

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>IF & P FOODS, INC. 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1989</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>35-2014282</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>317-546-2425</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>424400</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1989</u>		2b Employer Identification Number (EIN) <u>35-2014282</u>		2c Sponsor's telephone number <u>317-546-2425</u>		2d Business code (see instructions) <u>424400</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>01/01/1989</u>											
2b Employer Identification Number (EIN) <u>35-2014282</u>											
2c Sponsor's telephone number <u>317-546-2425</u>											
2d Business code (see instructions) <u>424400</u>											
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>IF & P FOODS, INC.</u> <u>4501 MASSACHUSETTS AVE.</u> <u>INDIANAPOLIS, IN 46218</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.	10/09/2014	G. P. CORSARO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2014	G. P. CORSARO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 690
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 581
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits		6c 26
d Subtotal. Add lines 6a , 6b , and 6c		6d 607
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e 2
f Total. Add lines 6d and 6e		6f 609
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 191
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 4
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 3D 2T		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>2</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan IF & P FOODS, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 IF & P FOODS, INC.	D Employer Identification Number (EIN) 35-2014282

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	RM80706-1	0	01/01/2013	07/10/2013

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
15866	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

MORGAN STANLEY INS SERVICES, INC
34 EXCHANGE PLACE
JERSEY CITY, NJ 07311

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12520			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JOSEPH M DEZELAN
5420 N COLLEGE AVE STE 20
INDIANAPOLIS, IN 46220

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1673			3

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

Schedule A (Form 5500) 2013
v. 130118

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

KRISTI K BAKER

900 E 96TH ST STE 325
INDIANAPOLIS, IN 46240

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1673			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	0
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT		
b	Balance at the end of the previous year	7b	1296243
c	Additions: (1) Contributions deposited during the year	7c(1)	387948
	(2) Dividends and credits	7c(2)	0
	(3) Interest credited during the year	7c(3)	14048
	(4) Transferred from separate account	7c(4)	7099943
	(5) Other (specify below)	7c(5)	85164
	▶ MKT VALUE, RO, TRANS ASSETS, TRANS FORFS		
	(6) Total additions	7c(6)	7587103
d	Total of balance and additions (add lines 7b and 7c(6))	7d	8883346
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2272
	(2) Administration charge made by carrier	7e(2)	1058
	(3) Transferred to separate account	7e(3)	339154
	(4) Other (specify below)	7e(4)	8540862
	▶ PD TRUST LAPSE		
	(5) Total deductions	7e(5)	8883346
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013	
A Name of plan IF & P FOODS, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 IF & P FOODS, INC.	D Employer Identification Number (EIN) 35-2014282

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	MR 61114-1	609	01/01/2013	12/31/2013

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4****5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶ **GROUP ANNUITY CONTRACT****b** Balance at the end of the previous year **7b** 0**c** Additions: (1) Contributions deposited during the year **7c(1)** 0
(2) Dividends and credits **7c(2)** 0
(3) Interest credited during the year **7c(3)** 0
(4) Transferred from separate account **7c(4)** 0
(5) Other (specify below) **7c(5)** 0
▶(6) Total additions **7c(6)** 0**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 0**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 0(2) Administration charge made by carrier **7e(2)** 0(3) Transferred to separate account **7e(3)** 0(4) Other (specify below) **7e(4)** 0
▶(5) Total deductions **7e(5)** 0**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection.

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

A Name of plan <u>IF & P FOODS, INC. 401(K) 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>IF & P FOODS, INC.</u>	D Employer Identification Number (EIN) <u>35-2014282</u>	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

04-1590850

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

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

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

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

MASSACHUSETTS MUTUAL LIFE INSURANCE

04-1590850

(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?
52 60 63 64 68 72	CONTRACT ADMINISTRATOR	12680	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

COMPENSATION SYSTEMS, INC.

35-1277460

(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?
13 15	TPA	0	Yes ☒ No ☐	Yes ☐ No ☒	5453	Yes ☒ No ☐

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

MORGAN STANLEY SMITH BARNEY, LLC

26-4310632

(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?
27	INVESTMENT ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	4138	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)

COMPENSATION SYSTEMS, INC.

900 E. 96TH STREET SUITE 325
INDIANAPOLIS, IN 46240

(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?
13	TPA	0	Yes ☒ No ☐	Yes ☐ No ☒	869	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
COMPENSATION SYSTEMS, INC.	13	869

(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.
MASSACHUSETTS MUTUAL LIFE INSURANCE 04-1590850	EXPENSE REIMBURSEMENT TO THIRD PARTY

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
COMPENSATION SYSTEMS, INC.	13	1314

(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.
MASSACHUSETTS MUTUAL LIFE INSURANCE 04-1590850	EXPENSE REIMBURSEMENT TO THIRD PARTY

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
COMPENSATION SYSTEMS, INC.	15	4138

(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.
MASSACHUSETTS MUTUAL LIFE INSURANCE 04-1590850	PLAN RELATED EXPENSES

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
MASSACHUSETTS MUTUAL LIFE INSURANCE	60	0
(d) Enter name and EIN (address) of source of indirect compensation AMER FUNDS BALANCED FUND 94-6050854		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS		
(a) Enter service provider name as it appears on line 2 MASSACHUSETTS MUTUAL LIFE INSURANCE		
(b) Service Codes (see instructions) 60		
(c) Enter amount of indirect compensation 0		
(d) Enter name and EIN (address) of source of indirect compensation AMER FUNDS EURO PACIFIC GROWTH FUND 95-6810128		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS		
(a) Enter service provider name as it appears on line 2 MASSACHUSETTS MUTUAL LIFE INSURANCE		
(b) Service Codes (see instructions) 60		
(c) Enter amount of indirect compensation 0		
(d) Enter name and EIN (address) of source of indirect compensation RETIREMENT 2010 (T. ROWE PRICE) 20-0001631		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS		

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
MASSACHUSETTS MUTUAL LIFE INSURANCE	60	0
(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.	
RETIREMENT 2020 (T. ROWE PRICE)	BASIS POINTS * PLAN ASSETS	
20-0001634		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	60	0
(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.	
RETIREMENT 2030 (T. ROWE PRICE)	BASIS POINTS * PLAN ASSETS	
20-0001636		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	60	0
(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.	
RETIREMENT 2040 (T. ROWE PRICE)	BASIS POINTS * PLAN ASSETS	
20-0001638		

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
MASSACHUSETTS MUTUAL LIFE INSURANCE	60	0
(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.	
RETIREMENT 2050 (T. ROWE PRICE)	BASIS POINTS * PLAN ASSETS	
51-0612044		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	60	0
(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.	
RETIREMENT INCOME (T. ROWE PRICE)	BASIS POINTS * PLAN ASSETS	
56-2294396		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	60	0
(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.	
BLACKROCK EQUITY DIVIDEND FUND	BASIS POINTS * PLAN ASSETS	
13-3806694		

