

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	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>NEW HORIZONS BAKING COMPANY 401(K) RETIREMENT SAVINGS PLAN FOR NORWALK UNION BAKERS</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>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1998</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>31-1178698</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>419-660-4017</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>311800</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>01/01/1998</u>		2b Employer Identification Number (EIN) <u>31-1178698</u>		2c Sponsor's telephone number <u>419-660-4017</u>		2d Business code (see instructions) <u>311800</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>										
1c Effective date of plan <u>01/01/1998</u>											
2b Employer Identification Number (EIN) <u>31-1178698</u>											
2c Sponsor's telephone number <u>419-660-4017</u>											
2d Business code (see instructions) <u>311800</u>											
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>NEW HORIZONS BAKING COMPANY</u> <u>211 WOODLAWN AVENUE</u> <u>NORWALK, OH 44857-2276</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.	10/14/2014	JOHN ALLEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address NEW HORIZONS BAKING COMPANY 211 WOODLAWN AVENUE NORWALK, OH 44857-2276		3b Administrator's EIN 31-1178698 3c Administrator's telephone number 419-660-4016
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		5 139
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 145
b Retired or separated participants receiving benefits		6b 2
c Other retired or separated participants entitled to future benefits		6c 12
d Subtotal. Add lines 6a , 6b , and 6c		6d 159
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e 0
f Total. Add lines 6d and 6e		6f 159
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 159
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 11
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		
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>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	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 <hr/> 2013 <hr/> 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 NEW HORIZONS BAKING COMPANY 401(K) RETIREMENT SAVINGS PLAN FOR NORWALK UNION BAKERS	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 NEW HORIZONS BAKING COMPANY	D Employer Identification Number (EIN) 31-1178698	

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

ING LIFE INSUREANCE COMPANY AND ANNUITY 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
71-0294708	86509	878840	159	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
13237	822

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

CETRA ADVISORS INS SERVICES LLC
 200 N SEPULVEDA BLVD STE 1200
 EL SEGUNDO, CA 90245

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13237			4

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

GREAT LAKES PENSION SERVICES
 136 N SUMMIT ST SUITE 213
 TOLEDO, OH 43604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	822	TPA PARTNERSHIP PROGRAM	5

(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	408107
5 Current value of plan's interest under this contract in separate accounts at year end	5	2027530

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 PENSION FUNDING**

b Balance at the end of the previous year	7b	357299
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c Additions: (1) Contributions deposited during the year	7c(1)	85961	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	7784	
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)	2628	
▶ LOAN REPAYMENTS			

(6) Total additions	7c(6)	96373
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d Total of balance and additions (add lines 7b and 7c(6))	7d	453672
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	30237	
(2) Administration charge made by carrier	7e(2)	955	
(3) Transferred to separate account	7e(3)	8709	
(4) Other (specify below)	7e(4)	5664	

▶ **LOAD DISBURSEMENTS, FEES**

(5) Total deductions	7e(5)	45565
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	408107
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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)	0
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)	0
(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)	0
(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>NEW HORIZONS BAKING COMPANY 401(K) RETIREMENT SAVINGS PLAN FOR NORWALK UNION BAKERS</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NEW HORIZONS BAKING COMPANY</u>	D Employer Identification Number (EIN) <u>31-1178698</u>	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation <u>ING LIFE INSURANCE & ANNUITY COMPAN</u>

71-0294708

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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:

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)**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
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

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
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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 NEW HORIZONS BAKING COMPANY 401(K) RETIREMENT SAVINGS PLAN FOR NORWALK UNION BAKERS	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 NEW HORIZONS BAKING COMPANY	D Employer Identification Number (EIN) 31-1178698	

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	1556385	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	54260	61217
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	357299	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	21561	25105
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	0	2027530
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	408107
(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	1989505	2521959

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	1989505	2521959
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	223286	
(B) Participants	2a(1)(B)	182871	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		406157

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	998	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		998

(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)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

(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)		353829
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		7784
d Total income. Add all income amounts in column (b) and enter total	2d		768768

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	230283	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		230283
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	5607	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		5607
j Total expenses. Add all expense amounts in column (b) and enter total	2j		235890

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		532878
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		424

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: CLIFTON LARSON ALLEN, LLP

(2) EIN: 41-0746749

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		200000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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)
NEW HORIZONS BAKING COMPANY EMPLOYEE RETIREMENT SAVINGS PLAN	31-1178698	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>NEW HORIZONS BAKING COMPANY 401(K) RETIREMENT SAVINGS PLAN FOR NORWALK UNION BAKERS</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NEW HORIZONS BAKING COMPANY</u>	D Employer Identification Number (EIN) <u>31-1178698</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>71-0294708</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	

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

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

**NEW HORIZONS BAKING COMPANY
401(k) RETIREMENT SAVINGS PLAN
FOR NORWALK UNION BAKERS
Norwalk, Ohio**

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL INFORMATION
December 31, 2013 and 2012**

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CliftonLarsonAllen

INDEPENDENT AUDITORS' REPORT

The Plan Trustees
New Horizons Baking Company 401(k)
Retirement Savings Plan for
Norwalk Union Bakers
Norwalk, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of New Horizons Baking Company 401(k) Retirement Savings Plan for Norwalk Union Bakers (the 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

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on 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 which was certified by ING Life Insurance and Annuity Company, custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2013 and 2012, that the information provided to the plan administrator by the custodian 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.

