

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A This return/report is for:	<div>☐ a multiemployer plan;</div> <div>☒ a single-employer plan;</div> <div>☐ a multiple-employer plan; or</div> <div>☐ a DFE (specify) ____</div>
B This return/report is:	<div>☐ the first return/report;</div> <div>☐ the final return/report;</div> <div>☐ an amended return/report;</div> <div>☐ a short plan year return/report (less than 12 months).</div>
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	<div>☒ Form 5558;</div> <div>☐ automatic extension;</div> <div>☐ the DFVC program;</div> <div>☐ special extension (enter description)</div>

Part II	Basic Plan Information—enter all requested information	
1a Name of plan	1b Three-digit plan number (PN) ▶	006
M & M RESTAURANT SUPPLY - PENNSYLVANIA DEFINED BENEFIT PENSION PLAN	1c Effective date of plan	01/01/1989
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)	2b Employer Identification Number (EIN)	23-3073393
KEYSTONE FOODS, LLC	2c Sponsor's telephone number	610-667-6700
300 BARR HARBOR DRIVE, SUITE 600 WEST CONSHOHOCKEN, PA 19428	2d Business code (see instructions)	311900

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.	10/14/2010	ERIN KRZEMINSKI
	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

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") KEYSTONE FOODS, LLC 300 BARR HARBOR DRIVE, SUITE 600 WEST CONSHOHOCKEN, PA 19428	3b Administrator's EIN 23-3073393 3c Administrator's telephone number 610-667-6700
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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
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5 Total number of participants at the beginning of the plan year	5	156
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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	86
b Retired or separated participants receiving benefits.....	6b	1
c Other retired or separated participants entitled to future benefits.....	6c	57
d Subtotal. Add lines 6a , 6b , and 6c	6d	144
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	144
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	9

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1B 1G 1I 3H

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>M & M RESTAURANT SUPPLY - PENNSYLVANIA DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>KEYSTONE FOODS, LLC</u>	D Employer Identification Number (EIN) <u>23-3073393</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>
2	Assets:
a	Market value 2a <u>3111359</u>
b	Actuarial value 2b <u>3422494</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>1</u> <u>17043</u>
b	For terminated vested participants 3b <u>47</u> <u>910582</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>140646</u>
(2)	Vested benefits 3c(2) <u>2569731</u>
(3)	Total active 3c(3) <u>108</u> <u>2710377</u>
d	Total 3d <u>156</u> <u>3638002</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>8.12</u> %
6	Target normal cost 6 <u>10000</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>10/11/2010</u>
Signature of actuary	Date
<u>JOSEPH F. HICKS, JR.</u>	<u>08-06117</u>
Type or print name of actuary	Most recent enrollment number
<u>THE SAVITZ ORGANIZATION, INC.</u>	<u>215-587-0700</u>
Firm name	Telephone number (including area code)
<u>1845 WALNUT STREET, 14TH FLOOR</u> <u>PHILADELPHIA, PA 19103-4714</u>	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	518911	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	390326	0
9	Amount remaining (Item 7 minus item 8).....	128585	0
10	Interest on item 9 using prior year's actual return of <u>-26.45</u> %	-34011	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		318462
b	Interest on (a) using prior year's effective rate of <u>6.11</u> %		-84233
c	Total available at beginning of current plan year to add to prefunding balance		234229
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	94574	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	91.47 %
15	Adjusted funding target attainment percentage.....	15	94.07 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	92.83 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2009	10000	0	07/15/2010	100000	0
06/30/2009	10085	0	09/15/2010	100000	0
07/15/2009	50000	0			
09/15/2009	100000	0			
01/19/2010	100000	0			
04/15/2010	40000	0			
			Totals ►	18(b)	510085
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	466662
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	10000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	10000
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	10000
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	466662
38 Interest-adjusted excess contributions for current year (see instructions).....	38	456662
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A Name of plan M & M RESTAURANT SUPPLY - PENNSYLVANIA DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 KEYSTONE FOODS, LLC	D Employer Identification Number (EIN) 23-3073393

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
THE VANGUARD GROUP	P.O. BOX 2600 VALLEY FORGE, PA 19482
23-1945930	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

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

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

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

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

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

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

(c) Describe the information that the service provider failed or refused to provide

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

a Name:	AMPER POLITZINER & MATTIA LLP	b EIN:	23-2842766
c Position:	ACCOUNTING FIRM		
d Address:	101 WEST AVENUE BOX 458 JENKINTOWN, PA 19046-0458	e Telephone:	215-881-8800
Explanation:		THIS FIRM MERGED WITH ANOTHER ACCOUNTING FIRM. THE MERGED FIRM WAS RETAINED AS THE ACCOUNTANTS FOR THE CURRENT YEAR.	

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
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan M & M RESTAURANT SUPPLY - PENNSYLVANIA DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ►	006
C Plan sponsor's name as shown on line 2a of Form 5500 KEYSTONE FOODS, LLC	D Employer Identification Number (EIN) 23-3073393	

Part I	Asset and Liability Statement
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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		1665
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	240000	340000
(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)	3854	0
(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)	2870791	3482086
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	3114645	3823751

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3114645	3823751
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	510085	
(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)		510085

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)	83297	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		83297
(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

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	510015	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		510015
(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		1103397

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	378882	
(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)		378882
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)	15409	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		15409
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		394291

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		709106
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: EISNERAMPER LLP

(2) EIN: 13-1639826

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		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.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
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.			