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
MASSACHUSETTS MUTUAL LIFE INSURANCE	60	0
(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.	
INVESCO SELECT COMPANIES 47-0929668	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	60	0
(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.	
JP MORGAN LARGE CAP GROWTH FUND 26-3613641	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	60	0
(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.	
OPPENHEIMER GLOBAL OPPORTUN FUND 93-1036175	BASIS POINTS * PLAN ASSETS	

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
MASSACHUSETTS MUTUAL LIFE INSURANCE	60	0
(d) Enter name and EIN (address) of source of indirect compensation PREMIER INT'L EQUITY (OFI INST) 04-3212044		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS		
MASSACHUSETTS MUTUAL LIFE INSURANCE	60	0
(d) Enter name and EIN (address) of source of indirect compensation PRUDENTIAL JENNISON MID CAP GR FUND 13-2631108		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS		
MASSACHUSETTS MUTUAL LIFE INSURANCE	60	0
(d) Enter name and EIN (address) of source of indirect compensation TOTAL RETURN FUND (PIMCO) 33-0239892		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS		

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
MASSACHUSETTS MUTUAL LIFE INSURANCE	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
WELLS FARGO ADV SPEC MD CP VAL FUND	BASIS POINTS * PLAN ASSETS	
39-1947244		
(a) Enter service provider name as it appears on line 2		
MASSACHUSETTS MUTUAL LIFE INSURANCE	72	0
(d) Enter name and EIN (address) of source of indirect compensation		
MM S & P 500 INDEX (NORTHERN TRUST)	BASIS POINTS * PLAN ASSETS	
04-3410047		
(a) Enter service provider name as it appears on line 2		
MASSACHUSETTS MUTUAL LIFE INSURANCE	72	0
(d) Enter name and EIN (address) of source of indirect compensation		
PREMIER MONEY MARKET FUND (BABSON)	BASIS POINTS * PLAN ASSETS	
04-3212059		

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
MASSACHUSETTS MUTUAL LIFE INSURANCE	72	0
(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.	
SELECT FOCUSED VALUE FUND (HARRIS) 04-3512590	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY, LLC	27	4138
(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.	
MASSACHUSETTS MUTUAL LIFE INSURANCE 04-1590850	PLAN RELATED EXPENSES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>IF & P FOODS, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>IF & P FOODS, INC.</u>	D Employer Identification Number (EIN) <u>35-2014282</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PREMIER MONEY MARKET</u>			
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>			
c EIN-PN <u>04-1590850-043</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PREMIER INTERNATIONAL EQ</u>			
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>			
c EIN-PN <u>04-1590850-044</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PREMIER CORE BOND</u>			
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>			
c EIN-PN <u>04-1590850-041</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SELECT LARGE CAP VALUE</u>			
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>			
c EIN-PN <u>04-1590850-045</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GROWTH AMERICA</u>			
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>			
c EIN-PN <u>04-1590850-418</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PREMIER GLOBAL</u>			
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>			
c EIN-PN <u>04-1590850-079</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RETIREMENT 2030</u>			
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>			
c EIN-PN <u>90-0342299-031</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL COMPANIES		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0342299-081	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: MM S & P 599 INDEX		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 04-1590850-133	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: PREMIER MAIN STREET		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 04-1590850-072	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL STRATEGIC INCOME		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 04-1590850-075	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT 2040		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0342299-032	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: PREMIER CAPITAL APPRECIATION		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 04-1590850-078	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: SELECT FOCUSED VALUE		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 04-1590850-108	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY & INCOME		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0342299-149	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: SELECT MID CAP GROUP II		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 04-1590850-121	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: SELECT PIMCO TOTAL RETURN		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 04-1590850-193	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT 2020**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 90-0342299-030	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT INCOME**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 90-0342299-028	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT 2050**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 90-0342299-094	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT 2010**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 90-0342299-029	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>IF & P FOODS, INC. 401(K) 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>IF & P FOODS, INC.</u>		D Employer Identification Number (EIN) <u>35-2014282</u>

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	93606	109963
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	714747	232966
(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)	0	0
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	5606623	0
(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)		6926350
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1296241	7836
(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	7711217	7277115

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	7711217	7277115
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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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	114182	
(B) Participants	2a(1)(B)	593389	
(C) Others (including rollovers)	2a(1)(C)	63290	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		770861
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	87281	
(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)		87281
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1184781
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2042923

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	163347	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	-1521	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		161826
f Corrective distributions (see instructions)	2f		5570
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	2064	
(3) Investment advisory and management fees	2i(3)	18250	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		20314
j Total expenses. Add all expense amounts in column (b) and enter total	2j		187710

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1855213
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		2289315

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: **ALERDING & CO., LLC**

(2) EIN: **35-2043580**

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		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		1000000
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.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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)
MCCARTNEY PRODUCE, LLC RETIREMENT SAVINGS PLAN	46-0616654	001

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>IF & P FOODS, INC. 401(K) 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>IF & P FOODS, INC.</u>	D Employer Identification Number (EIN) <u>35-2014282</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
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>04-1590850</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>16</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
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**I F & P FOODS, INC.
401(K) PLAN**

FINANCIAL STATEMENTS
DECEMBER 31, 2013 AND 2012
AND
SUPPLEMENTAL SCHEDULES
DECEMBER 31, 2013



**I F & P FOODS, INC.
401(K) PLAN**

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DECEMBER 31, 2013 AND 2012**

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INDEPENDENT AUDITOR'S REPORT

Plan Trustees
I F & P FOODS, INC. 401(K) PLAN
Indianapolis, Indiana

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of I F & P FOODS, INC. 401(K) Plan, which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3 and 4, which was certified by Massachusetts Mutual Life Insurance Company, 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 a certification from the trustee as of and for the years ended December 31, 2013 and 2012 that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Assets held for Investment Purposes, which are the responsibility of plan management, 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. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, is 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.

