	175,037	179,857
	SPDR Dow Jones Industrial Average	460,891	454,848
	SPDR Euro Stoxx 50	99,411	97,232
	SPDR S&P 500	777,102	786,668
	Technology Select Sector SPDR	190,228	192,035
	Utilities Select Sector SPDR	46,075	44,754
	Vanguard FTSE European ETF	102,461	101,939
	Vanguard Growth ETF	201,422	268
	Vanguard Information Technology ETF	102,475	100,972
	Vanguard MSCI EAFE ETF	100,375	97,413
	Vanguard S&P 500	220,348	222,227
	WisdomTree Japan Hedged Equity	135,130	180,680

See Independent Auditors' Report.

ALLIANCE DAIRIES PROFIT SHARING PLAN

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

For the Year Ended December 31, 2013

EIN: 59-2984490
Plan No. 001

SINGLE TRANSACTIONS

(a) Identity of party involved	(b) Description of asset (Include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or loss
	BlackRock Liquidity T-Fund Management	$ 5,468,720	$ 5,471,030			$ 5,468,720 5,471,030	$ 5,468,720 5,471,030	$ -
	Consumer Discretionary SPDR	292,924	294,451			292,924 294,451	292,924 294,451	1,527
	Consumer Staples Select Sector SPDR	74,895	74,864			74,895 74,864	74,895 74,864	(31)
	Energy Select Sector SPDR	51,265	50,465			51,265 50,465	51,265 50,465	(800)
	Financial Select Sector SPDR	294,478	286,185			294,478 286,185	294,478 286,185	9,408
	Guggenheim S&P 500 Equal Weight	363,642	355,015			363,642 355,015	363,642 355,015	10,018
	Health Care Select Sector SPDR	97,427	95,676			97,427 95,676	97,427 95,676	(1,751)
	Industrial Select Sector SPDR	172,870	140,845			172,870 140,845	172,870 140,845	4,247
	iShares Core S&P 500 ETF	488,978	230,436			488,978 230,436	488,978 230,436	(4,718)
	iShares High Dividend Equity	132,238	136,397			132,238 136,397	132,238 136,397	(221)
	iShares MSCI EAFE Index	176,088	303,706			176,088 303,706	176,088 303,706	(821)
	iShares MSCI Emerging Markets	-	114,547			114,547	114,547	930
	iShares MSCI Japan Index	-	86,741			86,741	86,741	1,507
	iShares Russell 1000 Growth Index	102,323	100,894			102,323 100,894	102,323 100,894	(1,428)
	iShares Russell 1000 Index	49,963	51,077			49,963 51,077	49,963 51,077	1,114
	iShares Russell 2000 Growth	94,589	96,766			94,589 96,766	94,589 96,766	2,177
	iShares Russell 2000 Index	226,867	228,106			226,867 228,106	226,867 228,106	1,238
	iShares Russell 2000 Value	50,686	51,453			50,686 51,453	50,686 51,453	767
	iShares S&P 100 Index	203,330	202,678			203,330 202,678	203,330 202,678	(653)
	iShares S&P Small Cap 600/Barra Growth	102,819	102,140			102,819 102,140	102,819 102,140	(679)
	Materials Select Sector SPDR	51,454	51,045			51,454 51,045	51,454 51,045	(409)
	MidCap SPDR	202,399	341,384			202,399 341,384	202,399 341,384	14,687
	PowerShares QQQ	785,494	525,303			785,494 525,303	785,494 525,303	8,962