- 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)

<div>SCHEDULE R (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>		<div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009					
A Name of plan M & M RESTAURANT SUPPLY - PENNSYLVANIA DEFINED BENEFIT PENSION PLAN				B Three-digit plan number (PN) ►	006
C Plan sponsor's name as shown on line 2a of Form 5500 KEYSTONE FOODS, LLC				D Employer Identification Number (EIN) 23-3073393	
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): 22-6604569					
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	8
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☒ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.					
Schedule R (Form 5500) 2009 v.092308.1					

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

**M & M RESTAURANT SUPPLY - PENNSYLVANIA
DEFINED BENEFIT PENSION PLAN**

Financial Statements

Years Ended December 31, 2009 and 2008



**M & M RESTAURANT SUPPLY - PENNSYLVANIA
DEFINED BENEFIT PENSION PLAN**

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Independent Auditors' Report

Retirement Plans Committee
M & M Restaurant Supply - Pennsylvania
Defined Benefit Pension Plan
West Conshohocken, Pennsylvania

We have audited the accompanying statement of net assets available for benefits of M & M RESTAURANT SUPPLY - PENNSYLVANIA DEFINED BENEFIT PENSION PLAN as of December 31, 2009, and the related statement of changes in net assets available for benefits for the year then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audit. The 2008 financial statements were audited by Amper, Politziner & Mattia, LLP, whose practice was combined with the practice of Eisner LLP to form EisnerAmper LLP as of August 16, 2010 and whose report dated October 12, 2009, expressed an unqualified opinion on those statements.

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 2009 financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the 2009 financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall 2009 financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

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

Our audit was performed for the purpose of forming an opinion on the basic 2009 financial statements taken as a whole. The supplementary schedules on pages 15 and 16 are presented for the purpose of additional analysis and are not a required part of the basic 2009 financial statements but are supplementary schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. These supplementary schedules are the responsibility of the Plan's management. The supplementary schedules have been subjected to the auditing procedures applied in the audit of the basic 2009 financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic 2009 financial statements taken as a whole.

EisnerAmper LLP

October 13, 2010
Jenkintown, Pennsylvania

M & M RESTAURANT SUPPLY - PENNSYLVANIA
DEFINED BENEFIT PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31	
ASSETS	2009	2008
Investment, nonparticipant directed		
Registered investment company, at fair value	\$ 3,482,086	\$ 2,870,791
Receivables		
Employer contributions	340,000	240,000
Cash	1,665	3,854
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 3,823,751</u>	<u>\$ 3,114,645</u>

See notes to financial statements

M & M RESTAURANT SUPPLY - PENNSYLVANIA
DEFINED BENEFIT PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	<u>Year Ended December 31</u>	
	<u>2009</u>	<u>2008</u>
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	\$ 510,015	\$ (1,079,887)
Interest and dividends	<u>83,297</u>	<u>100,570</u>
	<u>593,312</u>	<u>(979,317)</u>
Employer contributions	<u>510,085</u>	<u>340,000</u>
Benefits paid to participants	(378,882)	(81,454)
PBGC premiums	(14,478)	-
Administrative expenses	<u>(931)</u>	<u>(772)</u>
	<u>(394,291)</u>	<u>(82,226)</u>
Net increase (decrease)	709,106	(721,543)
Net assets available for benefits		
Beginning of year	<u>3,114,645</u>	<u>3,836,188</u>
End of year	<u><u>\$ 3,823,751</u></u>	<u><u>\$ 3,114,645</u></u>

See notes to financial statements

M & M RESTAURANT SUPPLY - PENNSYLVANIA
DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 1 – PLAN DESCRIPTION

The following description of the M & M Restaurant Supply - Pennsylvania Defined Benefit Pension Plan (the "Plan") provides only general information. The Plan sponsor is Keystone Foods LLC (the "Company"). M & M Restaurant Supply - Pennsylvania is a division of the Company. Participants should refer to the Plan document for a more complete description of the Plan's provisions. The Plan was frozen on December 31, 2008. After December 31, 2008, monthly service benefits were no longer earned.

General

The Plan is a defined benefit pension plan which provides pension, death and disability payments to the eligible employees of M & M Restaurant Supply - Pennsylvania. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Significant Plan provisions are as follows:

- ***Funding Policy***

The Plan's sponsor makes contributions to the Plan as necessary on an actuarial basis to provide sufficient assets to meet benefit payments to Plan participants. The Plan has met the ERISA minimum funding requirements. The Plan's sponsor has elected to fund the Plan's contribution requirements based on an amount between the minimum and maximum amounts as estimated by consulting actuaries.

- ***Eligibility***

An eligible employee is defined as any employee who is (a) compensated on an hourly basis, (b) employed by the M & M Restaurant Supply - Pennsylvania division of the Company and (c) covered by the Collective Bargaining Agreement. Any employee who has completed the probationary period under the Collective Bargaining Agreement shall be eligible to participate.

On September 15, 2007, the Plan sponsor entered into a new Collective Bargaining Agreement. The Agreement states that the Plan will be frozen effective December 31, 2008.

M & M RESTAURANT SUPPLY - PENNSYLVANIA
DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 1 – PLAN DESCRIPTION (continued)

General (continued)

- ***Pension Benefits***

Employees with five or more years of service are entitled to monthly pension benefits beginning at normal retirement age (62 if hired prior to July 1, 1994 or 65 if hired on or after July 1, 1994) equal to their accrued benefit. Current employees subject to the September 15, 2007 Collective Bargaining Agreement will continue to earn service credit towards vesting.

