

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2011 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information	
1a Name of plan <u>MIKE-SELL'S POTATO CHIP CO. SALARIED, CLERICAL AND OFFICE EMPLOYEES' PENSION PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>	1c Effective date of plan <u>03/01/1961</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>MIKE-SELLS POTATO CHIP COMPANY</u> <u>333 LEO STREET, P.O. BOX 115</u> <u>DAYTON, OH 45404-0115</u>	2b Employer Identification Number (EIN) <u>31-0516359</u>	2c Sponsor's telephone number <u>937-228-9400</u>
		2d Business code (see instructions) <u>311900</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2012	PAUL D. MCNIEL
	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 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") ADMINISTRATIVE COMMITTEE MIKE-SELLS POTATO CHIP COMPANY 333 LEO STREET, P.O. BOX 115 DAYTON, OH 45404-0115	3b Administrator's EIN 31-0516359 3c Administrator's telephone number 937-228-9400
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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	150
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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	48
b Retired or separated participants receiving benefits.....	6b	38
c Other retired or separated participants entitled to future benefits.....	6c	59
d Subtotal. Add lines 6a , 6b , and 6c	6d	145
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	3
f Total. Add lines 6d and 6e	6f	148
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	1

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:

1A 1G 1I

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE 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 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ **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>MIKE-SELL'S POTATO CHIP CO. SALARIED, CLERICAL AND OFFICE EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MIKE-SELLS POTATO CHIP COMPANY</u>	D Employer Identification Number (EIN) <u>31-0516359</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>2011</u>
2	Assets:
a	Market value 2a <u>5301755</u>
b	Actuarial value 2b <u>4943039</u>
3	Funding target/participant count breakdown:
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>40</u> <u>3223986</u>
b	For terminated vested participants 3b <u>57</u> <u>926652</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>0</u>
(2)	Vested benefits 3c(2) <u>1937959</u>
(3)	Total active 3c(3) <u>53</u> <u>1937959</u>
d	Total 3d <u>150</u> <u>6088597</u>
4	If the plan is in at-risk status, check the box and complete lines (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 in at-risk status for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>5.90 %</u>
6	Target normal cost 6 <u>44000</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>08/02/2012</u>
Signature of actuary	Date
<u>MICHAEL ZUREK, EA, MAAA</u>	<u>11-05898</u>
Type or print name of actuary	Most recent enrollment number
<u>NYHART</u>	<u>847-400-9601</u>
Firm name	Telephone number (including area code)
<u>707 LAKE COOK ROAD, SUITE 250</u> <u>DEERFIELD, IL 60015-5255</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) 2011
v.012611

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 (line 13 from prior year)	0	1386
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	1386
10	Interest on line 9 using prior year's actual return of <u>12.05</u> %	0	167
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		17607
b	Interest on (a) using prior year's effective rate of <u>6.58</u> % except as otherwise provided (see instructions)		1159
c	Total available at beginning of current plan year to add to prefunding balance.....		18766
d	Portion of (c) to be added to prefunding balance.....		18766
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	20319

Part III Funding percentages			
14	Funding target attainment percentage.....	14	80.85 %
15	Adjusted funding target attainment percentage.....	15	80.85 %
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	87.64 %
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
04/05/2011	75000	0			
07/11/2011	75000	0			
09/29/2011	75000	0			
12/27/2011	75000	0			
			Totals ►	18(b)	300000
				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 contributions 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	289437
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
0	0	0
		(4) 4th
		0

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

21 Discount rate:				
a Segment rates:	1st segment: 2.94%	2nd segment: 5.82%	3rd segment: 6.46 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
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 contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	44000	
b Excess assets, if applicable, but not greater than 31a	31b		
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	1165877	254119	
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 (lines 31a - 31b + 32a + 32b - 33)...	34	298119	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	8682	8682
36 Additional cash requirement (line 34 minus line 35)	36	289437	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	289437	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan MIKE-SELL'S POTATO CHIP CO. SALARIED, CLERICAL AND OFFICE EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 MIKE-SELLS POTATO CHIP COMPANY	D Employer Identification Number (EIN) <u>31-0516359</u>

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

NYHART

35-0966414

(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?
11 50	NONE	36975	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRADY WARE & SCHOENFELD, INC.