ALLIANCE DAIRIES PROFIT SHARING PLAN

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

For the Year Ended December 31, 2013

EIN: 59-2984490
Plan No. 001

SINGLE TRANSACTIONS

(a) Identity of party involved	(b) Description of asset (Include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or loss
	PowerShares S&P 500 Low Volatility	175,037				175,037	175,037	
			179,857			179,857	179,857	4,820
	SPDR Dow Jones Industrial Average	460,891				460,891	460,891	
			454,848			454,848	454,848	(6,042)
	SPDR Euro Stoxx 50	99,411				99,411	99,411	
			97,232			97,232	97,232	(2,179)
	SPDR S&P 500	777,102				777,102	777,102	
			786,668			786,668	786,668	9,565
	Technology Select Sector SPDR	190,228				190,228	190,228	
			192,035			192,035	192,035	1,807
	Vanguard FTSE European ETF	102,461				102,461	102,461	
			101,939			101,939	101,939	(523)
	Vanguard Growth ETF	201,422				201,422	201,422	4
	Vanguard Information Technology ETF	102,475				102,475	102,475	
			100,972			100,972	100,972	(1,503)
	Vanguard MSCI EAFE ETF	100,375				100,375	100,375	
			97,413			97,413	97,413	(2,963)
	Vanguard S&P 500	220,348				220,348	220,348	
			222,227			222,227	222,227	1,879
	WisdomTree Japan Hedged Equity	135,130				135,130	135,130	
			180,680			180,680	180,680	5,844

ALLIANCE DAIRIES PROFIT SHARING PLAN

Schedule H, Line 4j–Schedule of Reportable Transactions

For the Year Ended December 31, 2013

EIN: 59-2984490
Plan No. 001

SINGLE TRANSACTIONS

(a) Identity of party involved	(b) Description of asset (Include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or loss
	BlackRock Liquidity T-Fund Management	$ 5,468,720	$ 5,471,030			$ 5,468,720 5,471,030	$ 5,468,720 5,471,030	$ -
	Consumer Discretionary SPDR	292,924	294,451			292,924 294,451	292,924 294,451	1,527
	Consumer Staples Select Sector SPDR	74,895	74,864			74,895 74,864	74,895 74,864	(31)
	Energy Select Sector SPDR	51,265	50,465			51,265 50,465	51,265 50,465	(800)
	Financial Select Sector SPDR	294,478	286,185			294,478 286,185	294,478 286,185	9,408
	Guggenheim S&P 500 Equal Weight	363,642	355,015			363,642 355,015	363,642 355,015	10,018
	Health Care Select Sector SPDR	97,427	95,676			97,427 95,676	97,427 95,676	(1,751)
	Industrial Select Sector SPDR	172,870	140,845			172,870 140,845	172,870 140,845	4,247
	iShares Core S&P 500 ETF	488,978	230,436			488,978 230,436	488,978 230,436	(4,718)
	iShares High Dividend Equity	132,238	136,397			132,238 136,397	132,238 136,397	(221)
	iShares MSCI EAFE Index	176,088	303,706			176,088 303,706	176,088 303,706	(821)
	iShares MSCI Emerging Markets	-	114,547			114,547	114,547	930
	iShares MSCI Japan Index	-	86,741			86,741	86,741	1,507
	iShares Russell 1000 Growth Index	102,323	100,894			102,323 100,894	102,323 100,894	(1,428)
	iShares Russell 1000 Index	49,963	51,077			49,963 51,077	49,963 51,077	1,114
	iShares Russell 2000 Growth	94,589	96,766			94,589 96,766	94,589 96,766	2,177
	iShares Russell 2000 Index	226,867	228,106			226,867 228,106	226,867 228,106	1,238
	iShares Russell 2000 Value	50,686	51,453			50,686 51,453	50,686 51,453	767
	iShares S&P 100 Index	203,330	202,678			203,330 202,678	203,330 202,678	(653)
	iShares S&P Small Cap 600/Barra Growth	102,819	102,140			102,819 102,140	102,819 102,140	(679)
	Materials Select Sector SPDR	51,454	51,045			51,454 51,045	51,454 51,045	(409)
	MidCap SPDR	202,399	341,384			202,399 341,384	202,399 341,384	14,687
	PowerShares QQQ	785,494	525,303			785,494 525,303	785,494 525,303	8,962