A participant's accrued benefit is based on a retirement benefit formula equal to the sum of stipulated per month benefits based on the dates the participant's service was completed. The monthly service benefits range from \$15 per month for service completed in 1989 to \$90 for the service year 2008. The Plan was frozen on December 31, 2008. After such time, monthly service benefits will no longer be earned.

Upon termination of service due to death, disability, or retirement, a participant may receive the value of his or her accumulated Plan benefits as either a joint and survivor annuity or a lump-sum distribution. For termination of service for other reasons, a vested participant may receive the value of his or her accrued benefit as a lump-sum distribution.

- ***Vesting***

Participants are not vested in their accumulated Plan benefits until they have completed five years of service with the Company. After five years of service have been completed, the participants are 100% vested. Termination of employment with the Company prior to five years of service results in no benefits available to the participant.

- ***Forfeitures***

If a participant terminates his or her employment for reasons other than death, disability, or retirement, and the participant is not fully vested, the nonvested balance in his or her account is forfeited as of the last day of the Plan year in which the participant incurs five consecutive one-year breaks in service. Forfeitures of terminated participants' nonvested accumulated Plan benefits shall be used only to reduce future costs of the Plan.

M & M RESTAURANT SUPPLY - PENNSYLVANIA
DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements are prepared on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Accounting Standards Codification

In June 2009, the Financial Accounting Standards Board ("FASB") issued the Accounting Standards Codification ("ASC") which is the single source of authoritative nongovernmental accounting principles generally accepted in the United States of America. The adoption of the FASB ASC did not impact the Plan's financial position or results of operations.

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 net assets available for benefits and disclosure of contingent assets and liabilities, and the actuarial present value of accumulated Plan benefits at the date of the financial statements and the changes in net assets available for benefits and in the actuarial present value of accumulated Plan benefits during the reporting period. Actual results could differ from those estimates.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the respective Plan's provisions to services rendered by the employees to the valuation date. Accumulated Plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died, as stated in Note 1, and present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries and active employees are based on calculations summarized in Note 5. Benefits payable under all circumstances – retirement, death, disability and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

An actuary estimates the actuarial present value of accumulated benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits earned by the participants to include the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

M & M RESTAURANT SUPPLY - PENNSYLVANIA
DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Actuarial Present Value of Accumulated Plan Benefits (continued)

The significant actuarial assumptions used in the valuation as of January 1, 2009 and 2008 were (a) life expectancy of participants, (b) retirement age assumptions (earliest age at which participants are eligible to commence benefits), (c) investment return (7% assumed), and (d) employee turnover. The changes since the January 1, 2008 valuation were as follows: The assumed interest rate was changed from segment rates with a two-month lookback to the full yield curve with a two-month lookback, the mortality table was updated from the 2008 Static Mortality Table to the 2009 Static Mortality Table, and the asset method was changed from market value to the two-year averaging method.

All other actuarial assumptions and methods used in the 2009 valuation are consistent with those used in the 2008 valuation.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors may be applicable in determining the actuarial present value of accumulated Plan benefits. The actuarial calculations take into account the freezing of the Plan as of December 31, 2008.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Shares of registered investment companies (mutual funds) are reported at fair value based on the quoted market price of the fund which represents the net asset value of the shares held by the fund at year-end.

Purchases and sales of securities are recorded on a trade-date basis with gains and losses recorded in net appreciation (depreciation) in fair value of investments. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

The change in fair value during the year is measured by the difference between the fair value at year-end and the fair value at the beginning of the year or cost of purchases during the year and is included in the statements of changes in net assets available for benefits as net appreciation (depreciation) in fair value of investments.

Mutual Fund Fees

Investments in mutual funds (registered investment companies) are subject to sales charges in the form of front-end loads, back-end loads or 12b-1 fees, which are ongoing fees allowable under Section 12b-1 of the Investment Company Act of 1940. These fees are annual fees deducted to pay for marketing and distribution costs of the funds. These fees are deducted prior to the allocation of the Plan's investment earnings activity and thus not separately identifiable as an expense.

M & M RESTAURANT SUPPLY - PENNSYLVANIA
DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Pension Protection Act

On August 17, 2006, the Pension Protection Act (the "Act") was signed into law. Included in its many provisions are numerous revisions to rules surrounding defined benefit plans including rules that govern Plan funding. The Act establishes new minimum funding standards (effective for Plan years beginning after December 31, 2007) for defined benefit plans and limits benefit increases and accruals for underfunded plans. Pursuant to the Act, each year actuaries are required to certify to a plan's funded percentage. The Plan received such certification for the 2008 Plan year for the Adjusted Funding Target Attainment Percentage ("AFTAP"), which is one way of measuring the funded status of a Plan using actuarial assumptions mandated by the Internal Revenue Service, and the actuary determined that the 2009 AFTAP for the Plan is 94.08%.

Administrative Expenses

Certain administrative expenses are paid by the Plan sponsor.

Accounting for Uncertainty in Income Taxes

As of January 1, 2009, the Plan adopted the new accounting guidance concerning provisions for uncertain income tax positions and has determined that the Plan has not taken any uncertain income tax positions.

Fair Value of Financial Instruments

U.S. GAAP requires fair value to be determined based on the exchange price that would be received for an asset or paid to transfer a liability (exit price) in the principal or most advantageous market, in an orderly transaction between market participants. Such is a market-based measurement, not an entity-specific measurement.

U.S. GAAP establishes a three-level valuation hierarchy based upon observable and unobservable inputs. 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). Observable inputs reflect market data obtained from independent sources, while unobservable inputs reflect the Plan's market assumptions. The fair value hierarchy consists of three levels of inputs that may be used to measure fair value as follows:

Level 1 – Quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan has the ability to access at the measurement date.