35-1476702

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	7200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name: CHARLES D. MUNSELL, III, EA, MSPA	b EIN: 35-0966414
c Position: ENROLLED ACTUARY	
d Address: NYHART 8415 ALLISON POINTE BLVD, SUITE 300 INDIANAPOLIS, IN 46250-4159	e Telephone: 317-845-3570
Explanation: BUSINESS DECISION	

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
		2011
		This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan MIKE-SELL'S POTATO CHIP CO. SALARIED, CLERICAL AND OFFICE EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 MIKE-SELLS POTATO CHIP COMPANY	D Employer Identification Number (EIN) 31-0516359	

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	8355	7708
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	33989	53848
(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)	5259411	5318422
(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	5301755	5379978

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	5301755	5379978
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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)	300000	
(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)		300000

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1

(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)	191033	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		191033

(3) Rents	2b(3)		
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(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)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(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)		6323
c Other income.....	2c		338
d Total income. Add all income amounts in column (b) and enter total.....	2d		497695

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	361841	
(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)		361841
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)	44175	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	13456	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		57631
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		419472

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		78223
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: BRADY WARE & SCHOENFELD, INC.

(2) EIN: 35-1476702

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>MIKE-SELL'S POTATO CHIP CO. SALARIED, CLERICAL AND OFFICE EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MIKE-SELLS POTATO CHIP COMPANY</u>	D Employer Identification Number (EIN) <u>31-0516359</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-0838515</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

**MIKE-SELL'S POTATO CHIP COMPANY
SALARIED, CLERICAL AND OFFICE
EMPLOYEES' PENSION PLAN**

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2011 AND 2010

**MIKE-SELL'S POTATO CHIP COMPANY SALARIED, CLERICAL AND OFFICE
EMPLOYEES' PENSION PLAN**

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YEARS ENDED DECEMBER 31, 2011 AND 2010

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BRADY WARE
& SCHOENFELD

INDEPENDENT AUDITORS' REPORT

Administrative Committee
**Mike-sell's Potato Chip Company Salaried, Clerical and Office
Employees' Pension Plan**
Dayton, Ohio

We were engaged to audit the financial statements of the **Mike-sell's Potato Chip Company Salaried, Clerical and Office Employees' Pension Plan** (the "Plan") as of December 31, 2011 and 2010, and for the years then ended, and supplemental schedules as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by JPMorgan Chase Bank, NA, the Trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certification from the Trustee as of and for the years ended December 31, 2011 and 2010, that the information provided to the Plan administrator by the Trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for the purpose of additional analysis and are not a required part of the financial statements, but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Brady, Ware & Schoenfeld, Inc.

Dayton, Ohio
October 12, 2012

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**MIKE-SELL'S POTATO CHIP COMPANY SALARIED, CLERICAL AND OFFICE
EMPLOYEES' PENSION PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2011 AND 2010

	<u>2011</u>	<u>2010</u>
ASSETS		
Investments at fair market value		
Money market fund	\$ 53,848	\$ 33,989
Equity securities funds	2,783,377	2,760,898
Corporate bond fund	<u>2,535,045</u>	<u>2,498,513</u>
Total investments at fair market value	5,372,270	5,293,400
Receivables		
Interest and dividends	<u>7,708</u>	<u>8,355</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 5,379,978</u>	<u>\$ 5,301,755</u>

**MIKE-SELL'S POTATO CHIP COMPANY SALARIED, CLERICAL AND OFFICE
EMPLOYEES' PENSION PLAN**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2011 AND 2010

	<u>2011</u>	<u>2010</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment income		
Interest and dividends	\$ 191,034	\$ 137,021
Net appreciation in market value of investments	6,323	437,319
Other income	<u>338</u>	<u>-</u>
Total investment income	197,695	574,340
Contributions - employer	<u>300,000</u>	<u>232,000</u>
Total additions	<u>497,695</u>	<u>806,340</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to participants	361,841	345,655
Administrative expenses	<u>57,631</u>	<u>45,272</u>
Total deductions	<u>419,472</u>	<u>390,927</u>
NET INCREASE	78,223	415,413
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>5,301,755</u>	<u>4,886,342</u>
End of year	<u>\$ 5,379,978</u>	<u>\$ 5,301,755</u>

**MIKE-SELL'S POTATO CHIP COMPANY SALARIED, CLERICAL AND OFFICE
EMPLOYEES' PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

NOTE A - DESCRIPTION OF PLAN

The following description of the **Mike-sell's Potato Chip Company Salaried, Clerical and Office Employees' Pension Plan** (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General - The Plan is a non-contributory defined benefit plan and covers all salaried, clerical or office employees of Mike-sell's Potato Chip Company and/or employees of Mike-sell's Indiana, Inc., excluding employees who are covered by a collective bargaining agreement (provided retirement benefits were the subject of good faith bargaining) except that the employees of Mike-sell's Indiana, Inc., who are members of Teamsters Union No. 135 in Indianapolis, shall be eligible. An eligible employee shall become a participant on January 1 following date of hire. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

In October 2005, the Plan was amended to freeze service as of December 31, 2005, for the purpose of determining benefit accruals for all participants except those who are members of Teamsters Union No. 135. In March 2006, the Plan was amended to freeze service as of April 30, 2006, for the purpose of determining benefit accruals for all participants who are members of Teamsters Union No. 135 in Indianapolis, Indiana. In March 2007, the Plan was amended to freeze annual compensation as of April 30, 2007, for participants who are not members of Teamsters Union No. 135. Effective December 31, 2007, the Plan was amended to freeze participation. No employee will be eligible to become a participant subsequent to this date. Effective June 30, 2010, an amendment was made to the Plan in order to freeze the Indiana Teamsters Union No. 135 employees' benefits.