Alending CPA Group

October 5, 2014

I F & P FOODS, INC.
401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2013 AND 2012

	<u>2013</u>	<u>2012</u>
Assets:		
Investments at fair value	\$ 7,167,152	\$ 7,617,611
Employer contributions receivable	<u>109,963</u>	<u>93,606</u>
Net assets available for benefits	<u>\$ 7,277,115</u>	<u>\$ 7,711,217</u>

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

I F & P FOODS, INC.
401(K) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2013 AND 2012

	<u>2013</u>	<u>2012</u>
Additions To Net Assets Attributed To:		
Investment income:		
Interest income	\$ 87,281	\$ 35,420
Net change in fair value of investments	1,184,781	724,167
	<u>1,272,062</u>	<u>759,587</u>
Contributions:		
Employer's	114,182	111,514
Participants'	593,389	568,009
Rollovers	63,290	62,342
	<u>770,861</u>	<u>741,865</u>
 Total additions	 <u>2,042,923</u>	 <u>1,501,452</u>
Deductions From Net Assets Attributed To:		
Benefits paid	161,826	845,650
Corrective distributions	5,570	3,084
Contract administrator fees	20,314	16,582
Transfer of assets	2,289,315	-0-
Total deductions	<u>2,477,025</u>	<u>865,316</u>
 Net increase (decrease)	 (434,102)	 636,136
Net Assets Available For Benefits:		
Beginning of year	<u>7,711,217</u>	<u>7,075,081</u>
 End of year	 <u>\$ 7,277,115</u>	 <u>\$ 7,711,217</u>

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

I F & P FOODS, INC.
401(K) PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013 AND 2012

1. SIGNIFICANT ACCOUNTING POLICIES

I F & P FOODS, INC. 401(K) PLAN (the "Plan") is a profit sharing plan administered by I F & P FOODS, INC. (the "Company"). The significant accounting policies followed by the Plan are summarized below:

Basis of Accounting

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

Valuation of Investments

The Plan adopted Financial Accounting Standards Board Accounting Standards Codification 820 ("ASC 820"), *Fair Value Measurements and Disclosures*. ASC 820 defines fair value, establishes a framework for measuring fair value and expands disclosures about fair value measurements. ASC 820 defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. ASC 820 also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The Plan's investments are all measured by Level I inputs as defined by ASC 820 as they are stated at fair value based on quoted market prices in active markets. Purchases and sales are recorded on a trade-date basis. Interest income is recorded on the accrual basis.

In accordance with the policy of stating investments at fair value, the changes in the excess of the market value over or under the cost of investments at year end is reflected in the Statements of Changes in Net Assets Available for Benefits under the heading "Net Change in Fair Value of Investments".

Investment Options

Upon enrollment in the Plan, participants may direct the investment of their contributions and all matching contributions into various investment contracts and annuity options offered by the Plan.

Risk and Uncertainties

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

I F & P FOODS, INC.
401(K) PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013 AND 2012

Payment of Benefits

Benefits are recorded when paid.

Expenses of the Plan

Expenses of the Plan, including administrative and professional fees, are paid on behalf of the Plan by the Company. Certain transaction fees are paid by the Plan.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results could differ from those estimates.

Income Tax Status

The Plan is a defined contribution plan qualifying under Section 401(a) of the Internal Revenue Code and is, therefore, exempt from income taxes. U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examinations by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

Subsequent Events

Subsequent events have been evaluated through October 5, 2014, which is the date the financial statements were available for issuance.

I F & P FOODS, INC.
401(K) PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013 AND 2012

2. DESCRIPTION OF PLAN

The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General Status

Established January 1, 1989, and amended May 19, 1997, the Plan provides for retirement benefits and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. All employees who meet certain eligibility service requirements may elect to participate in the Plan. During the year ended December 31, 2012, the Plan sponsor sold all of the assets of one of its wholly owned subsidiaries. The assets of the employees related to that subsidiary were transferred to its successor plan during the year ended December 31, 2013.

Participant Accounts

Each participant's account is credited with the participant's contributions, an allocation of the Company's contribution, and the Plan's earnings. Allocations are based on participant's base earnings as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested accounts.

Contributions

Each year, participants may contribute a percentage of their pre-tax annual compensation, as defined in the Plan. Each year, the Company contributes a discretionary amount to the Plan, which is then allocated to participants on a pro rata basis. Additional amounts may be contributed at the option of the Company's Board of Directors.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. The Plan provides that the Company's discretionary contributions, including earnings thereon, vest fully at the end of six years or upon earlier termination of employment due to death or permanent disability with partial vesting as follows:

Years of Service

Less than 2	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 or more	100%

I F & P FOODS, INC.
401(K) PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013 AND 2012

Upon termination of employment and distribution of participant's entire vested account balance for any reason other than death or permanent disability, the Company's discretionary contributions on their behalf, not then vested, are transferred to a forfeiture account. A forfeiture occurs in a plan year which a one-year "break in service" occurs. If the participant is re-employed within a five-year period or before five consecutive "break in service" years, all or part of their forfeited nonvested account is restored through current year forfeitures and an employer discretionary contribution, if necessary.

Payment of Benefits

Upon termination of service due to death, disability, or retirement, a participant is entitled to receive the entire amount credited to his or her account. For termination of service due to other reasons, a participant may receive the entire amount in his or her compensation deferral contribution account and his or her discretionary contribution account. The participant is also entitled to receive the "vested percentage" of his or her matching contribution and supplemental contribution accounts.

Plan Termination

Although the Company has not expressed intent to discontinue participation in the Plan, it may do so at any time upon resolution by the Company's Board of Directors. In the event the Company terminates its participation in the Plan, affected participants, who are actively employed by the Company at the time of termination, shall be fully vested for amounts credited their accounts on the termination date. The Plan provides that in the event of termination of the Plan, the net assets of the trust shall be allocated among the participants and beneficiaries of the Plan in the order provided for in the Plan text and regulations.

I F & P FOODS, INC.
401(K) PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013 AND 2012

3. INVESTMENTS

The investment company for the Plan is Massachusetts Mutual Life Insurance Company ("MMLIC"). Investment records of the Plan's assets are maintained by the investment company on a cash basis.

At December 31, 2013 and 2012, the fair value of investment balances, all held by MMLIC, were as follows:

	<u>2013</u>	<u>2012</u>
Guaranteed Account	\$ 240,803	\$ -0-
Babson Money Market Fund	-0-	719,191
	<u>240,803</u>	<u>719,191</u>
<u>Mutual Funds (held by MMLIC)</u>		
T. Rowe Price Retirement 2020	2,834,488	-0-
T. Rowe Price Retirement 2030	1,095,704	-0-
T. Rowe Price Retirement 2040	670,387	-0-
T. Rowe Price Retirement 2050	446,956	-0-
Sel Focused Value Fund	246,224	-0-
American Funds EuroPacific Growth Fund	243,882	-0-
T. Rowe Price Retirement 2010	239,734	-0-
BlackRock Equity Dividend Fund	217,776	-0-
Invesco Select Companies Fund	171,954	-0-
JP Morgan Large Capital Growth Fund	134,640	-0-
Oppenheimer Global Opportunity Fund	131,670	-0-
Wells Fargo Advance Sp Md Cp Vi Fund	121,518	-0-
MM S&P 500 Index FD	107,465	-0-
PIMCO Total Return Fund	87,917	-0-
Prudential Jennison Mid Cap Growth Fund	83,832	-0-
PIMCO Income Fund	60,482	-0-
American Funds Balanced Fund	18,594	-0-
T. Rowe Retirement Income	13,126	-0-
Guaranteed Fixed Fund	-0-	1,296,241
Oakmark Equity Income Fund	-0-	895,654
American Century Growth America	-0-	702,919
Oppenheimer International Equity Fund	-0-	556,090
TRP MM Mid-Cap Growth II Fund	-0-	504,788
Indexed Equity Fund	-0-	448,973
Oppenheimer Global Fund	-0-	424,459
Harris MM Focused Value Fund	-0-	378,613
Davis MM Large Cap Value Fund	-0-	353,661
Babson MM Core Bond Fund	-0-	326,965
Oppenheimer Main St Grth & Inc Fund	-0-	250,172
Oppenheimer Strategic Income Fund	-0-	225,759
Oppenheimer Capital Appreciation Fund	-0-	146,684
Retirement 2020 (T. Rowe Price)	-0-	105,630
Retirement 2010 (T. Rowe Price)	-0-	76,176
Invesco Small Companies	-0-	68,683
PIMCO Total Return	-0-	67,021
Retirement 2030 (T. Rowe Price)	-0-	52,728
Other	-0-	17,204
	<u>6,926,349</u>	<u>6,898,420</u>
Total investments at fair value	<u>\$ 7,167,152</u>	<u>\$ 7,617,611</u>