M & M RESTAURANT SUPPLY - PENNSYLVANIA
DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Fair Value of Financial Instruments (continued)

Level 2 – Inputs other than quoted prices included in Level 1 that are observable either directly or indirectly; quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in markets that are not active; or other inputs that are observable or can be corroborated by observable market data, for substantially the full term of the assets or liabilities.

Level 3 – Significant inputs to the valuation model that are unobservable, typically based on a Plan's own assumptions, as there is little, if any, related market activity.

In instances where the determination of the fair value measurement is based on inputs from different levels of the fair value hierarchy, the level in the fair value hierarchy within which the entire fair value measurement falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

The methods of valuation described herein 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.

M & M RESTAURANT SUPPLY - PENNSYLVANIA
DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 3 – FAIR VALUE MEASUREMENTS

The following tables present the fair value hierarchy for the balances of the assets of the Plan measured at fair value as of December 31, 2009 and 2008:

		Investment Assets at Fair Value as of December 31, 2009
		<u>Level 1</u>
Investments		
Registered investment company		
Balanced fund		<u>\$ 3,482,086</u>
		Investment Assets at Fair Value as of December 31, 2008
		<u>Level 1</u>
Investments		
Registered investment company		
Balanced fund		<u>\$ 2,870,791</u>

NOTE 4 – INVESTMENTS

The Plan currently provides a nonparticipant directed investment program. Single investments representing more than 5% of the Plan's net assets as of December 31, 2009 and 2008 are as follows:

	<u>2009</u>	<u>2008</u>
Vanguard LifeStrategy Moderate Growth Fund	<u>\$ 3,482,086</u>	<u>\$ 2,870,791</u>

M & M RESTAURANT SUPPLY - PENNSYLVANIA
DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 5 – ACCUMULATED PLAN BENEFITS

Accumulated Plan benefits and changes in accumulated Plan benefits as of and for the years ended January 1, 2009 and 2008 are as follows:

	Year Ended January 1	
	2009	2008
Actuarial present value of accumulated Plan benefits		
Vested benefits of participants and beneficiaries		
currently receiving benefits	\$ 18,743	\$ 19,136
Other vested benefits	4,686,645	3,571,053
	4,705,388	3,590,189
Nonvested benefits	198,876	92,704
	<u>\$ 4,904,264</u>	<u>\$ 3,682,893</u>
Actuarial present value of accumulated Plan benefits, as of the beginning of the year	<u>\$ 3,682,893</u>	<u>\$ 3,137,726</u>
Increase (decrease) during the year attributable to		
Increase in interest due to the decrease in the discount period	254,952	201,557
Change of assumptions	591,820	454,045
Benefits paid	(81,454)	(516,670)
Benefits accumulated and actuarial gains and losses	456,053	406,235
Net increase during the year	<u>1,221,371</u>	<u>545,167</u>
Actuarial present value of accumulated Plan benefits, as of the end of the year	<u>\$ 4,904,264</u>	<u>\$ 3,682,893</u>

NOTE 6 – PLAN TERMINATION

The Plan was frozen effective December 31, 2008. No further benefits will accrue. The Plan sponsor will continue to fund the future minimum contributions as determined by the actuary. Although it has not expressed any intent to do so, the Company has the right under this Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the Company shall make no further contributions to the Plan and participants would become 100% vested in their employer contributions.

M & M RESTAURANT SUPPLY - PENNSYLVANIA
DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 6 – PLAN TERMINATION (continued)

Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated Plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC"), a United States government agency, at that time. Some benefits may be fully or partially covered by the then existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

NOTE 7 – INCOME TAX STATUS

The Plan obtained its latest determination letter on July 26, 2002 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 8 – RISKS AND UNCERTAINTIES

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

Users of these financial statements should be aware that the financial markets' volatility may significantly impact the subsequent valuation of the Plan's investments. Accordingly, the valuation of investments as of December 31, 2009 may not necessarily be indicative of amounts that could be realized in a current market exchange.

Plan contributions are made and the actuarial present value of accumulated Plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent to the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

M & M RESTAURANT SUPPLY - PENNSYLVANIA
DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 9 – SUBSEQUENT EVENTS

The Plan evaluated subsequent events through October 13, 2010, which is the date the financial statements were available to be issued. In June 2010, the members of Keystone Foods LLC and Marfrig Alimentos SA ("Marfrig Group") reached an agreement whereby the Company will be sold to Marfrig Group. The transaction is expected to be completed by the fall of 2010. The effect of the sale on the Plan's operations is unknown as of October 13, 2010.