Pension Benefits - Employees with five years of vesting service are entitled to annual retirement benefits, beginning at the normal retirement age of 65, equal generally to the greater of:

- 1.25% of Plan compensation, which represents the highest five consecutive years of pensionable earnings during the last 45 years of employment, multiplied by years of credited service.
- Credited Service at the participant's normal retirement date multiplied by \$15.

A participant whose employment continues after age 65 may elect to defer payment of benefits to the first day of the month following the month in which employment terminates for any reason other than death. A participant who has attained age 50, and completed at least seven years of service, is eligible for early retirement. The accrued retirement benefit is reduced for early retirement. A participant becomes fully vested upon completion of seven years of service. A participant may receive disability payments when he has completed seven years of service and attains age 50.

Participants may elect to receive the value of their accumulated plan benefits as a lump-sum distribution upon retirement or termination, as a life annuity payable monthly from retirement, or as a 10-year certain annuity payable monthly upon retirement and if the participant dies within 10 years after benefits commence, a continuing monthly payment to the beneficiary for the remainder of the 10 year period. Participants may elect to receive their pension benefits in the form of a joint and survivor annuity.

Death Benefits - Upon death of a vested participant, a death benefit shall be paid to the participant's spouse as long as the participant and spouse had been married for at least one year at the time of death. The amount of the death benefit will equal 50% of the benefit payable as a survivor annuity under the qualified joint and survivor annuity under the Plan.

MIKE-SELL'S POTATO CHIP COMPANY SALARIED, CLERICAL AND OFFICE
EMPLOYEES' PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The financial statements of the Plan are prepared using the accrual method of accounting.

Financial Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's administrator to make estimates and assumptions that affect the reported amounts of net assets 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 reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties - Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in establishing assumptions, that the effect of such changes could be material to the financial statements.

Investment Valuation - Investment securities are stated at fair values determined using year end market prices and both realized and unrealized gains and losses are reflected in income. See Note D for discussion of fair value measurements. Security transactions are recorded on the trade date. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

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

Plan Expenses - Administrative expenses of the Plan are paid by the Plan, as provided in the Plan Document. The Plan Sponsor provides accounting and other administrative services to the Plan at no charge.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died, and the present employees or their beneficiaries. Benefits under the Plan are calculated using the average of the highest five consecutive participant's annual compensation earned with Mike-sell's Potato Chip Company or Mike-sell's Indiana, Inc.

The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, withdrawal, retirement or disability) between the valuation date and the expected date of payment.

**MIKE-SELL'S POTATO CHIP COMPANY SALARIED, CLERICAL AND OFFICE
EMPLOYEES' PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - continued

The actuarial present value of accumulated benefits as of January 1, 2012 and 2011 and changes in accumulated benefits for the years ended January 1, 2012 and 2011 are summarized as follows:

	<u>January 1, 2012</u>	<u>January 1, 2011</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS		
Vested benefits		
Participants currently receiving benefits	\$ 2,980,988	\$ 2,823,462
Other vested participants	<u>2,211,456</u>	<u>2,326,748</u>
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u>\$ 5,192,444</u>	<u>\$ 5,150,210</u>

The changes in actuarial present value were as follows:

	<u>January 1, 2012</u>	<u>January 1, 2011</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR	<u>\$ 5,150,210</u>	<u>\$ 5,120,933</u>
INCREASE (DECREASE) DURING THE YEAR ATTRIBUTED TO:		
Benefits accumulated	22,678	(4,795)
Assumption changes	8,455	8,385
Benefits paid	(361,841)	(345,655)
Interest	<u>372,942</u>	<u>371,342</u>
NET INCREASE	<u>42,234</u>	<u>29,277</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	<u>\$ 5,192,444</u>	<u>\$ 5,150,210</u>

The significant actuarial assumptions used in the valuations were as follows:

- Investment return at an average rate of 7.50% as of January 1, 2012 and 2011.
- Discount rate of 7.50% as of January 1, 2012 and 2011.
- No projected salary increase as of January 1, 2012 or 2011. Compensation for members of Teamsters Union No. 135 in Indianapolis, Indiana not recognized after June 30, 2010. Compensation for others not recognized after April 30, 2007.
- Normal retirement age of 65 or fifth anniversary of plan participation, if later.
- Life expectancy of participants (using the IRS 2012 Combined Static Mortality Table).