I F & P FOODS, INC.
401(K) PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013 AND 2012

The market value of the Plan's investments are measured by Level 1 input criteria as established in accordance with ASC 820 and defined as quoted prices in active markets for identical investments that can be accessed as of the measurement date.

During 2013 and 2012, the Plan's investments (including investments purchased, sold, and held during the year) appreciated in value by \$1,184,781 and \$724,167, respectively, as follows:

	<u>2013</u>	<u>2012</u>
T. Rowe Price Retirement 2020	\$ 231,779	\$ -0-
T. Rowe Price Retirement 2030	101,347	-0-
T. Rowe Price Retirement 2040	69,122	-0-
T. Rowe Price Retirement 2050	45,544	-0-
Sel Focused Value Fund	22,859	-0-
American Funds EuroPacific Growth Fund	26,096	-0-
T. Rowe Price Retirement 2010	14,402	-0-
BlackRock Equity Dividend Fund	17,141	-0-
Invesco Select Companies Fund	10,015	-0-
JP Morgan Large Capital Growth Fund	17,182	-0-
Oppenheimer Global Opportunity Fund	18,477	-0-
Wells Fargo Advance Sp Md Cp Vi Fund	12,102	-0-
MM S&P 500 Index FD	10,516	-0-
PIMCO Total Return Fund	431	-0-
Prudential Jennison Mid Cap Growth Fund	8,043	-0-
PIMCO Income Fund	1,364	-0-
American Funds Balanced Fund	1,345	-0-
T. Rowe Retirement Income	470	-0-
Oakmark Equity Income Fund	61,603	82,157
American Century Growth America	86,379	119,395
Oppenheimer International Equity Fund	46,852	100,421
TRP MM Mid-Cap Growth II Fund	80,894	65,632
Indexed Equity Fund	69,471	58,866
Oppenheimer Global Fund	28,956	76,671
Harris MM Focused Value Fund	88,795	63,465
Davis MM Large Cap Value Fund	49,150	30,768
Babson MM Core Bond Fund	(6,809)	18,932
Oppenheimer Main St Grth & Inc Fund	35,986	28,985
Oppenheimer Strategic Income Fund	(4,961)	26,295
Oppenheimer Capital Appreciation Fund	17,519	17,282
Retirement 2020 (T. Rowe Price)	7,671	5,477
Invesco Small Companies	10,393	10,089
PIMCO Total Return	(2,342)	8,481
Retirement 2030 (T. Rowe Price)	4,456	6,978
Other	2,533	4,273
	<u>\$ 1,184,781</u>	<u>\$ 724,167</u>

I F & P FOODS, INC.
401(K) PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013 AND 2012

4. SUMMARY OF FINANCIAL DATA CERTIFIED BY THE TRUSTEE

The financial information contained in the Statements of Net Assets Available for Benefits as of December 31, 2013 and 2012, and in the Statements of Changes in Net Assets Available for Benefits for the years then ended, was certified by the investment company in accordance with Section 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

5. TRANSACTIONS WITH PARTIES IN INTEREST

Administrative fees related to the administration of the Plan are paid by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the plan for the investment management services amount to \$20,314 and \$16,582 for the years ended December 31, 2013 and 2012, respectively.

SUPPLEMENTARY SCHEDULES

**I F & P FOODS, INC.
401(K) PLAN**

PART IV – QUESTION 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
DECEMBER 31, 2013

Employer Identification Number: 35-2014282 Plan Number: 001

<u>Identity of issue, borrower, lessor or similar party</u>	<u>Description of Investment</u>	<u>Shares/ Units</u>	<u>Cost</u>	<u>Fair Value</u>
T. Rowe Price Retirement 2020	Mutual Fund	139,837	\$ 2,703,851	\$2,834,488
T. Rowe Price Retirement 2030	Mutual Fund	48,828	1,027,674	1,095,704
T. Rowe Price Retirement 2040	Mutual Fund	28,834	619,956	670,387
T. Rowe Price Retirement 2050	Mutual Fund	34,461	412,835	446,956
Sel Focused Value Fund	Mutual Fund	10,531	248,285	246,224
American Funds EuroPacific Growth Fund	Mutual Fund	5,062	217,854	243,882
Guaranteed Account	Money Market	N/A	240,803	240,803
T. Rowe Price Retirement 2010	Mutual Fund	13,521	233,977	239,734
BlackRock Equity Dividend Fund	Mutual Fund	8,977	202,964	217,776
Invesco Select Companies Fund	Mutual Fund	7,352	169,775	171,954
JP Morgan Large Capital Growth Fund	Mutual Fund	4,237	117,482	134,640
Oppenheimer Global Opportunity Fund	Mutual Fund	3,173	113,373	131,670
Wells Fargo Advance Sp Md Cp Vi Fund	Mutual Fund	3,859	117,598	121,518
MM S&P 500 Index FD	Mutual Fund	6,303	99,506	107,465
PIMCO Total Return Fund	Mutual Fund	8,224	88,641	87,917
Prudential Jennison Mid Cap Growth Fund	Mutual Fund	2,158	77,890	83,832
PIMCO Income Fund	Mutual Fund	4,933	60,265	60,482
American Funds Balanced Fund	Mutual Fund	765	17,362	18,594
T. Rowe Retirement Income	Mutual Fund	887	12,881	13,126
			<u>\$ 6,782,972</u>	<u>\$ 7,167,152</u>

**I F & P FOODS, INC.
401(K) PLAN**

**REPORTABLE TRANSACTIONS
SCHEDULE OF ASSETS HELD
FOR INVESTMENT PURPOSES THAT WERE
BOTH ACQUIRED AND DISPOSED OF WITHIN THE PLAN YEAR
YEAR ENDED DECEMBER 31, 2013**