The Plan Trustees
New Horizons Baking Company 401(k)
Retirement Savings Plan for
Norwalk Union Bakers

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2013, is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

CliftonLarsonAllen LLP

Toledo, Ohio
October 11, 2014

NEW HORIZONS BAKING COMPANY
401(K) RETIREMENT SAVINGS PLAN FOR NORWALK UNION BAKERS
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
ASSETS		
Participant-directed investments	<u>\$ 2,435,637</u>	<u>\$ 1,913,684</u>
Receivables:		
Employer contributions	61,217	54,260
Notes from participants	<u>25,105</u>	<u>21,561</u>
Total receivables	<u>86,322</u>	<u>75,821</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 2,521,959</u>	<u>\$ 1,989,505</u>

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

NEW HORIZONS BAKING COMPANY
401(K) RETIREMENT SAVINGS PLAN FOR NORWALK UNION BAKERS
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 AVAILABLE FOR BENEFITS		
Investment income:		
Net appreciation in fair value of pooled separate funds	\$ 353,829	\$ 176,482
Interest and dividends – general account	<u>7,784</u>	<u>6,550</u>
Net investment income	<u>361,613</u>	<u>183,032</u>
Interest income from participant notes receivable	<u>998</u>	<u>1,325</u>
Contributions:		
Participants	182,871	153,675
Employer	223,286	171,184
Rollover	<u>-</u>	<u>3,272</u>
Total contributions	<u>406,157</u>	<u>328,131</u>
Total additions	<u>768,768</u>	<u>512,488</u>
DEDUCTIONS FROM NET ASSETS AVAILABLE FOR BENEFITS		
Benefits paid to participants or their beneficiaries	230,283	74,177
Transfer of assets to New Horizons Baking Company Employee Retirement Savings Plan	424	30,034
Administrative expenses	<u>5,607</u>	<u>3,927</u>
Total deductions	<u>236,314</u>	<u>108,138</u>
Net increase	532,454	404,350
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>1,989,505</u>	<u>1,585,155</u>
End of year	<u>\$ 2,521,959</u>	<u>\$ 1,989,505</u>

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

**NEW HORIZONS BAKING COMPANY
401(K) RETIREMENT SAVINGS PLAN FOR NORWALK UNION BAKERS
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012**

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Significant accounting policies followed in preparing the financial statements of New Horizons Baking Company 401(k) Retirement Savings Plan for Norwalk Union Bakers (the Plan) are presented below.

Basis of Presentation

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting.

Use of Estimates in Preparing Financial Statements

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

Investment Valuation and Income Recognition

The Plan's investments consist of pooled separate accounts and a general account of ING Life Insurance and Annuity Company (ING), custodian. Investments are stated at fair value which is defined as the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. See Note 6 for discussion of fair value measurements.

The net appreciation (depreciation) in fair value of pooled separate accounts includes gains and losses from investments purchased, sold and held during the year. Investment transactions are recorded on the trade date. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Notes Receivable from Participants

Notes receivable from participants are secured by the participant's account balance and are stated at the amount of unpaid principal balance plus any accrued but unpaid interest. Payments of notes receivable from participants are applied to the specific accounts comprising the balance.

Delinquent notes receivable from participants are recorded as distributions based on the terms of the Plan agreement.

Payment of Benefits

Benefit payments to participants or their beneficiaries are recorded upon payment.

**NEW HORIZONS BAKING COMPANY
401(K) RETIREMENT SAVINGS PLAN FOR NORWALK UNION BAKERS
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012**

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Administrative Expenses

Administrative expenses consist of loan and distribution processing fees, as well as advisory fees for those participants who elect this service. All other administrative expenses and costs incurred in connection with the operation of the Plan, including all internal costs, are paid directly by the Plan's sponsors.

Subsequent Events

Management evaluated subsequent events through October 11, 2014, the date the financial statements were available to be issued. Events or transactions occurring after December 31, 2013, but prior to October 11, 2014 that provided additional evidence about conditions that existed at December 31, 2013, have been recognized in the financial statements for the year ended December 31, 2013. Events or transactions that provided evidence about conditions that did not exist at December 31, 2013 but arose before the financial statements were available to be issued, have not been recognized in the financial statements for the year ended December 31, 2013.

NOTE 2 - DESCRIPTION OF PLAN

The Plan was established effective January 1, 1998 from a prototype plan of The Rehmann Group. The Plan was amended and restated effective January 1, 2010. The following brief description of the Plan is provided for general information purposes only. Participants should refer to the Plan agreement and "Summary Plan Description" for more complete information.