**MIKE-SELL'S POTATO CHIP COMPANY SALARIED, CLERICAL AND OFFICE
EMPLOYEES' PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - continued

The net increase in the actuarial present value of accumulated benefits is the result of benefits paid, discounts for interest, changes in participant mix, actuarial experience gains and losses, and changes in actuarial assumptions.

The foregoing actuarial assumptions are based upon the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors will be applicable in determining the actuarial present value of accumulated Plan benefits.

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

Subsequent Events - In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through October 12, 2012, the date the financial statements were available to be issued.

NOTE C - INVESTMENTS

JPMorgan Chase Bank, NA is the Trustee and investment manager of the Plan. The investment information included in this note, as well as interest and dividend income, has been certified as to its completeness and accuracy by JPMorgan Chase Bank, NA. The following tables present the fair values of investments as of December 31, 2011 and 2010:

	<u>2011</u>		<u>2010</u>
Investments at fair value as determined by quoted market prices			
JP Morgan 100% U.S. Treasury Securities Money Market Fund	\$ 53,848		\$ 33,989
JP Morgan Equity Index Fund	1,980,566	*	1,963,134
JP Morgan Market Expansion Index Fund	534,090	*	528,403
JP Morgan International Equity Index Fund	268,721		269,361
JP Morgan Core Bond Fund	<u>2,535,045</u>	*	<u>2,498,513</u>
	<u>\$ 5,372,270</u>		<u>\$ 5,293,400</u>

* Fair values of individual assets represent five percent or more of the Plan's net assets as of December 31, 2011 and 2010.

During 2011 and 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

	<u>2011</u>	<u>2010</u>
Equity securities funds	\$ (75,655)	\$ 362,266
Corporate bond fund	<u>81,978</u>	<u>75,053</u>
	<u>\$ 6,323</u>	<u>\$ 437,319</u>

**MIKE-SELL'S POTATO CHIP COMPANY SALARIED, CLERICAL AND OFFICE
EMPLOYEES' PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

NOTE D - FAIR VALUE MEASUREMENTS

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

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011.

Money market fund: Valued based on the contractual terms of the underlying guaranteed interest accounts; provides a daily mil-rate for income accretion.

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

Corporate bond fund: Valued at the net asset value (NAV) of shares held by the Plan at year-end.

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

**MIKE-SELL'S POTATO CHIP COMPANY SALARIED, CLERICAL AND OFFICE
EMPLOYEES' PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

NOTE D - FAIR VALUE MEASUREMENTS - continued

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market fund	<u>\$ 53,848</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 53,848</u>
Equity securities funds				
Large blend fund	<u>1,980,566</u>	<u>-</u>	<u>-</u>	<u>1,980,566</u>
Mid-cap blend fund	<u>534,090</u>	<u>-</u>	<u>-</u>	<u>534,090</u>
Foreign large blend fund	<u>268,721</u>	<u>-</u>	<u>-</u>	<u>268,721</u>
	<u>2,783,377</u>	<u>-</u>	<u>-</u>	<u>2,783,377</u>
Corporate bond fund	<u>2,535,045</u>	<u>-</u>	<u>-</u>	<u>2,535,045</u>
	<u>\$ 5,372,270</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 5,372,270</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market fund	<u>\$ 33,989</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 33,989</u>
Equity securities funds				
Large blend fund	<u>1,963,134</u>	<u>-</u>	<u>-</u>	<u>1,963,134</u>
Mid-cap blend fund	<u>528,403</u>	<u>-</u>	<u>-</u>	<u>528,403</u>
Foreign large blend fund	<u>269,361</u>	<u>-</u>	<u>-</u>	<u>269,361</u>
	<u>2,760,898</u>	<u>-</u>	<u>-</u>	<u>2,760,898</u>
Corporate bond fund	<u>2,498,513</u>	<u>-</u>	<u>-</u>	<u>2,498,513</u>
	<u>\$ 5,293,400</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 5,293,400</u>

NOTE E - FUNDING POLICY

The Company's funding policy is to fund pension costs that at a minimum would satisfy the minimum requirements of the Employee Retirement Income Security Act of 1974 (ERISA) and would be deductible under Section 404 of the Internal Revenue Code. Contributions are intended to fund the Plan's normal cost on a current basis. The Plan has met ERISA's minimum funding requirements.