Employer Identification Number: 35-2014282 Plan Number: 001

<u>Identity of Party Involved</u>	<u>Description of Investment</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Expense Incurred</u>	<u>Contract Value</u>	<u>Net Gain/ or (Loss)</u>
Guaranteed Fixed Fund	Mutual Fund	\$ 87,049	n/a	n/a	n/a	n/a
T. Rowe Price Retirement 2020	Mutual Fund	3,163,996	n/a	n/a	n/a	n/a
T. Rowe Price Retirement 2030	Mutual Fund	1,193,252	n/a	n/a	n/a	n/a
T. Rowe Price Retirement 2040	Mutual Fund	645,094	n/a	n/a	n/a	n/a
T. Rowe Price Retirement 2050	Mutual Fund	262,162	n/a	n/a	n/a	n/a
Sel Focused Value Fund	Mutual Fund	29,675	n/a	n/a	n/a	n/a
American Funds EuroPacific Growth Fund	Mutual Fund	83,058	n/a	n/a	n/a	n/a
T. Rowe Price Retirement 2010	Mutual Fund	376,028	n/a	n/a	n/a	n/a
BlackRock Equity Dividend Fund	Mutual Fund	76,969	n/a	n/a	n/a	n/a
Invesco Select Companies Fund	Mutual Fund	54,409	n/a	n/a	n/a	n/a
JP Morgan Large Capital Growth Fund	Mutual Fund	76,149	n/a	n/a	n/a	n/a
Oppenheimer Global Opportunity Fund	Mutual Fund	42,485	n/a	n/a	n/a	n/a
Wells Fargo Advance Sp Md Cp Vi Fund	Mutual Fund	26,564	n/a	n/a	n/a	n/a
MM S&P 500 Index FD	Mutual Fund	53,006	n/a	n/a	n/a	n/a
PIMCO Total Return Fund	Mutual Fund	24,062	n/a	n/a	n/a	n/a
Prudential Jennison Mid Cap Growth Fund	Mutual Fund	31,275	n/a	n/a	n/a	n/a
PIMCO Income Fund	Mutual Fund	24,262	n/a	n/a	n/a	n/a
American Funds Balanced Fund	Mutual Fund	1,689	n/a	n/a	n/a	n/a
T. Rowe Retirement Income	Mutual Fund	51	n/a	n/a	n/a	n/a
Forfeiture Account	Mutual Fund	7,740	(7,740)	-0-	n/a	n/a
Guaranteed Fixed Fund	Mutual Fund	-0-	(976,260)	-0-	976,260	-0-
Oakmark Equity Income Fund	Mutual Fund	-0-	(644,444)	-0-	644,444	-0-
American Century Growth America	Mutual Fund	-0-	(647,002)	-0-	647,002	-0-
Oppenheimer International Equity Fund	Mutual Fund	-0-	(601,178)	-0-	601,178	-0-
TRP MM Mid-Cap Growth II Fund	Mutual Fund	-0-	(514,852)	-0-	514,852	-0-
Indexed Equity Fund	Mutual Fund	-0-	(477,648)	-0-	477,648	-0-
Oppenheimer Global Fund	Mutual Fund	-0-	(298,951)	-0-	298,951	-0-
Harris MM Focused Value Fund	Mutual Fund	-0-	(482,179)	-0-	482,179	-0-
Davis MM Large Cap Value Fund	Mutual Fund	-0-	(318,768)	-0-	318,768	-0-
Babson MM Core Bond Fund	Money Market	-0-	(222,247)	-0-	222,247	-0-
Oppenheimer Main St Grth & Inc Fund	Mutual Fund	-0-	(278,988)	-0-	278,988	-0-
Oppenheimer Strategic Income Fund	Mutual Fund	-0-	(196,919)	-0-	196,919	-0-
Oppenheimer Capital Appreciation Fund	Mutual Fund	-0-	(161,427)	-0-	161,427	-0-
Retirement 2020 (T. Rowe Price)	Mutual Fund	-0-	(111,582)	-0-	111,582	-0-
Retirement 2010 (T. Rowe Price)	Mutual Fund	-0-	(1,664)	-0-	1,664	-0-
Invesco Small Companies	Mutual Fund	-0-	(79,754)	-0-	79,754	-0-
PIMCO Total Return	Mutual Fund	-0-	(63,743)	-0-	63,743	-0-
Retirement 2030 (T. Rowe Price)	Mutual Fund	-0-	(61,511)	-0-	61,511	-0-
Other	Mutual Fund	-0-	(112,118)	-0-	119,858	-0-
		<u>\$ 6,258,975</u>	<u>\$ (6,258,975)</u>	<u>\$ -0-</u>	<u>\$ 6,258,975</u>	<u>\$ -0-</u>

See Independent Auditor's Report on Pages 1 – 2.

**I F & P FOODS, INC.
401(K) PLAN**

**REPORTABLE TRANSACTIONS
SCHEDULE OF ASSETS HELD
FOR INVESTMENT PURPOSES THAT WERE
BOTH ACQUIRED AND DISPOSED OF WITHIN THE PLAN YEAR
YEAR ENDED DECEMBER 31, 2013**

Employer Identification Number:

35-2014282

Plan Number: 001

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense incurred with transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
McCartney Produce, LLC Retirement Savings Plan	Babson Money Market Fund	N/A	\$ (632,316)	N/A	N/A	\$ (632,316)	\$ (632,316)	N/A
	Guaranteed Fixed Fund	N/A	(520,030)	N/A	N/A	(520,030)	(520,030)	N/A
	Oakmark Equity Income Fund	N/A	(346,239)	N/A	N/A	(346,239)	(346,239)	N/A
	American Century Growth America	N/A	(151,132)	N/A	N/A	(151,132)	(151,132)	N/A
	Oppenheimer International Equity Fund	N/A	(13,095)	N/A	N/A	(13,095)	(13,095)	N/A
	TRP MM Mid-Cap Growth II Fund	N/A	(82,567)	N/A	N/A	(82,567)	(82,567)	N/A
	Indexed Equity Fund	N/A	(54,415)	N/A	N/A	(54,415)	(54,415)	N/A
	Oppenheimer Global Fund	N/A	(147,405)	N/A	N/A	(147,405)	(147,405)	N/A
	Harris MM Focused Value Fund	N/A	(7,361)	N/A	N/A	(7,361)	(7,361)	N/A
	Davis MM Large Cap Value Fund	N/A	(104,751)	N/A	N/A	(104,751)	(104,751)	N/A
	Babson MM Core Bond Fund	N/A	(96,585)	N/A	N/A	(96,585)	(96,585)	N/A
	Oppenheimer Main St Grth & Inc Fund	N/A	(10,068)	N/A	N/A	(10,068)	(10,068)	N/A
	Oppenheimer Strategic Income Fund	N/A	(8,309)	N/A	N/A	(8,309)	(8,309)	N/A
	Oppenheimer Capital Appreciation Fund	N/A	(3,304)	N/A	N/A	(3,304)	(3,304)	N/A
	Retirement 2010 (T. Rowe Price)	N/A	(76,872)	N/A	N/A	(76,872)	(76,872)	N/A
	Invesco Small Companies	N/A	(1,078)	N/A	N/A	(1,078)	(1,078)	N/A
	PIMCO Total Return	N/A	(15,020)	N/A	N/A	(15,020)	(15,020)	N/A
	Retirement 2030 (T. Rowe Price)	N/A	(18,228)	N/A	N/A	(18,228)	(18,228)	N/A
	Other	N/A	(540)	N/A	N/A	(540)	(540)	N/A
			<u>\$ (2,289,315)</u>			<u>\$ (2,289,315)</u>	<u>\$ (2,289,315)</u>	

