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 07/01/2013 and ending 06/30/2014

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
TEXAS FARM PRODUCTS CO. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 04/01/2001

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

TEXAS FARM PRODUCTS COMPANY

P.O. BOX 630009
NACOGDOCHES, TX 75961

915 SOUTH FREDONIA
NACOGDOCHES, TX 75961

2b Employer Identification Number (EIN)
75-0604330

2c Sponsor's telephone number
936-564-3711

2d Business code (see instructions)
311110

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.	02/12/2015	TRAVIS COTTEN
	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

TEXAS FARM PRODUCTS COMPANY

P.O. BOX 630009
NACOGDOCHES, TX 75961

3b Administrator's EIN
75-0604330

3c Administrator's telephone number
936-564-3711

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	165
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**	162
b	Retired or separated participants receiving benefits	**6b**	8
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	170
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	170
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	58
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	☒		**H** (Financial Information)
(2)	☐		**I** (Financial Information – Small Plan)
(3)	☐	0	**A** (Insurance Information)
(4)	☒		**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 07/01/2013 and ending 06/30/2014

A Name of plan TEXAS FARM PRODUCTS CO. 401(K) PROFIT SHARING PLAN	**B** Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 TEXAS FARM PRODUCTS COMPANY	**D** Employer Identification Number (EIN) 75-0604330

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-4156830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 23 38 49 51 52 62 63 64 65	INVESTMENT MANAGER	10316	Yes [X] No [ ]	Yes [ ] No [X]	8073	Yes [ ] No [X]

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

MEEDER ADVISORY SERVICES

6125 MEMORIAL DRIVE
DUBLIN, OH 43017

31-1332744

(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?
26 51	INVESTMENT ADVISORY SERV	9257	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE RETIREMENT ADVANTAGE, INC.

47 PARK PLACE
SUITE 850
APPLETON, WI 54914

39-1816008

(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?
26	THIRD PARTY ADMINISTATOR	1560	Yes [X] No [ ]	Yes [ ] No [X]	2349	Yes [ ] No [X]

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)

WOODBURY FINANCIAL SERVICES

7755 3RD STREET NORTH
OAKDALE, MN 55128

31-1332744

(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?
23	FINANCIAL SERVICES	0	Yes [X] No [ ]	Yes [ ] No [X]	2785	Yes [ ] No [X]

(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
NATIONWIDE	15 49 52	8073

(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.
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215 31-4156830	INDIRECT COMPENSATION AMOUNT PROVIDED-NO FORMULA

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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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 07/01/2013 and ending 06/30/2014

A Name of plan
TEXAS FARM PRODUCTS CO. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TEXAS FARM PRODUCTS COMPANY

D Employer Identification Number (EIN)
75-0604330

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
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)	41480	37003
(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)	1009423	1217227
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(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	1050903	1254230
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	1050903	1254230

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)		
(B) Participants	2a(1)(B)	89978	
(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)		89978
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)	1947	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1947
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(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)		0
(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)		
(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)		
(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)		148051
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		239976
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	25163	
(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)		25163
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)	11486	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		11486
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		36649
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		203327
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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: FERGUSON CAMP POLL, PC **(2)** EIN: 76-0236864

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		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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 07/01/2013 and ending 06/30/2014

A Name of plan
TEXAS FARM PRODUCTS CO. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TEXAS FARM PRODUCTS COMPANY

D Employer Identification Number (EIN)
75-0604330

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): 31-4156830

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: _____% 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):

AUDITED FINANCIAL STATEMENTS

TEXAS FARM PRODUCTS
401(k) PROFIT SHARING PLAN

YEAR ENDED JUNE 30, 2014

FERGUSON + CAMP + POLL
Certified Public Accountants and Consultants

AUDITED FINANCIAL STATEMENTS

TEXAS FARM PRODUCTS 401(k) PROFIT SHARING PLAN

YEAR ENDED JUNE 30, 2014

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FERGUSON + CAMP + POLL
Certified Public Accountants and Consultants

INDEPENDENT AUDITORS' REPORT

To the Participants and Administrative Committee of the
Texas Farm Products 401(k) Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Texas Farm Products 401(k) Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits as of June 30, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended June 30, 2014, 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.

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 I, which was certified by Nationwide Trust Company (Nationwide), the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds certain investment assets and executes certain investment transactions. The plan administrator has obtained a certification from the custodian as of June 30, 2014 and 2013, and for the year ended June 30, 2014, 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 – Supplemental Schedule

The supplemental schedule, Schedule H, Line 4i – Schedule of Assets (Held at End of Year), as of the year ended June 30, 2014, is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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

The form and content of the information included in the financial statements, other than that derived from the information certified by the custodian, 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.