**MIKE-SELL'S POTATO CHIP COMPANY SALARIED, CLERICAL AND OFFICE
EMPLOYEES' PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

NOTE F - TAX STATUS

The Plan obtained its latest determination letter on February 4, 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. The Plan has been amended since receiving the determination letter; however, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. Generally Accepted Accounting Principles require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

NOTE G - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the Plan provides that the plan administrator shall allocate the assets of the Plan in accordance with Title IV of ERISA.

Under ERISA, certain benefits would be guaranteed by the Pension Benefit Guaranty Corporation (PBGC). Generally, the PBGC guarantees most vested, normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the Plan's termination, subject to a statutory ceiling on the amount of the individual's monthly benefit.

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 PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all. Reference should be made to the Plan document for further details.

NOTE H - RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of investment funds managed by JPMorgan Chase Bank, NA. JPMorgan Chase Bank, NA is the Trustee of the Plan and, therefore, these transactions qualify as party-in-interest transactions. Additionally, Nyhart as the Plan actuary and Brady, Ware & Schoenfeld, Inc. as auditors qualify as parties-in-interest. Fees paid during the year for accounting, actuarial, trustee and investment management services rendered by parties-in-interest totaled \$45,298 and \$32,932 for the years ended December 31, 2011 and 2010, respectively.

**MIKE-SELL'S POTATO CHIP COMPANY SALARIED, CLERICAL AND OFFICE
EMPLOYEES' PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

NOTE I - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the financial statements to the Form 5500:

	<u>2011</u>	<u>2010</u>
Benefit payments per Form 5500	\$ 361,841	\$ 357,995
PBGC premiums included in administrative expenses per financial statements	<u>-</u>	<u>(12,340)</u>
Benefit payments per financial statements	<u>\$ 361,841</u>	<u>\$ 345,655</u>
Administrative expenses per Form 5500	\$ 57,631	\$ 32,932
PBGC premium included in administrative expenses per financial statements	<u>-</u>	<u>12,340</u>
Administrative expenses per financial statements	<u>\$ 57,631</u>	<u>\$ 45,272</u>

**MIKE-SELL'S POTATO CHIP COMPANY SALARIED, CLERICAL AND OFFICE
EMPLOYEES' PENSION PLAN**

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

PLAN'S EMPLOYER IDENTIFICATION NUMBER: EIN # 31-0516359

PLAN NUMBER: 001

DECEMBER 31, 2011

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
Money Market Fund				
*	JP Morgan 100% U.S. Treasury Securities Money Market Fund	U.S. Treasury Plus Money Market Fund, 53,847.760 units	\$ 53,848	\$ 53,848
Equity Securities Funds				
*	JP Morgan Equity Index Fund	Large blend fund, 69,420.468 units	1,109,508	1,980,566
*	JP Morgan Market Expansion Index Fund	Mid-cap blend fund, 55,231.670 units	438,505	534,090
*	JP Morgan International Equity Index Fund	Foreign large blend fund, 17,348.003 units	<u>288,812</u>	<u>268,721</u>
			<u>1,836,825</u>	<u>2,783,377</u>
Corporate Bond Fund				
*	JP Morgan Core Bond Fund	Intermediate-term bond fund, 214,108.512 units	<u>2,306,383</u>	<u>2,535,045</u>
			<u>\$ 4,197,056</u>	<u>\$ 5,372,270</u>

*Represents a party-in-interest to the Plan.

**MIKE-SELL'S POTATO CHIP COMPANY SALARIED, CLERICAL AND OFFICE
EMPLOYEES' PENSION PLAN**

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS ⁽¹⁾

PLAN'S EMPLOYER IDENTIFICATION NUMBER: EIN # 31-0516359

PLAN NUMBER: 001

YEAR ENDED DECEMBER 31, 2011

	(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
*	JPMorgan Chase Bank NA	JP Morgan 100% U.S. Treasury Securities Money Market Fund - 11 purchases	\$ 517,892	n/a	n/a	\$ -	\$ 517,892	\$ 517,892	n/a
*	JPMorgan Chase Bank NA	JP Morgan 100% U.S. Treasury Securities Money Market Fund - 31 sales	n/a	\$ 498,033	n/a	\$ -	\$ 498,033	\$ 498,033	n/a
*	JPMorgan Chase Bank NA	JP Morgan Core Bond Fund - 4 purchases	\$ 289,002	n/a	n/a	\$ -	\$ 289,002	\$ 289,002	n/a
*	JPMorgan Chase Bank NA	JP Morgan Core Bond Fund - 6 sales	n/a	\$ 405,924	n/a	\$ -	\$ 400,053	\$ 405,924	\$ 5,871

⁽¹⁾ This schedule reports those assets purchased and/or sold during the current period that are in excess of 5% of the fair market value of assets as required by ERISA Section 2250.103-6 and IRS Form 5500, Schedule H, Line 4j.