I F & P FOODS, INC. 401(K) PLAN

REPORTABLE TRANSACTIONS SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES THAT WERE BOTH ACQUIRED AND DISPOSED OF WITHIN THE PLAN YEAR YEAR ENDED DECEMBER 31, 2013

Employer Identification Number: 35-2014282 Plan Number: 001

<u>Identity of Party Involved</u>	<u>Description of Investment</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Expense Incurred</u>	<u>Contract Value</u>	<u>Net Gain/ or (Loss)</u>
Guaranteed Fixed Fund	Mutual Fund	\$ 87,049	n/a	n/a	n/a	n/a
T. Rowe Price Retirement 2020	Mutual Fund	3,163,996	n/a	n/a	n/a	n/a
T. Rowe Price Retirement 2030	Mutual Fund	1,193,252	n/a	n/a	n/a	n/a
T. Rowe Price Retirement 2040	Mutual Fund	645,094	n/a	n/a	n/a	n/a
T. Rowe Price Retirement 2050	Mutual Fund	262,162	n/a	n/a	n/a	n/a
Sel Focused Value Fund	Mutual Fund	29,675	n/a	n/a	n/a	n/a
American Funds EuroPacific Growth Fund	Mutual Fund	83,058	n/a	n/a	n/a	n/a
T. Rowe Price Retirement 2010	Mutual Fund	376,028	n/a	n/a	n/a	n/a
BlackRock Equity Dividend Fund	Mutual Fund	76,969	n/a	n/a	n/a	n/a
Invesco Select Companies Fund	Mutual Fund	54,409	n/a	n/a	n/a	n/a
JP Morgan Large Capital Growth Fund	Mutual Fund	76,149	n/a	n/a	n/a	n/a
Oppenheimer Global Opportunity Fund	Mutual Fund	42,485	n/a	n/a	n/a	n/a
Wells Fargo Advance Sp Md Cp Vi Fund	Mutual Fund	26,564	n/a	n/a	n/a	n/a
MM S&P 500 Index FD	Mutual Fund	53,006	n/a	n/a	n/a	n/a
PIMCO Total Return Fund	Mutual Fund	24,062	n/a	n/a	n/a	n/a
Prudential Jennison Mid Cap Growth Fund	Mutual Fund	31,275	n/a	n/a	n/a	n/a
PIMCO Income Fund	Mutual Fund	24,262	n/a	n/a	n/a	n/a
American Funds Balanced Fund	Mutual Fund	1,689	n/a	n/a	n/a	n/a
T. Rowe Retirement Income	Mutual Fund	51	n/a	n/a	n/a	n/a
Forfeiture Account	Mutual Fund	7,740	(7,740)	-0-	n/a	n/a
Guaranteed Fixed Fund	Mutual Fund	-0-	(976,260)	-0-	976,260	-0-
Oakmark Equity Income Fund	Mutual Fund	-0-	(644,444)	-0-	644,444	-0-
American Century Growth America	Mutual Fund	-0-	(647,002)	-0-	647,002	-0-
Oppenheimer International Equity Fund	Mutual Fund	-0-	(601,178)	-0-	601,178	-0-
TRP MM Mid-Cap Growth II Fund	Mutual Fund	-0-	(514,852)	-0-	514,852	-0-
Indexed Equity Fund	Mutual Fund	-0-	(477,648)	-0-	477,648	-0-
Oppenheimer Global Fund	Mutual Fund	-0-	(298,951)	-0-	298,951	-0-
Harris MM Focused Value Fund	Mutual Fund	-0-	(482,179)	-0-	482,179	-0-
Davis MM Large Cap Value Fund	Mutual Fund	-0-	(318,768)	-0-	318,768	-0-
Babson MM Core Bond Fund	Money Market	-0-	(222,247)	-0-	222,247	-0-
Oppenheimer Main St Grth & Inc Fund	Mutual Fund	-0-	(278,988)	-0-	278,988	-0-
Oppenheimer Strategic Income Fund	Mutual Fund	-0-	(196,919)	-0-	196,919	-0-
Oppenheimer Capital Appreciation Fund	Mutual Fund	-0-	(161,427)	-0-	161,427	-0-
Retirement 2020 (T. Rowe Price)	Mutual Fund	-0-	(111,582)	-0-	111,582	-0-
Retirement 2010 (T. Rowe Price)	Mutual Fund	-0-	(1,664)	-0-	1,664	-0-
Invesco Small Companies	Mutual Fund	-0-	(79,754)	-0-	79,754	-0-
PIMCO Total Return	Mutual Fund	-0-	(63,743)	-0-	63,743	-0-
Retirement 2030 (T. Rowe Price)	Mutual Fund	-0-	(61,511)	-0-	61,511	-0-
Other	Mutual Fund	-0-	(112,118)	-0-	119,858	-0-
		<u>\$ 6,258,975</u>	<u>\$ (6,258,975)</u>	<u>\$ -0-</u>	<u>\$ 6,258,975</u>	<u>\$ -0-</u>

See Independent Auditor's Report on Pages 1 – 2.