Ferguson + Camp + Poll, PC

February 9, 2015

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

TEXAS FARM PRODUCTS 401(k) PROFIT SHARING PLAN

JUNE 30, 2014 AND 2013

	2014	2013
ASSETS		
Investments at fair value (See Notes C and D)	$ 1,217,227	$ 1,009,423
Notes receivable from participants	37,003	41,480
Total assets	1,254,230	1,050,903
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,254,230	$ 1,050,903

See accompanying notes to the financial statements.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

TEXAS FARM PRODUCTS 401(k) PROFIT SHARING PLAN

	Year Ended June 30, 2014
ADDITIONS:	
Additions to net assets attributed to:	
Investments income:	
Net appreciation in fair value of investments (See Note C)	$ 148,051
Interest	1,947
Total investment income	149,998
Contributions:	
Participant	89,978
Total contributions	89,978
TOTAL ADDITIONS	239,976
DEDUCTIONS:	
Deductions from net assets attributed to:	
Investment income:	
Benefits paid to participants	25,163
Administrative expenses	11,486
TOTAL DEDUCTIONS	36,649
NET INCREASE	203,327
NET ASSETS AVAILABLE FOR BENEFITS:	
BEGINNING OF YEAR	1,050,903
END OF YEAR	$ 1,254,230

See accompanying notes to the financial statements.

NOTES TO FINANCIAL STATEMENTS

TEXAS FARM PRODUCTS 401(k) PROFIT SHARING PLAN

JUNE 30, 2014

NOTE A - DESCRIPTION OF PLAN

The following brief description of the Texas Farm Products (Company) 401(k) Profit Sharing Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all full-time employees of the Company who have ninety days of service and are age eighteen or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may elect to contribute the Federal maximum allowed deferral limit of pretax annual compensation, as defined in the Plan. For calendar years 2014 and 2013, the maximum annual contribution allowed for each employee was $17,500 and 17,500, respectively ($23,000 and $23,000, respectively, for participants 50 or older). Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds as investment options for participants.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or fifty percent (50%) of the account balance. The loans are secured by the balance in the participant's account and bear interest at the current prime rate, as published in *The Wall Street Journal*. Principal and interest are paid ratably through payroll deductions or through other payment arrangements agreed upon by participants and Nationwide but not to exceed five years.

NOTE A - DESCRIPTION OF PLAN (continued)

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or annual installments over a ten-year period. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

NOTE B - SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

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

Investment Valuation and Income Recognition

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

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document.

NOTE B - SUMMARY OF ACCOUNTING POLICIES (continued)

Payment of Benefits

Benefits are recorded when paid.

Expenses

All expenses of maintaining the Plan are paid by the Company.

Subsequent Events

The Company has evaluated subsequent events through February 9, 2015, the date the financial statements were available to be issued.

NOTE C - INVESTMENTS

The following presents investments that represent five percent (5%) or more of the Plan's net assets:

	2014	2013
Nationwide Money Market	$ 233,185	$ 173,048
AMBCN Bridgeway Large Cap Value	70,580	-0-
JP Morgan Value Advantage	68,622	*
Vanguard Equity Income	75,775	57,685
Ivy Science and Tech Fund	*	64,674
American Century Disciplined Growth	*	63,161
American FDS New Economy	*	67,499

* Fund balance did not meet five percent (5%) threshold at indicated date.

During the year ended June 30, 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the period) appreciated in value by $148,051. Financial information relating to the Plan's investment assets held by Nationwide, included in the accompanying financial statements, is based on information certified as complete and accurate by Nationwide. That information includes investments, net appreciation in fair value of investments and interest income (See Note I).

NOTE D - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, provides the 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 FASB ASC 820 are described as follows:

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. 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 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 the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2014 and 2013.

Mutual funds: Valued at the net asset value (NAV) of shares held by the Plan at year end.

The preceding method described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

NOTE D - FAIR VALUE MEASUREMENTS (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2014:

	Assets at Fair Value as of June 30, 2014			
	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 1,217,227	$ -0-	$ -0-	$ 1,217,227
Total assets at fair value	$ 1,217,227	$ -0-	$ -0-	$ 1,217,227

	Assets at Fair Value as of June 30, 2013			
	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 1,009,423	$ -0-	$ -0-	$ 1,009,423
Total assets at fair value	$ 1,009,423	$ -0-	$ -0-	$ 1,009,423

NOTE E – RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Nationwide. Nationwide is the custodian as defined by the Plan and therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services are included in net appreciation (depreciation) of fair value of investments.