SUPPLEMENTARY INFORMATION

**M & M RESTAURANT SUPPLY - PENNSYLVANIA
DEFINED BENEFIT PENSION PLAN**

EIN 23-3073343

PLAN NUMBER 006

FORM 5500

SCHEDULE H, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2009

<u>(a)</u>	<u>(b) Identity of Issuer</u>	<u>(c) Description of Investment</u>	<u>(e) Current Value</u>
	Vanguard	LifeStrategy Moderate Growth Fund	<u>\$ 3,482,086</u>

See independent auditors' report

**M & M RESTAURANT SUPPLY - PENNSYLVANIA
DEFINED BENEFIT PENSION PLAN**

EIN 23-3073343

PLAN NUMBER 006

FORM 5500

SCHEDULE H, LINE 4j

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2009

(a) Identity of Party Involved	(b) Description of Asset	Type of Transactions	Number of Transactions	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Value on Transaction Date	(i) Net Gain
Part II Transactions in investments of the same issue in excess of 5% of the Plan assets								
Vanguard	LifeStrategy Moderate Growth Fund	Purchases	5	\$ 410,085	\$ -	\$ 410,085	\$ 410,085	\$ -
Vanguard	LifeStrategy Moderate Growth Fund	Sales	7	-	392,102	378,157	378,157	13,945
Part II Single transactions in investments exceeding 5% of the Plan assets								
Vanguard	LifeStrategy Moderate Growth Fund	Sale	-	-	159,413	144,729	144,729	14,684

See independent auditors' report

M&M Restaurant Supply - Pennsylvania Defined Benefit Pension Plan
EIN: 23-3073393 PN: 006
Attachment to the 2009 Form 5500 Schedule SB

Schedule SB, line 26 - Schedule of Active Participant Data

Attained Age	Years of Credited Service										Total Number
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	3	0	0	0	0	0	0	0	0	3
25-29	0	6	1	0	0	0	0	0	0	0	7
30-34	0	7	3	0	0	0	0	0	0	0	10
35-39	0	4	4	3	0	0	0	0	0	0	11
40-44	0	1	5	1	2	0	0	0	0	0	9
45-49	0	4	2	2	1	1	0	0	0	0	10
50-54	0	2	3	3	0	7	0	0	0	0	15
55-59	0	0	0	3	2	6	0	0	0	0	11
60-64	0	0	0	3	1	4	0	0	0	0	8
65-69	0	0	0	0	0	2	0	0	0	0	2
70 & Over	0	0	0	0	0	0	0	0	0	0	0
Total	0	27	18	15	6	20	0	0	0	0	86

M&M Restaurant Supply - Pennsylvania Defined Benefit Pension Plan

EIN: 23-3073393 PN: 006

Attachment to the 2009 Form 5500 Schedule SB

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Interest Rates

Target Interest Rate: Yield curve based on a two-month lookback

SFAS 35: 7.50% per year, compounded annually.

Mortality

IRS 2009 Static Mortality Table

Retirement

Active Participants: Earliest age at which eligible to commence benefits.

Terminated Vested Participants: Earliest age at which eligible to commence benefits.

Turnover:

Participants are assumed to terminate employment for reason other than death, disability, or retirement in accordance with annual rates varying by age. Sample rates are as follows:

Age	Turnover Rates
20	5.44%
25	4.90%
30	3.70%
35	2.35%
40	1.13%
45	0.27%
50	0.00%
55	0.00%
60+	0.00%

Disability:

None assumed.

M&M Restaurant Supply - Pennsylvania Defined Benefit Pension Plan

EIN: 23-3073393 PN: 006

Attachment to the 2009 Form 5500 Schedule SB

**Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
(continued)**

Salary Scale:	Not applicable.
Future Credited Service:	Since the plan was frozen effective December 31, 2008, no future service is assumed to be earned.
Spouses (marital status):	80% of non-retired participants are assumed to be married to an eligible spouse. Husbands are assumed to be 4 years older than their wives.
Form of Payment:	50% of participants elect the lump sum payment and 50% elect the life annuity.
Lump Sums:	Lump sums are calculated using the yield curve based on a two-month lookback rule and the 2009 Applicable Mortality table.
Participants Included in Valuation:	All eligible Participants.
Expenses:	The prior year's expenses, adjusted for PBGC premiums, rounded up to the next \$1,000. For 2009, equal to \$10,000; included in target normal cost.

M&M Restaurant Supply - Pennsylvania Defined Benefit Pension Plan

EIN: 23-3073393 PN: 006

Attachment to the 2009 Form 5500 Schedule SB

**Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
(continued)**

Maximum Benefit Limitation:	Plan benefits have been restricted to the maximum dollar limit permitted under the Tax Reform Act of 1986. This limit is a \$195,000 annual annuity payable beginning at age 62 with no reduction for a qualified joint and survivor annuity.
Future Increases in Maximum Benefits and Plan Compensation Limits:	None.
Assumed Cost-of-Living Adjustments:	None.
Actuarial Valuation Method:	The Target Liability is equal to the present value of the accrued benefits, determined separately for each participant, using the actuarial assumptions listed herein.
Asset Method:	The Plan Assets are smoothed using the two-year averaging method.
Changes since the Prior Valuation:	<p>The assumed interest rate was changed from segment rates with a two-month lookback to the full yield curve with a two-month lookback.</p> <p>The mortality table was updated from the 2008 Static Mortality Table to the 2009 Static Mortality Table.</p> <p>The asset method was changed from Market Value to the two-year averaging method.</p> <p>The expense assumption was changed from \$0 to the prior year's expenses, adjusted for PBGC premiums, rounded up to the next \$1,000.</p>

**M & M RESTAURANT SUPPLY - PENNSYLVANIA
DEFINED BENEFIT PENSION PLAN**

EIN 23-3073343

PLAN NUMBER 006

FORM 5500

SCHEDULE H, LINE 4j

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2009

(a) Identity of Party Involved	(b) Description of Asset	Type of Transactions	Number of Transactions	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Value on Transaction Date	(i) Net Gain
Part II Transactions in investments of the same issue in excess of 5% of the Plan assets								
Vanguard	LifeStrategy Moderate Growth Fund	Purchases	5	\$ 410,085	\$ -	\$ 410,085	\$ 410,085	\$ -
Vanguard	LifeStrategy Moderate Growth Fund	Sales	7	-	392,102	378,157	378,157	13,945
Part II Single transactions in investments exceeding 5% of the Plan assets								
Vanguard	LifeStrategy Moderate Growth Fund	Sale	-	-	159,413	144,729	144,729	14,684