I F & P FOODS, INC. 401(K) PLAN

REPORTABLE TRANSACTIONS SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES THAT WERE BOTH ACQUIRED AND DISPOSED OF WITHIN THE PLAN YEAR YEAR ENDED DECEMBER 31, 2013

Employer Identification Number: 35-2014282 Plan Number: 001

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense incurred with transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
McCartney Produce, LLC Retirement Savings Plan	Babson Money Market Fund	N/A	\$ (632,316)	N/A	N/A	\$ (632,316)	\$ (632,316)	N/A
	Guaranteed Fixed Fund	N/A	(520,030)	N/A	N/A	(520,030)	(520,030)	N/A
	Oakmark Equity Income Fund	N/A	(346,239)	N/A	N/A	(346,239)	(346,239)	N/A
	American Century Growth America	N/A	(151,132)	N/A	N/A	(151,132)	(151,132)	N/A
	Oppenheimer International Equity Fund	N/A	(13,095)	N/A	N/A	(13,095)	(13,095)	N/A
	TRP MM Mid-Cap Growth II Fund	N/A	(82,567)	N/A	N/A	(82,567)	(82,567)	N/A
	Indexed Equity Fund	N/A	(54,415)	N/A	N/A	(54,415)	(54,415)	N/A
	Oppenheimer Global Fund	N/A	(147,405)	N/A	N/A	(147,405)	(147,405)	N/A
	Harris MM Focused Value Fund	N/A	(7,361)	N/A	N/A	(7,361)	(7,361)	N/A
	Davis MM Large Cap Value Fund	N/A	(104,751)	N/A	N/A	(104,751)	(104,751)	N/A
	Babson MM Core Bond Fund	N/A	(96,585)	N/A	N/A	(96,585)	(96,585)	N/A
	Oppenheimer Main St Grth & Inc Fund	N/A	(10,068)	N/A	N/A	(10,068)	(10,068)	N/A
	Oppenheimer Strategic Income Fund	N/A	(8,309)	N/A	N/A	(8,309)	(8,309)	N/A
	Oppenheimer Capital Appreciation Fund	N/A	(3,304)	N/A	N/A	(3,304)	(3,304)	N/A
	Retirement 2010 (T. Rowe Price)	N/A	(76,872)	N/A	N/A	(76,872)	(76,872)	N/A
	Invesco Small Companies	N/A	(1,078)	N/A	N/A	(1,078)	(1,078)	N/A
	PIMCO Total Return	N/A	(15,020)	N/A	N/A	(15,020)	(15,020)	N/A
	Retirement 2030 (T. Rowe Price)	N/A	(18,228)	N/A	N/A	(18,228)	(18,228)	N/A
	Other	N/A	(540)	N/A	N/A	(540)	(540)	N/A
			<u>\$ (2,289,315)</u>			<u>\$ (2,289,315)</u>	<u>\$ (2,289,315)</u>	

I F & P FOODS, INC. 401(K) PLAN

REPORTABLE TRANSACTIONS SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES THAT WERE BOTH ACQUIRED AND DISPOSED OF WITHIN THE PLAN YEAR YEAR ENDED DECEMBER 31, 2013

Employer Identification Number: 35-2014282 Plan Number: 001

<u>Identity of Party Involved</u>	<u>Description of Investment</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Expense Incurred</u>	<u>Contract Value</u>	<u>Net Gain/ or (Loss)</u>
Guaranteed Fixed Fund	Mutual Fund	\$ 87,049	n/a	n/a	n/a	n/a
T. Rowe Price Retirement 2020	Mutual Fund	3,163,996	n/a	n/a	n/a	n/a
T. Rowe Price Retirement 2030	Mutual Fund	1,193,252	n/a	n/a	n/a	n/a
T. Rowe Price Retirement 2040	Mutual Fund	645,094	n/a	n/a	n/a	n/a
T. Rowe Price Retirement 2050	Mutual Fund	262,162	n/a	n/a	n/a	n/a
Sel Focused Value Fund	Mutual Fund	29,675	n/a	n/a	n/a	n/a
American Funds EuroPacific Growth Fund	Mutual Fund	83,058	n/a	n/a	n/a	n/a
T. Rowe Price Retirement 2010	Mutual Fund	376,028	n/a	n/a	n/a	n/a
BlackRock Equity Dividend Fund	Mutual Fund	76,969	n/a	n/a	n/a	n/a
Invesco Select Companies Fund	Mutual Fund	54,409	n/a	n/a	n/a	n/a
JP Morgan Large Capital Growth Fund	Mutual Fund	76,149	n/a	n/a	n/a	n/a
Oppenheimer Global Opportunity Fund	Mutual Fund	42,485	n/a	n/a	n/a	n/a
Wells Fargo Advance Sp Md Cp Vi Fund	Mutual Fund	26,564	n/a	n/a	n/a	n/a
MM S&P 500 Index FD	Mutual Fund	53,006	n/a	n/a	n/a	n/a
PIMCO Total Return Fund	Mutual Fund	24,062	n/a	n/a	n/a	n/a
Prudential Jennison Mid Cap Growth Fund	Mutual Fund	31,275	n/a	n/a	n/a	n/a
PIMCO Income Fund	Mutual Fund	24,262	n/a	n/a	n/a	n/a
American Funds Balanced Fund	Mutual Fund	1,689	n/a	n/a	n/a	n/a
T. Rowe Retirement Income	Mutual Fund	51	n/a	n/a	n/a	n/a
Forfeiture Account	Mutual Fund	7,740	(7,740)	-0-	n/a	n/a
Guaranteed Fixed Fund	Mutual Fund	-0-	(976,260)	-0-	976,260	-0-
Oakmark Equity Income Fund	Mutual Fund	-0-	(644,444)	-0-	644,444	-0-
American Century Growth America	Mutual Fund	-0-	(647,002)	-0-	647,002	-0-
Oppenheimer International Equity Fund	Mutual Fund	-0-	(601,178)	-0-	601,178	-0-
TRP MM Mid-Cap Growth II Fund	Mutual Fund	-0-	(514,852)	-0-	514,852	-0-
Indexed Equity Fund	Mutual Fund	-0-	(477,648)	-0-	477,648	-0-
Oppenheimer Global Fund	Mutual Fund	-0-	(298,951)	-0-	298,951	-0-
Harris MM Focused Value Fund	Mutual Fund	-0-	(482,179)	-0-	482,179	-0-
Davis MM Large Cap Value Fund	Mutual Fund	-0-	(318,768)	-0-	318,768	-0-
Babson MM Core Bond Fund	Money Market	-0-	(222,247)	-0-	222,247	-0-
Oppenheimer Main St Grth & Inc Fund	Mutual Fund	-0-	(278,988)	-0-	278,988	-0-
Oppenheimer Strategic Income Fund	Mutual Fund	-0-	(196,919)	-0-	196,919	-0-
Oppenheimer Capital Appreciation Fund	Mutual Fund	-0-	(161,427)	-0-	161,427	-0-
Retirement 2020 (T. Rowe Price)	Mutual Fund	-0-	(111,582)	-0-	111,582	-0-
Retirement 2010 (T. Rowe Price)	Mutual Fund	-0-	(1,664)	-0-	1,664	-0-
Invesco Small Companies	Mutual Fund	-0-	(79,754)	-0-	79,754	-0-
PIMCO Total Return	Mutual Fund	-0-	(63,743)	-0-	63,743	-0-
Retirement 2030 (T. Rowe Price)	Mutual Fund	-0-	(61,511)	-0-	61,511	-0-
Other	Mutual Fund	-0-	(112,118)	-0-	119,858	-0-
		<u>\$ 6,258,975</u>	<u>\$ (6,258,975)</u>	<u>\$ -0-</u>	<u>\$ 6,258,975</u>	<u>\$ -0-</u>

See Independent Auditor's Report on Pages 1 – 2.