NOTE F - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA.

NOTE G - TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated March 31, 2008, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

NOTES TO FINANCIAL STATEMENTS - #6

TEXAS FARM PRODUCTS 401(k) PROFIT SHARING PLAN

JUNE 30, 2014

NOTE H- RISKS AND UNCERTAINTIES

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

NOTE I - DATA SUPPLIED BY THE PLAN'S CUSTODIAN (UNAUDITED)

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure of ERISA. Accordingly, as permitted under such election, the Plan administrator has obtained a certification from Nationwide, custodian of the Plan, as of and for the year ended June 30, 2014 and as of and for the period ended June 30, 2013, that the information provided to the Plan administrator is complete and accurate.

Summarized below is financial information certified to be complete and accurate by Nationwide:

- Investments, as shown in the statements of net assets available for benefits.
- Net investment appreciation/depreciation, as shown in the statement of changes in net assets available for benefits.
- Investment income, including interest income, as shown in the statement of changes in net assets available for benefits.

SUPPLEMENTAL SCHEDULE

TEXAS FARM PRODUCTS 401(k) PROFIT SHARING PLAN
EIN 75-0604330
PLAN NUMBER 001
PLAN YEAR ENDED JUNE 30, 2014

SCHEDULE H, LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity date	(d) Cost	(e) Current value
*	Nationwide Trust Company	American Century Strategic Govt		$ 980
*	Nationwide Trust Company	Am Century Small Company		15,491
*	Nationwide Trust Company	American Century Real Estate		22,269
*	Nationwide Trust Company	Alliance Bernstein High Income		35,430
*	Nationwide Trust Company	Invesco Mid Cap Core Equity		2,704
*	Nationwide Trust Company	Growth Fund of America		5,853
*	Nationwide Trust Company	Capital World Growth and Income		5,966
*	Nationwide Trust Company	Am Century Small Cap Value		12,136
*	Nationwide Trust Company	COL Emerging Market		14,982
*	Nationwide Trust Company	Harbor High Yield BD Inst		292
*	Nationwide Trust Company	Vanguard Energy Inv		22,673
*	Nationwide Trust Company	Black Rock Health Science		189
*	Nationwide Trust Company	Abden Emerging Market		21,655
*	Nationwide Trust Company	Pimco Investment Gr Corp		26,677
*	Nationwide Trust Company	Black Rock Global Resource		911
*	Nationwide Trust Company	American Century Disciplined Growth		46,398
*	Nationwide Trust Company	AICF Cambiear Aggr Val Inv		606
*	Nationwide Trust Company	Ambcn Brdgway Lg Cap Val		70,580
*	Nationwide Trust Company	Gartmore Invdes Aggr SC		267
*	Nationwide Trust Company	Gartmore Invdes Cons SC		230
*	Nationwide Trust Company	Davis Financial Fund Cis A		5,884
*	Nationwide Trust Company	Gartmore Invdes Modaggr		6,672
*	Nationwide Trust Company	Gartmore Invdes Modcons SC		239
*	Nationwide Trust Company	Gartmore Invdes Mod SC		250
*	Nationwide Trust Company	Dreyfus Prem Tech		6,052
*	Nationwide Trust Company	Eaton Vance Floating - Rate		1,759
*	Nationwide Trust Company	Fid Adv Short Fixed Income A		73
*	Nationwide Trust Company	Federated Bond Fund		41,565
*	Nationwide Trust Company	Fidelity Advisor Strat Fund		715
*	Nationwide Trust Company	Nationwide Money Market		233,185
*	Nationwide Trust Company	Goldman Sachs Growth Opp		529
*	Nationwide Trust Company	Invesco Strod Cor		2,214
*	Nationwide Trust Company	Heritage Midcap Stock		13,962
*	Nationwide Trust Company	JPM Small Cap Equity		120
*	Nationwide Trust Company	JPM Val Adv		68,622

TEXAS FARM PRODUCTS 401(k) PROFIT SHARING PLAN
EIN 75-0604330
PLAN NUMBER 001
PLAN YEAR ENDED JUNE 30, 2014

SCHEDULE H, LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR) (continued)