* Represents a party-in-interest to the Plan.

Active Participant Schedule

Active participant information grouped based on age and service.

Service

Age	Service											
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up		
Under 25	0	0	0	0	0	0	0	0	0	0		
25 to 29	1	2	0	0	0	0	0	0	0	0		
30 to 34	2	1	1	0	0	0	0	0	0	0		
35 to 39	2	1	1	0	0	0	0	0	0	0		
40 to 44	1	0	0	2	1	0	0	0	0	0		
45 to 49	1	2	0	3	0	0	0	0	0	0		
50 to 54	3	0	4	1	2	0	0	0	0	0		
55 to 59	3	1	0	2	4	2	0	0	0	0		
60 to 64	1	2	0	0	1	1	1	1	0	0		
65 to 69	0	1	1	0	1	0	0	0	0	0		
70 & up	0	0	0	0	0	0	0	0	0	0		

Retirement Rates	<u>Age</u>	<u>Rate</u>	
	65	100%	
Mortality Rates			
Healthy			IRS 2011 Combined Static Mortality
Disabled			IRS 2011 Combined Static Mortality
Lump Sum Mortality			2011 Applicable Mortality
Disability Rates			50% Male UAW and 50% Female UAW
Withdrawal Rates			Table T-6 less GA51 Male
	<u>Age</u>	<u>Rate</u>	
	20	7.9%	
	30	7.4%	
	40	6.1%	
	50	3.6%	
Annual Pay Increases			N/A
Interest Rates			
			1 st Segment (0-5 years) 2 nd Segment (5-20 years) 3 rd Segment (20+ years)
Funding			
Lump Sum	2.94%	5.82%	6.46%
PBGC*	3.50%	3.50%	3.50%
Actuary's Long-Term Rate	2.94%	5.82%	6.46%
FAS35	7.50%	7.50%	7.50%
	7.50%	7.50%	7.50%

*Rates used match the rates used for development of the Funding Target

Payment Form Election

Lump Sum
Annuity

100% for lumps sums less than \$7,500
100% unless lump sum is less than \$7,500

Expense and/or Contingency Loading

\$44,000 assumed to be paid from trust

Marital Status and Ages

80% of Participants assumed to be married with wives assumed to be 3 years younger than husbands.

Asset Valuation Method

PPA Smoothed Value of Assets. Gains and losses are recognized over three years, subject to a 10% corridor.

**MIKE-SELL'S POTATO CHIP COMPANY SALARIED, CLERICAL AND OFFICE
EMPLOYEES' PENSION PLAN**

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS ⁽¹⁾

PLAN'S EMPLOYER IDENTIFICATION NUMBER: EIN # 31-0516359

PLAN NUMBER: 001

YEAR ENDED DECEMBER 31, 2011

	(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
*	JPMorgan Chase Bank NA	JP Morgan 100% U.S. Treasury Securities Money Market Fund - 11 purchases	\$ 517,892	n/a	n/a	\$ -	\$ 517,892	\$ 517,892	n/a
*	JPMorgan Chase Bank NA	JP Morgan 100% U.S. Treasury Securities Money Market Fund - 31 sales	n/a	\$ 498,033	n/a	\$ -	\$ 498,033	\$ 498,033	n/a
*	JPMorgan Chase Bank NA	JP Morgan Core Bond Fund - 4 purchases	\$ 289,002	n/a	n/a	\$ -	\$ 289,002	\$ 289,002	n/a
*	JPMorgan Chase Bank NA	JP Morgan Core Bond Fund - 6 sales	n/a	\$ 405,924	n/a	\$ -	\$ 400,053	\$ 405,924	\$ 5,871

⁽¹⁾ This schedule reports those assets purchased and/or sold during the current period that are in excess of 5% of the fair market value of assets as required by ERISA Section 2250.103-6 and IRS Form 5500, Schedule H, Line 4j.

* Represents a party-in-interest to the Plan.