I F & P FOODS, INC. 401(K) PLAN

REPORTABLE TRANSACTIONS SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES THAT WERE BOTH ACQUIRED AND DISPOSED OF WITHIN THE PLAN YEAR YEAR ENDED DECEMBER 31, 2013

Employer Identification Number: 35-2014282 Plan Number: 001

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense incurred with transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
McCartney Produce, LLC Retirement Savings Plan	Babson Money Market Fund	N/A	\$ (632,316)	N/A	N/A	\$ (632,316)	\$ (632,316)	N/A
	Guaranteed Fixed Fund	N/A	(520,030)	N/A	N/A	(520,030)	(520,030)	N/A
	Oakmark Equity Income Fund	N/A	(346,239)	N/A	N/A	(346,239)	(346,239)	N/A
	American Century Growth America	N/A	(151,132)	N/A	N/A	(151,132)	(151,132)	N/A
	Oppenheimer International Equity Fund	N/A	(13,095)	N/A	N/A	(13,095)	(13,095)	N/A
	TRP MM Mid-Cap Growth II Fund	N/A	(82,567)	N/A	N/A	(82,567)	(82,567)	N/A
	Indexed Equity Fund	N/A	(54,415)	N/A	N/A	(54,415)	(54,415)	N/A
	Oppenheimer Global Fund	N/A	(147,405)	N/A	N/A	(147,405)	(147,405)	N/A
	Harris MM Focused Value Fund	N/A	(7,361)	N/A	N/A	(7,361)	(7,361)	N/A
	Davis MM Large Cap Value Fund	N/A	(104,751)	N/A	N/A	(104,751)	(104,751)	N/A
	Babson MM Core Bond Fund	N/A	(96,585)	N/A	N/A	(96,585)	(96,585)	N/A
	Oppenheimer Main St Grth & Inc Fund	N/A	(10,068)	N/A	N/A	(10,068)	(10,068)	N/A
	Oppenheimer Strategic Income Fund	N/A	(8,309)	N/A	N/A	(8,309)	(8,309)	N/A
	Oppenheimer Capital Appreciation Fund	N/A	(3,304)	N/A	N/A	(3,304)	(3,304)	N/A
	Retirement 2010 (T. Rowe Price)	N/A	(76,872)	N/A	N/A	(76,872)	(76,872)	N/A
	Invesco Small Companies	N/A	(1,078)	N/A	N/A	(1,078)	(1,078)	N/A
	PIMCO Total Return	N/A	(15,020)	N/A	N/A	(15,020)	(15,020)	N/A
	Retirement 2030 (T. Rowe Price)	N/A	(18,228)	N/A	N/A	(18,228)	(18,228)	N/A
	Other	N/A	(540)	N/A	N/A	(540)	(540)	N/A
			<u>\$ (2,289,315)</u>			<u>\$ (2,289,315)</u>	<u>\$ (2,289,315)</u>	

**I F & P FOODS, INC.
401(K) PLAN**

PART IV – QUESTION 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
DECEMBER 31, 2013

Employer Identification Number: 35-2014282 Plan Number: 001

<u>Identity of issue, borrower, lessor or similar party</u>	<u>Description of Investment</u>	<u>Shares/ Units</u>	<u>Cost</u>	<u>Fair Value</u>
T. Rowe Price Retirement 2020	Mutual Fund	139,837	\$ 2,703,851	\$2,834,488
T. Rowe Price Retirement 2030	Mutual Fund	48,828	1,027,674	1,095,704
T. Rowe Price Retirement 2040	Mutual Fund	28,834	619,956	670,387
T. Rowe Price Retirement 2050	Mutual Fund	34,461	412,835	446,956
Sel Focused Value Fund	Mutual Fund	10,531	248,285	246,224
American Funds EuroPacific Growth Fund	Mutual Fund	5,062	217,854	243,882
Guaranteed Account	Money Market	N/A	240,803	240,803
T. Rowe Price Retirement 2010	Mutual Fund	13,521	233,977	239,734
BlackRock Equity Dividend Fund	Mutual Fund	8,977	202,964	217,776
Invesco Select Companies Fund	Mutual Fund	7,352	169,775	171,954
JP Morgan Large Capital Growth Fund	Mutual Fund	4,237	117,482	134,640
Oppenheimer Global Opportunity Fund	Mutual Fund	3,173	113,373	131,670
Wells Fargo Advance Sp Md Cp Vi Fund	Mutual Fund	3,859	117,598	121,518
MM S&P 500 Index FD	Mutual Fund	6,303	99,506	107,465
PIMCO Total Return Fund	Mutual Fund	8,224	88,641	87,917
Prudential Jennison Mid Cap Growth Fund	Mutual Fund	2,158	77,890	83,832
PIMCO Income Fund	Mutual Fund	4,933	60,265	60,482
American Funds Balanced Fund	Mutual Fund	765	17,362	18,594
T. Rowe Retirement Income	Mutual Fund	887	12,881	13,126
			<u>\$ 6,782,972</u>	<u>\$ 7,167,152</u>

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

► **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2013****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

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

A This return/report is for:

- ☐
- a multiemployer plan;
-
- ☒
- a single-employer plan;
-
- ☐
- a multiple-employer plan; or
-
- ☐
- a DFE (specify) _____

B This return/report is:

- ☐
- the first return/report;
-
- ☐
- an amended return/report;
-
- ☐
- the final 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 IF & P FOODS, INC. 401(k) PLAN**1b** Three-digit plan number (PN) ►

001

1c Effective date of plan
01/01/1989**2a** Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
IF & P FOODS, INC.

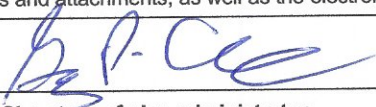
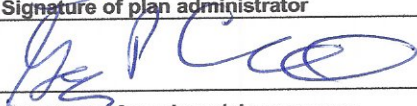
4501 MASSACHUSETTS AVE.

INDIANAPOLIS

IN 46218

2b Employer Identification Number (EIN)
35-2014282**2c** Sponsor's telephone number
(317) 546-2425**2d** Business code (see instructions)
424400**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		10/9/14	Greg Corsaro
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/9/14	Greg Corsaro
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

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

Form 5500 (2013)
v. 130118

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 690
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 581
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 26
d Subtotal. Add lines 6a , 6b , and 6c	6d 607
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 2
f Total. Add lines 6d and 6e	6f 609
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 191
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 4
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 3D 2T	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>2</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)