See independent auditors' report

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009**This Form is Open to Public
Inspection**For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan M & M RESTAURANT SUPPLY - PENNSYLVANIA DEFINED BENEFIT PENSION PLAN		B Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF KEYSTONE FOODS, LLC		D Employer Identification Number (EIN) 23-3073393
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>			
2 Assets:			
a Market value.....	2a	3111359	
b Actuarial value.....	2b	3422494	
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	1	17043
b For terminated vested participants	3b	47	910582
c For active participants:			
(1) Non-vested benefits.....	3c(1)		140646
(2) Vested benefits.....	3c(2)		2569731
(3) Total active	3c(3)	108	2710377
d Total.....	3d	156	3638002
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate	5	8.12%	
6 Target normal cost.....	6	10000	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Joseph F. Hicks, Jr. Signature of actuary	10/11/2010 Date
Joseph F. Hicks, Jr. Type or print name of actuary		0806117 Most recent enrollment number
The Savitz Organization, Inc. Firm name		215-587-0700 Telephone number (including area code)
1845 Walnut Street, 14th Floor Philadelphia PA 19103-4714 Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2009
v.092308

0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29).....	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	10000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	10000
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	10000
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	466662
38 Interest-adjusted excess contributions for current year (see instructions).....	38	456662
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

M&M Restaurant Supply - Pennsylvania Defined Benefit Pension Plan

EIN: 23-3073393 PN: 006

Attachment to the 2009 Form 5500 Schedule SB

Schedule SB, line 11(a) - Excess contributions (Item 38 from prior year)

Item 38 on the 2008 Schedule SB was \$0. This amount did not include the excess contributions created because of the election made to offset the minimum required contribution for the prior year by the carryover balance.

* This rate was used to discount the portion of the contribution attributable to late quarterly installments from the date of the contribution to the due date of the quarterly installment.

M&M Restaurant Supply - Pennsylvania Defined Benefit Pension Plan

EIN: 23-3073393 PN: 006

Attachment to the 2009 Form 5500 Schedule SB

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Number of people at 1/1/2009 whose Normal Retirement Age is 62	28
---	----

Number of people at 1/1/2009 whose Normal Retirement Age is 65	80
---	----

$[(28 \times 62) + (80 \times 65)] / (28 + 80) =$	64.22
---	-------

M&M Restaurant Supply - Pennsylvania Defined Benefit Pension Plan
EIN: 23-3073393 PN: 006
Attachment to the 2009 Form 5500 Schedule SB

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Interest Rates

Target Interest Rate: Yield curve based on a two-month lookback

SFAS 35: 7.50% per year, compounded annually.

Mortality

IRS 2009 Static Mortality Table

Retirement

Active Participants: Earliest age at which eligible to commence benefits.

Terminated Vested Participants: Earliest age at which eligible to commence benefits.

Turnover:

Participants are assumed to terminate employment for reason other than death, disability, or retirement in accordance with annual rates varying by age. Sample rates are as follows:

Age	Turnover Rates
20	5.44%
25	4.90%
30	3.70%
35	2.35%
40	1.13%
45	0.27%
50	0.00%
55	0.00%
60+	0.00%

Disability:

None assumed.

M&M Restaurant Supply - Pennsylvania Defined Benefit Pension Plan

EIN: 23-3073393 PN: 006

Attachment to the 2009 Form 5500 Schedule SB

**Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
(continued)**

Salary Scale:	Not applicable.
Future Credited Service:	Since the plan was frozen effective December 31, 2008, no future service is assumed to be earned.
Spouses (marital status):	80% of non-retired participants are assumed to be married to an eligible spouse. Husbands are assumed to be 4 years older than their wives.
Form of Payment:	50% of participants elect the lump sum payment and 50% elect the life annuity.
Lump Sums:	Lump sums are calculated using the yield curve based on a two-month lookback rule and the 2009 Applicable Mortality table.
Participants Included in Valuation:	All eligible Participants.
Expenses:	The prior year's expenses, adjusted for PBGC premiums, rounded up to the next \$1,000. For 2009, equal to \$10,000; included in target normal cost.

M&M Restaurant Supply - Pennsylvania Defined Benefit Pension Plan

EIN: 23-3073393 PN: 006

Attachment to the 2009 Form 5500 Schedule SB

**Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
(continued)**

Maximum Benefit Limitation: Plan benefits have been restricted to the maximum dollar limit permitted under the Tax Reform Act of 1986. This limit is a \$195,000 annual annuity payable beginning at age 62 with no reduction for a qualified joint and survivor annuity.

**Future Increases in Maximum
Benefits and Plan
Compensation Limits:** None.

**Assumed Cost-of-Living
Adjustments:** None.

Actuarial Valuation Method: The Target Liability is equal to the present value of the accrued benefits, determined separately for each participant, using the actuarial assumptions listed herein.

Asset Method: The Plan Assets are smoothed using the two-year averaging method.

**Changes since the Prior
Valuation:**

The assumed interest rate was changed from segment rates with a two-month lookback to the full yield curve with a two-month lookback.

The mortality table was updated from the 2008 Static Mortality Table to the 2009 Static Mortality Table.

The asset method was changed from Market Value to the two-year averaging method.

The expense assumption was changed from \$0 to the prior year's expenses, adjusted for PBGC premiums, rounded up to the next \$1,000.