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity date	(d) Cost	(e) Current value
*	Nationwide Trust Company	Oakmark Equity & Income		44,129
*	Nationwide Trust Company	Oakmark Global Fund II		2,397
*	Nationwide Trust Company	Putnam Voyager		60
*	Nationwide Trust Company	Lord Abbett Fundamental Equity		286
*	Nationwide Trust Company	Merrill Lynch Global Small Cap		12,159
*	Nationwide Trust Company	MFS Value Fund A		8,898
*	Nationwide Trust Company	MFS Research Bond		5,558
*	Nationwide Trust Company	Nationwide Bond Index Fund		74
*	Nationwide Trust Company	Nationwide S & P 500 Index		5,961
*	Nationwide Trust Company	Nationwide International Index Fund A		1,207
*	Nationwide Trust Company	Nationwide Midcap Market index		2,801
*	Nationwide Trust Company	Nationwide Small Cap Index		2,799
*	Nationwide Trust Company	Prudential Total Return Bond		28,229
*	Nationwide Trust Company	Putnam Divrs Inc		41,631
*	Nationwide Trust Company	Oppenheimer Developing Markets		27,346
*	Nationwide Trust Company	Pioneer High Yield		12,200
*	Nationwide Trust Company	OP International Bond A		2,754
*	Nationwide Trust Company	Oppenheimer International Growth A		83
*	Nationwide Trust Company	Putnam Inc		146
*	Nationwide Trust Company	Allianz NFJ Dividend Val		269
*	Nationwide Trust Company	Pioneer Strategic Income A		3,825
*	Nationwide Trust Company	Oppenheimer Equity Income		298
*	Nationwide Trust Company	OP Commodity Strategy TL RT		12,117
*	Nationwide Trust Company	Oppenheimer Main Street Smcap		7,516
*	Nationwide Trust Company	Rafa Amfds Amcap Rg		47,991
*	Nationwide Trust Company	American FDS New Economy		59,586
*	Nationwide Trust Company	Royce Tech A		81
*	Nationwide Trust Company	STI Classic SM Cap Val Eqty Trust		235
*	Nationwide Trust Company	Wells Fargo Adv Growth Fund		2,474
*	Nationwide Trust Company	Leggm WS Tras Govt Sec		143
*	Nationwide Trust Company	RD Growth Mid Cap Value		184

TEXAS FARM PRODUCTS 401(k) PROFIT SHARING PLAN
EIN 75-0604330
PLAN NUMBER 001
PLAN YEAR ENDED JUNE 30, 2014

SCHEDULE H, LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR) (continued)

(a)	(b) Identity of issue, borrower lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity date	(d) Cost	(e) Current value
*	Nationwide Trust Company	Thornburg Value		6,573
*	Nationwide Trust Company	T. Rowe Price Blue Chip Gr Fd R		48,360
*	Nationwide Trust Company	Van Kampen Comstock Fund A		8,153
*	Nationwide Trust Company	Vanguard Equity Income		75,775
*	Nationwide Trust Company	T Rowe Price Mid-Cap Value		11,126
*	Nationwide Trust Company	Aim Energy Fund		1,213
*	Nationwide Trust Company	Ivy Limited Term Bond		20,750
*	Nationwide Trust Company	Ivy Science And Tech Fund		23,710
	Participant Loans	5.25% - 9.25%	$ -0-	37,003
		TOTAL		$ 1,254,230

TEXAS FARM PRODUCTS 401(k) PROFIT SHARING PLAN
EIN 75-0604330
PLAN NUMBER 001
PLAN YEAR ENDED JUNE 30, 2014

SCHEDULE H, LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity date	(d) Cost	(e) Current value
*	Nationwide Trust Company	American Century Strategic Govt		$ 980
*	Nationwide Trust Company	Am Century Small Company		15,491
*	Nationwide Trust Company	American Century Real Estate		22,269
*	Nationwide Trust Company	Alliance Bernstein High Income		35,430
*	Nationwide Trust Company	Invesco Mid Cap Core Equity		2,704
*	Nationwide Trust Company	Growth Fund of America		5,853
*	Nationwide Trust Company	Capital World Growth and Income		5,966
*	Nationwide Trust Company	Am Century Small Cap Value		12,136
*	Nationwide Trust Company	COL Emerging Market		14,982
*	Nationwide Trust Company	Harbor High Yield BD Inst		292
*	Nationwide Trust Company	Vanguard Energy Inv		22,673
*	Nationwide Trust Company	Black Rock Health Science		189
*	Nationwide Trust Company	Abden Emerging Market		21,655
*	Nationwide Trust Company	Pimco Investment Gr Corp		26,677
*	Nationwide Trust Company	Black Rock Global Resource		911
*	Nationwide Trust Company	American Century Disciplined Growth		46,398
*	Nationwide Trust Company	AICF Cambiear Aggr Val Inv		606
*	Nationwide Trust Company	Ambcn Brdgway Lg Cap Val		70,580
*	Nationwide Trust Company	Gartmore Invdes Aggr SC		267
*	Nationwide Trust Company	Gartmore Invdes Cons SC		230
*	Nationwide Trust Company	Davis Financial Fund Cis A		5,884
*	Nationwide Trust Company	Gartmore Invdes Modaggr		6,672
*	Nationwide Trust Company	Gartmore Invdes Modcons SC		239
*	Nationwide Trust Company	Gartmore Invdes Mod SC		250
*	Nationwide Trust Company	Dreyfus Prem Tech		6,052
*	Nationwide Trust Company	Eaton Vance Floating - Rate		1,759
*	Nationwide Trust Company	Fid Adv Short Fixed Income A		73
*	Nationwide Trust Company	Federated Bond Fund		41,565
*	Nationwide Trust Company	Fidelity Advisor Strat Fund		715
*	Nationwide Trust Company	Nationwide Money Market		233,185
*	Nationwide Trust Company	Goldman Sachs Growth Opp		529
*	Nationwide Trust Company	Invesco Strod Cor		2,214
*	Nationwide Trust Company	Heritage Midcap Stock		13,962
*	Nationwide Trust Company	JPM Small Cap Equity		120
*	Nationwide Trust Company	JPM Val Adv		68,622