ALLIANCE DAIRIES PROFIT SHARING PLAN

Schedule H, Line 4j–Schedule of Reportable Transactions

For the Year Ended December 31, 2013

EIN: 59-2984490
Plan No. 001

SINGLE TRANSACTIONS

(a) Identity of party involved	(b) Description of asset (Include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or loss
	PowerShares S&P 500 Low Volatility	175,037				175,037	175,037	
			179,857			179,857	179,857	4,820
	SPDR Dow Jones Industrial Average	460,891				460,891	460,891	
			454,848			454,848	454,848	(6,042)
	SPDR Euro Stoxx 50	99,411				99,411	99,411	
			97,232			97,232	97,232	(2,179)
	SPDR S&P 500	777,102				777,102	777,102	
			786,668			786,668	786,668	9,565
	Technology Select Sector SPDR	190,228				190,228	190,228	
			192,035			192,035	192,035	1,807
	Vanguard FTSE European ETF	102,461				102,461	102,461	
			101,939			101,939	101,939	(523)
	Vanguard Growth ETF	201,422				201,422	201,422	4
	Vanguard Information Technology ETF	102,475				102,475	102,475	
			100,972			100,972	100,972	(1,503)
	Vanguard MSCI EAFE ETF	100,375				100,375	100,375	
			97,413			97,413	97,413	(2,963)
	Vanguard S&P 500	220,348				220,348	220,348	
			222,227			222,227	222,227	1,879
	WisdomTree Japan Hedged Equity	135,130				135,130	135,130	
			180,680			180,680	180,680	5,844

ALLIANCE DAIRIES PROFIT SHARING PLAN

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

December 31, 2013

EIN: 59-2984490
Plan No: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Blackrock Liquidity T-Fund Management	Money Market Fund	$ 18,258	$ 18,258
	iShares Core S&P 500 ETF	Exchange Traded Fund	253,823	256,197
	PowerShares QQQ	Exchange Traded Fund	251,228	257,107
	Guggenheim S&P 500 Equal Weight	Exchange Traded Fund	101,741	102,244
	Financial Select Sector	Exchange Traded Fund	80,911	81,538
	Industrial Select Sector	Exchange Traded Fund	99,685	102,952
	Vanguard Growth	Exchange Traded Fund	201,157	205,920
				$ 1,024,216

See Independent Auditors' Report.

ALLIANCE DAIRIES PROFIT SHARING PLAN

Schedule H, Line 4i--Schedule of Assets (Acquired and Disposed of Within Year)

For the Year Ended December 31, 2013

EIN: 59-2984490
Plan No. 001

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value interest rate and maturity in case of a loan)	(c) Costs of acquisitions	(d) Proceeds of dispositions
	BlackRock Liquidity T-Fund Management	$ 5,468,720	$ 5,471,030
	Consumer Discretionary SPDR	292,924	294,451
	Consumer Staples Select Sector SPDR	74,895	74,864
	Energy Select Sector SPDR	51,265	50,465
	Financial Select Sector SPDR	294,478	286,185
	Guggenheim S&P 500 Equal Weight	363,642	355,015
	Health Care Select Sector SPDR	97,427	95,676
	Industrial Select Sector SPDR	172,970	140,845
	iShares Core S&P 500 ETF	488,978	230,436
	iShares Dow Jones US Healthcare Provider	30,692	30,471
	iShares Dow Jones US Real Estate	45,175	44,353
	iShares High Dividend Equity	132,238	136,397
	iShares iBoxx $ Invest Grade Corp Bd	45,767	44,970
	iShares MSCI EAFE Index	176,088	303,706
	iShares MSCI Emerging Markets	30,135	114,547
	iShares MSCI Japan Index	45,108	86,741
	iShares Russell 1000 Growth Index	102,323	100,894
	iShares Russell 1000 Index	49,963	51,077
	iShares Russell 2000 Growth	94,589	96,766
	iShares Russell 2000 Index	226,867	228,106
	iShares Russell 2000 Value	50,686	51,453
	iShares S&P 100 Index	203,330	202,678
	iShares S&P Global 100 Index	42,301	41,444
	iShares S&P Small Cap 600/Barra Growth	102,819	102,140
	Materials Select Sector SPDR	51,454	51,045
	MidCap SPDR	202,399	341,384
	PowerShares DB US Dollar Index Bullish	44,379	43,400
	PowerShares QQQ	785,494	525,303
	PowerShares S&P 500 Low Volatility	175,037	179,857
	SPDR Dow Jones Industrial Average	460,891	454,848
	SPDR Euro Stoxx 50	99,411	97,232
	SPDR S&P 500	777,102	786,668
	Technology Select Sector SPDR	190,228	192,035
	Utilities Select Sector SPDR	46,075	44,754
	Vanguard FTSE European ETF	102,461	101,939
	Vanguard Growth ETF	201,422	268
	Vanguard Information Technology ETF	102,475	100,972
	Vanguard MSCI EAFE ETF	100,375	97,413
	Vanguard S&P 500	220,348	222,227
	WisdomTree Japan Hedged Equity	135,130	180,680

See Independent Auditors' Report.