M&M Restaurant Supply - Pennsylvania Defined Benefit Pension Plan
EIN: 23-3073393 PN: 006
Attachment to the 2009 Form 5500 Schedule SB

Schedule SB, Part V - Summary of Plan Provisions

Effective Date: January 1, 1989. The plan was last amended in 2007.

Eligibility: Immediately upon date of hire as a member of the collectively bargained group.

Normal Retirement Date: For employees hired prior to July 1, 1994, attainment of age 62.
For employees hired after July 1, 1994, attainment of age 65.

Normal Retirement Pension: Monthly benefit for life equal to the sum of the annual accruals:

Credited Service during Year	Benefit Level
1989	\$15.00
1990	\$25.00
1991-94	\$30.00
1995	\$35.00
1996-98	\$40.00
1999-00	\$45.00
2001	\$55.00
2002	\$60.00
2003	\$65.00
2004	\$72.00
2005-07	\$80.00
2008 and later	\$90.00

Credited Service: Each plan year in which the participant works at least 1,000 hours.

Vesting Service: Service from date of hire.

Early Retirement Date: None.

Late Retirement: Participants who work past their Normal Retirement Date continue to earn additional benefit service. They receive the larger of this benefit and their benefit at Normal Retirement Date actuarially increased to their Late Retirement Date.

M&M Restaurant Supply - Pennsylvania Defined Benefit Pension Plan

EIN: 23-3073393 PN: 006

Attachment to the 2009 Form 5500 Schedule SB

**Schedule SB, Part V - Summary of Plan Provisions
(continued)**

Disability Pension:	After being deemed totally and permanently disabled by the Plan Administrator, participants receive their accrued benefit payable immediately, actuarially reduced for early payment.
Pre-Retirement Spouse's Benefit:	If a vested participant or vested former participant dies before his pension begins, his surviving spouse will be entitled to a lifetime pension equal to 50% of the accrued benefit.
Qualified Joint & Survivor Annuity:	At retirement, the participant will receive actuarially reduced benefit which will provide 50% of the benefit to the spouse upon death of participant. If not married at retirement or if participant elects not to be covered by Joint and Survivor Annuity, benefits will be paid in one of the other optional forms of benefit described below.
Other Optional Forms of Benefits:	Immediate Lump Sum.
Termination Benefit:	Participants are 100% vested in their accrued pension computed under "Normal Retirement Pension" after five years of vesting service or upon attainment of Normal Retirement Age.
Status of the Plan:	Ongoing.
Benefits not Included In the Valuation:	All benefits are included in the valuation.
Changes since the Prior Valuation:	There have been no changes since the prior valuation except that the plan was frozen effective December 31, 2008.

M&M Restaurant Supply - Pennsylvania Defined Benefit Pension Plan

EIN: 23-3073393 PN: 006

Attachment to the 2009 Form 5500 Schedule SB

Schedule SB, line 24 - Change in Actuarial Assumptions

An expense assumption was added. Assumed expenses are based on the prior year's actual expenses, adjusted for the difference in PBGC premiums, and rounded up to the next \$1,000.

M&M Restaurant Supply - Pennsylvania Defined Benefit Pension Plan

EIN: 23-3073393 PN: 006

Attachment to the 2009 Form 5500 Schedule SB

Schedule SB, line 25 - Change in Method

The asset valuation method was changed from Market Value of Assets to a two-year asset averaging method, as allowed by IRS Notice 2009-22.

The funding interest rate was changed from segment rates, using a two-month lookback, to the 2009 IRS Statutory Full Yield Curve (in connection with the IRS bulletin released on March 31, 2009, the plan is incorporating the ability to use a two-month lookback for determining the yield curve for 2009).

M&M Restaurant Supply - Pennsylvania Defined Benefit Pension Plan

EIN: 23-3073393 PN: 006

Attachment to the 2009 Form 5500 Schedule SB

Schedule SB, line 26 - Schedule of Active Participant Data

Attained Age	Years of Credited Service										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Number	
Under 25	0	3	0	0	0	0	0	0	0	0	0	3
25-29	0	6	1	0	0	0	0	0	0	0	0	7
30-34	0	7	3	0	0	0	0	0	0	0	0	10
35-39	0	4	4	3	0	0	0	0	0	0	0	11
40-44	0	1	5	1	2	0	0	0	0	0	0	9
45-49	0	4	2	2	1	1	0	0	0	0	0	10
50-54	0	2	3	3	0	7	0	0	0	0	0	15
55-59	0	0	0	3	2	6	0	0	0	0	0	11
60-64	0	0	0	3	1	4	0	0	0	0	0	8
65-69	0	0	0	0	0	2	0	0	0	0	0	2
70 & Over	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	27	18	15	6	20	0	0	0	0	0	86

M&M Restaurant Supply - Pennsylvania Defined Benefit Pension Plan

EIN: 23-3073393 PN: 006

Attachment to the 2009 Form 5500 Schedule SB

Schedule SB, line 11(a) - Excess contributions (Item 38 from prior year)

Item 38 on the 2008 Schedule SB was \$0. This amount did not include the excess contributions created because of the election made to offset the minimum required contribution for the prior year by the carryover balance.

M&M Restaurant Supply - Pennsylvania Defined Benefit Pension Plan

EIN: 23-3073393 PN: 006

Attachment to the 2009 Form 5500 Schedule SB

Schedule SB, Part V - Summary of Plan Provisions

Effective Date: January 1, 1989. The plan was last amended in 2007.