TEXAS FARM PRODUCTS 401(k) PROFIT SHARING PLAN
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PLAN YEAR ENDED JUNE 30, 2014

SCHEDULE H, LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR) (continued)

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity date	(d) Cost	(e) Current value
*	Nationwide Trust Company	Oakmark Equity & Income		44,129
*	Nationwide Trust Company	Oakmark Global Fund II		2,397
*	Nationwide Trust Company	Putnam Voyager		60
*	Nationwide Trust Company	Lord Abbett Fundamental Equity		286
*	Nationwide Trust Company	Merrill Lynch Global Small Cap		12,159
*	Nationwide Trust Company	MFS Value Fund A		8,898
*	Nationwide Trust Company	MFS Research Bond		5,558
*	Nationwide Trust Company	Nationwide Bond Index Fund		74
*	Nationwide Trust Company	Nationwide S & P 500 Index		5,961
*	Nationwide Trust Company	Nationwide International Index Fund A		1,207
*	Nationwide Trust Company	Nationwide Midcap Market index		2,801
*	Nationwide Trust Company	Nationwide Small Cap Index		2,799
*	Nationwide Trust Company	Prudential Total Return Bond		28,229
*	Nationwide Trust Company	Putnam Divrs Inc		41,631
*	Nationwide Trust Company	Oppenheimer Developing Markets		27,346
*	Nationwide Trust Company	Pioneer High Yield		12,200
*	Nationwide Trust Company	OP International Bond A		2,754
*	Nationwide Trust Company	Oppenheimer International Growth A		83
*	Nationwide Trust Company	Putnam Inc		146
*	Nationwide Trust Company	Allianz NFJ Dividend Val		269
*	Nationwide Trust Company	Pioneer Strategic Income A		3,825
*	Nationwide Trust Company	Oppenheimer Equity Income		298
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*	Nationwide Trust Company	American FDS New Economy		59,586
*	Nationwide Trust Company	Royce Tech A		81
*	Nationwide Trust Company	STI Classic SM Cap Val Eqty Trust		235
*	Nationwide Trust Company	Wells Fargo Adv Growth Fund		2,474
*	Nationwide Trust Company	Leggm WS Tras Govt Sec		143
*	Nationwide Trust Company	RD Growth Mid Cap Value		184

TEXAS FARM PRODUCTS 401(k) PROFIT SHARING PLAN
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PLAN YEAR ENDED JUNE 30, 2014

SCHEDULE H, LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR) (continued)

(a)	(b) Identity of issue, borrower lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity date	(d) Cost	(e) Current value
*	Nationwide Trust Company	Thornburg Value		6,573
*	Nationwide Trust Company	T. Rowe Price Blue Chip Gr Fd R		48,360
*	Nationwide Trust Company	Van Kampen Comstock Fund A		8,153
*	Nationwide Trust Company	Vanguard Equity Income		75,775
*	Nationwide Trust Company	T Rowe Price Mid-Cap Value		11,126
*	Nationwide Trust Company	Aim Energy Fund		1,213
*	Nationwide Trust Company	Ivy Limited Term Bond		20,750
*	Nationwide Trust Company	Ivy Science And Tech Fund		23,710
	Participant Loans	5.25% - 9.25%	$ -0-	37,003
		TOTAL		$ 1,254,230