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 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

► **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 Mike-Sell's Potato Chip Co. Salaried, Clerical and Office Employees' Pension Plan	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Mike-Sells Potato Chip Company	D Employer Identification Number (EIN) 31-0516359	
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>2011</u>			
2 Assets:			
a Market value	2a	5301755	
b Actuarial value	2b	4943039	
3 Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	40	3223986
b For terminated vested participants	3b	57	926652
c For active participants:			
(1) Non-vested benefits	3c(1)		0
(2) Vested benefits	3c(2)		1937959
(3) Total active	3c(3)	53	1937959
d Total	3d	150	6088597
4 If the plan is in at-risk status, check the box and complete lines (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 in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.90%	
6 Target normal cost	6	44000	

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	 Signature of actuary	<u>08/02/2012</u> Date <u>1105898</u> Most recent enrollment number <u>847-400-9601</u> Telephone number (including area code)
Michael Zurek, EA, MAAA Type or print name of actuary Nyhart Firm name 707 Lake Cook Road, Suite 250 Deerfield IL 60015-5255 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) 2011
v.012611

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1386
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	1386
10 Interest on line 9 using prior year's actual return of <u>12.05%</u>	0	167
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		17607
b Interest on (a) using prior year's effective rate of <u>6.58%</u> except as otherwise provided (see instructions)		1159
c Total available at beginning of current plan year to add to prefunding balance		18766
d Portion of (c) to be added to prefunding balance		18766
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	20319

14	Funding target attainment percentage.....	14	80.85 %
15	Adjusted funding target attainment percentage	15	80.85 %
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	87.64 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

(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
04/05/2011	75000	0			
07/11/2011	75000	0			
09/29/2011	75000	0			
12/27/2011	75000	0			
			Totals ►	18(b)	300000
					18(c)
					0

a Contributions allocated toward unpaid minimum required contributions 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	289437

C If 20a is "Yes," see instructions and complete the following table as applicable:

(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: 2.94%	2nd segment: 5.82%	3rd segment: 6.46%
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 65
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 contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)		31a	44000
b Excess assets, if applicable, but not greater than 31a		31b	
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		1165877	254119
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 (lines 31a - 31b + 32a + 32b - 33) ..		34	298119
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	8682	8682
36 Additional cash requirement (line 34 minus line 35)	36		289437
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37		289437
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected		☐ 2 plus 7 years ☐ 15 years	
b Eligible plan year(s) for which the election in line 41a was made		☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE SB – STATEMENT BY ENROLLED ACTUARY

Mike-sell's Potato Chip Company
Mike-sell's Potato Chip Co. Salaried, Clerical and Office
Employees' Pension Plan
Plan Year Ending December 31, 2011

EIN: 31-0516359
Plan No.: 001

To the best of our knowledge the information supplied in the attached Schedule SB is complete and accurate. In our opinion, the assumptions are reasonably related to the experience of the plan and to reasonable expectations, and in combination represent our best estimate of anticipated experience under the plan.

The information on which this Schedule SB is based has been reconciled and reviewed for reasonableness and we are not aware of any material inadequacy in employee census or asset values which have been furnished by the employer and the trustee, respectively. Our review was not performed at the source, and we therefore do not accept responsibility for the accuracy or completeness of the data.

Since the last valuation there have been no changes in principal eligibility or benefit provisions.

The actuarial assumptions used to measure the plan's liabilities have been changed from those used last year. Specifically, the funding interest rate and mortality assumptions have been changed to comply with the Pension Protection Act. These changes do not require IRS approval.

To the best of our knowledge, no event has occurred after the last valuation date which will have a significant impact on the results the next valuation.

Nyhart



Michael Zurek, EA, MAAA
Enrolled Actuary No. 11-05898

August 2, 2012

Plan Status

The plan is closed to new entrants and benefit accruals are frozen for everyone with the exception of members of Teamsters Union No. 135 in Indianapolis, Indiana who are earning eligible plan compensation. Effective June 30, 2010 benefits for all participants are frozen.

Eligibility for Participation

An employee of Mike-sell's Potato Chip Company and/or Mike-sell's Indiana, Inc. (including members of Teamsters Union No. 135) whose benefits have not otherwise been the subject of good faith bargaining shall become a participant on the first day of the month following date of hire.

Effective December 31, 2007, the plan was closed to new participants.

Accrual of Benefits

A participant shall accumulate a benefit payable at normal retirement date based on compensation as of the date of determination of the accrued benefit and benefit service expected to be earned to normal retirement date, multiplied by a fraction: the numerator of which is benefit service earned to the date of determination and the denominator of which is benefit service expected to be earned at normal retirement date. For members of Teamsters Union No. 135 in Indianapolis, Indiana, no service will be credited after April 30, 2006 and no compensation will be credited after June 30, 2010. For all other participants, no service will be credited after December 31, 2005 and no compensation will be credited after April 30, 2007.

Benefits

Normal Retirement

Eligibility	Age 65 or the fifth anniversary of plan participation, if later
Benefit	Greater of 1.25% of plan compensation times credited service at normal retirement date or \$15 times credited service at normal retirement date.

Early Retirement

Eligibility Age 50 and 7 years of credited service.