Eligibility: Immediately upon date of hire as a member of the collectively bargained group.

Normal Retirement Date: For employees hired prior to July 1, 1994, attainment of age 62.
For employees hired after July 1, 1994, attainment of age 65.

Normal Retirement Pension: Monthly benefit for life equal to the sum of the annual accruals:

Credited Service during Year	Benefit Level
1989	\$15.00
1990	\$25.00
1991-94	\$30.00
1995	\$35.00
1996-98	\$40.00
1999-00	\$45.00
2001	\$55.00
2002	\$60.00
2003	\$65.00
2004	\$72.00
2005-07	\$80.00
2008 and later	\$90.00

Credited Service: Each plan year in which the participant works at least 1,000 hours.

Vesting Service: Service from date of hire.

Early Retirement Date: None.

Late Retirement: Participants who work past their Normal Retirement Date continue to earn additional benefit service. They receive the larger of this benefit and their benefit at Normal Retirement Date actuarially increased to their Late Retirement Date.

M&M Restaurant Supply - Pennsylvania Defined Benefit Pension Plan

EIN: 23-3073393 PN: 006

Attachment to the 2009 Form 5500 Schedule SB

**Schedule SB, Part V - Summary of Plan Provisions
(continued)**

Disability Pension:	After being deemed totally and permanently disabled by the Plan Administrator, participants receive their accrued benefit payable immediately, actuarially reduced for early payment.
Pre-Retirement Spouse's Benefit:	If a vested participant or vested former participant dies before his pension begins, his surviving spouse will be entitled to a lifetime pension equal to 50% of the accrued benefit.
Qualified Joint & Survivor Annuity:	At retirement, the participant will an receive actuarially reduced benefit which will provide 50% of the benefit to the spouse upon death of participant. If not married at retirement or if participant elects not to be covered by Joint and Survivor Annuity, benefits will be paid in one of the other optional forms of benefit described below.
Other Optional Forms of Benefits:	Immediate Lump Sum.
Termination Benefit:	Participants are 100% vested in their accrued pension computed under "Normal Retirement Pension" after five years of vesting service or upon attainment of Normal Retirement Age.
Status of the Plan:	Ongoing.
Benefits not Included In the Valuation:	All benefits are included in the valuation.
Changes since the Prior Valuation:	There have been no changes since the prior valuation except that the plan was frozen effective December 31, 2008.

**M & M RESTAURANT SUPPLY - PENNSYLVANIA
DEFINED BENEFIT PENSION PLAN**

EIN 23-3073343

PLAN NUMBER 006

FORM 5500

SCHEDULE H, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2009

<u>(a)</u>	<u>(b) Identity of Issuer</u>	<u>(c) Description of Investment</u>	<u>(e) Current Value</u>
	Vanguard	LifeStrategy Moderate Growth Fund	<u>\$ 3,482,086</u>

See independent auditors' report

M&M Restaurant Supply - Pennsylvania Defined Benefit Pension Plan**EIN: 23-3073393 PN: 006****Attachment to the 2009 Form 5500 Schedule SB****Schedule SB, line 19 - Discounted Employer Contributions**

<u>Date of Contribution</u>	<u>Amount of Contribution</u>	<u>Applicable Plan Year</u>	<u>Effective Interest Rate</u>	<u>Rate for Late Quarterly Installments*</u>	<u>Interest- Adjusted Contribution</u>
4/15/2009	\$ 10,000	2009	8.12%	N/A	\$ 9,780
6/30/2009	10,085	2009	8.12%	N/A	9,704
7/15/2009	50,000	2009	8.12%	N/A	47,957
9/15/2009	100,000	2009	8.12%	N/A	94,651
1/19/2010	100,000	2009	8.12%	N/A	92,134
4/15/2010	40,000	2009	8.12%	N/A	36,182
7/15/2010	100,000	2009	8.12%	N/A	88,711
9/15/2010	100,000	2009	8.12%	N/A	87,543
Total	<u>\$ 510,085</u>				<u>\$ 466,662</u>

* This rate was used to discount the portion of the contribution attributable to late quarterly installments from the date of the contribution to the due date of the quarterly installment.

M&M Restaurant Supply - Pennsylvania Defined Benefit Pension Plan

EIN: 23-3073393 PN: 006

Attachment to the 2009 Form 5500 Schedule SB

Schedule SB, line 25 - Change in Method

The asset valuation method was changed from Market Value of Assets to a two-year asset averaging method, as allowed by IRS Notice 2009-22.

The funding interest rate was changed from segment rates, using a two-month lookback, to the 2009 IRS Statutory Full Yield Curve (in connection with the IRS bulletin released on March 31, 2009, the plan is incorporating the ability to use a two-month lookback for determining the yield curve for 2009).

M&M Restaurant Supply - Pennsylvania Defined Benefit Pension Plan

EIN: 23-3073393 PN: 006

Attachment to the 2009 Form 5500 Schedule SB

Schedule SB, line 24 - Change in Actuarial Assumptions

An expense assumption was added. Assumed expenses are based on the prior year's actual expenses, adjusted for the difference in PBGC premiums, and rounded up to the next \$1,000.

M&M Restaurant Supply - Pennsylvania Defined Benefit Pension Plan

EIN: 23-3073393 PN: 006

Attachment to the 2009 Form 5500 Schedule SB

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Number of people at 1/1/2009 whose Normal Retirement Age is 62	28
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Number of people at 1/1/2009 whose Normal Retirement Age is 65	80
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$[(28 \times 62) + (80 \times 65)] / (28 + 80) =$	64.22
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