Benefit Accrued Benefit reduced 1/180 per month for the 1st 60 months; 1/360 per month for the next 60 months by which the participant's early retirement date precedes his normal retirement date; and reduced actuarially for retirement before age 55.

Late Retirement

Eligibility Participation continues after normal retirement date.

Benefit Greater of accrued retirement benefit commencing as of the first day of the month following his late retirement date based on plan compensation and credited service at such date or accrued benefit as of normal retirement date actuarially increased for delayed commencement.

Death before Retirement

Eligibility Married participant with vested benefit

Benefit Spouse receives a benefit equal to the qualified pre-retirement survivor annuity.

Termination Benefit

Eligibility A participant's Accrued Benefit is 20% vested after 3 years of Credited Service plus 20% per year for each of the next 4 years. A participant is fully vested after 7 years of Credited Service.

Benefit Accrued retirement benefit payable at participant's normal retirement date.

Compensation

Employee's compensation reportable for federal withholding purposes for the calendar year plus any amounts contributed by the employer in accordance with Code Sections 125, 132 or 401(k). The maximum compensation to be taken into account is \$200,000, adjusted in the same manner as the limitations under Code Section 415(d). In the case of any participant who is not a member of Teamsters Union No. 135 in Indianapolis, Indiana, no compensation earned after April 30, 2007, shall be used in the determination of a participant's benefit. Effective February 2010, no future compensation is recognized for any participant.

Credited Service

For Vesting

A year of vesting service is credited for each plan year in which a participant is credited with 1,000 hours of service.

For Benefit Accrual

A year of benefit service is credited for each plan year in which a participant is credited with 1,000 hours of service.

In the case of a participant who is not a member of Teamsters Union No. 135 in Indianapolis, Indiana, no benefit service shall be credited to a participant after December 31, 2005. In the case of a participant who is a member of Teamsters Union No. 135 in Indianapolis, Indiana, no benefit service shall be credited to a participant after April 30, 2006.

Employee Contributions

Participants shall not be required or permitted to make contributions under the Plan.

Payment Forms

Normal Form

A single life annuity with a guarantee of 10 years for single participants. The normal retirement benefit shall be payable to married participants in the form of an actuarially equivalent qualified joint and 50% survivor annuity.

Optional Forms

Life annuity, 5 or 15 Year Certain and Life Annuity, Lump Sum (limited to \$7,500), 50%, 66.67%, 75% and 100% Joint and Survivor Annuity and benefits payable in equal installments for 5, 10, 15 or 20 years guaranteed.

**MIKE-SELL'S POTATO CHIP COMPANY SALARIED, CLERICAL AND OFFICE
EMPLOYEES' PENSION PLAN**

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

PLAN'S EMPLOYER IDENTIFICATION NUMBER: EIN # 31-0516359

PLAN NUMBER: 001

DECEMBER 31, 2011

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
Money Market Fund				
*	JP Morgan 100% U.S. Treasury Securities Money Market Fund	U.S. Treasury Plus Money Market Fund, 53,847.760 units	\$ 53,848	\$ 53,848
Equity Securities Funds				
*	JP Morgan Equity Index Fund	Large blend fund, 69,420.468 units	1,109,508	1,980,566
*	JP Morgan Market Expansion Index Fund	Mid-cap blend fund, 55,231.670 units	438,505	534,090
*	JP Morgan International Equity Index Fund	Foreign large blend fund, 17,348.003 units	<u>288,812</u>	<u>268,721</u>
			<u>1,836,825</u>	<u>2,783,377</u>
Corporate Bond Fund				
*	JP Morgan Core Bond Fund	Intermediate-term bond fund, 214,108.512 units	<u>2,306,383</u>	<u>2,535,045</u>
			<u>\$ 4,197,056</u>	<u>\$ 5,372,270</u>

*Represents a party-in-interest to the Plan.

Development of Shortfall Amortization Charge (continued)

Type of Base	Present Value of Remaining Installments	Valuation Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 585,782	1/1/2011	7	\$ 94,660
Shortfall	\$ (425,688)	1/1/2010	6	\$ (77,736)
Shortfall	\$ 513,735	1/1/2009	5	\$ 108,786
Shortfall	\$ 492,048	1/1/2008	4	\$ 128,409
	<u>\$ 1,165,877</u>			<u>\$ 254,119</u>

Changes since Prior Valuation and Key Notes

There have been no changes to the plan provisions since the last valuation.

The interest rates and mortality assumptions have been updated as required under the Pension Protection Act and IRS Regulations.

Effective June 30, 2010, all benefit accruals are frozen.

Changes since Prior Valuation and Key Notes

There have been no changes to the plan provisions since the last valuation.

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