General

The Plan is a voluntary defined salary deferral 401(k) plan in which all employees of New Horizons Baking Company, Inc. or its sister company, Genesis Baking Company (collectively referred to as "the sponsors") who are also members of Local 1-377 of the United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied-Industrial, and Service Workers International Union, and who have completed 120 days of service with the sponsors and reached age 18, are eligible to participate. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan trustees, consisting of key management personnel of the sponsors, oversee the operations of the Plan.

**NEW HORIZONS BAKING COMPANY
401(K) RETIREMENT SAVINGS PLAN FOR NORWALK UNION BAKERS
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012**

NOTE 2 - DESCRIPTION OF PLAN (CONTINUED)

Funding Policy

Plan participants may defer and contribute a specified percentage of their eligible annual pre-tax compensation, as defined in the Plan, subject to certain limitations as specified in the Internal Revenue Code.

Pursuant to the collective bargaining agreement, the sponsors have agreed to make matching contributions equal to 50% of the first 5% of each participant's compensation deferral (resulting in a maximum matching contribution of 2.5% of annual compensation). Also pursuant to the collective bargaining agreement, the sponsors made profit sharing contributions equal to \$.60 per hour worked for all eligible participants during the period January 1, 2012 through March 31, 2013, and \$.65 per hour worked for all eligible participants during the period April 1, 2013 through December 31, 2013.

The Plan also accepts rollover contributions from other qualified plans.

Participant Accounts

Each participant's account is credited with the participant's compensation deferral contribution, matching and profit sharing contributions from the sponsors, and an allocation of the investment earnings or loss of the investment options in which the participant chooses to invest. At December 31, 2013, the Plan offered 28 pooled separate accounts and the general account, as investment options for plan participants. Participants may change their investment allocation at any time.

The benefit to which a participant is entitled is the vested benefit that can be provided from the balance of the participant's account.

Vesting

Participants are immediately vested in their compensation deferral contributions, any rollover contributions, and investment earnings or loss on such contributions. Participants vest at 20% per year with respect to contributions made by the sponsors to the Plan on their behalf and are fully vested upon completion of five years of credited service.

If a participant is terminated, any nonvested portion of the participant's account relating to sponsor contributions is considered a forfeiture. Forfeitures are available to reduce sponsor contributions to the Plan. During the years ended December 31, 2013 and 2012, \$11,170 and \$32,080, respectively, of forfeitures were used for this purpose.

**NEW HORIZONS BAKING COMPANY
401(K) RETIREMENT SAVINGS PLAN FOR NORWALK UNION BAKERS
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012**

NOTE 2 - DESCRIPTION OF PLAN (CONTINUED)

Notes Receivable from Participants

Upon completion of three years as a Plan member, participants may borrow from their account a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance for hardship reasons as defined by the participant loan program. Under the terms of the Plan, participants may only have one outstanding loan from the Plan at any time. Loan transactions are treated as a transfer between the participant's investment accounts and the notes receivable from participants account. Loan terms may not extend beyond five years, unless for the purchase of a principal residence. Loans are secured by the balance in the participant's account and bear a reasonable rate of interest compared to the published prime rate at the time of loan origination. Principal and interest is paid ratably through payroll deductions. Loans are considered to be in default at the end of the calendar quarter following the calendar quarter in which payment was not made.

Benefits and Withdrawals

The normal retirement date is the date a participant reaches age 65. When a participant reaches the normal retirement date or age 59-1/2, or elects early retirement, or if a participant dies or becomes disabled while participating in the Plan, the participant becomes fully vested and is immediately entitled to the balance in their account. If participants terminate for any reason other than retirement, death, or total disability, they are entitled to receive the vested amount in their individual account.

A participant may request a distribution from the participant's account to meet an immediate financial hardship pursuant to guidelines issued by the Internal Revenue Service.

NOTE 3 - INFORMATION CERTIFIED BY CUSTODIAN

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, ING has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Participant-directed investments of \$2,435,637 and \$1,913,684 as of December 31, 2013 and 2012, respectively.
- Notes receivable from participants of \$25,105 and \$21,561 as of December 31, 2013 and 2012, respectively.
- Net investment income of \$361,613 and \$183,032 for the years ended December 31, 2013 and 2012, respectively.
- Interest income from participant notes receivable of \$998 and \$1,325 for the years ended December 31, 2013 and 2012, respectively.

NEW HORIZONS BAKING COMPANY
401(K) RETIREMENT SAVINGS PLAN FOR NORWALK UNION BAKERS
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012

NOTE 3 - INFORMATION CERTIFIED BY CUSTODIAN (CONTINUED)

The fair value of individual investments that represent 5% or more of the Plan's net assets available for benefits at December 31, 2013 and 2012 is as follows:

	<u>2013</u>	<u>2012</u>
ING Life Insurance and Annuity Company –		
Pooled separate accounts:		
American Funds American Balanced	\$ 207,101	\$ 224,691
ING Index Solution 2025	316,054	336,397
ING Index Solution 2035	251,131	126,155
ING Index Solution 2045	156,645	*
American Funds Growth	135,529	*
ING General Account	408,107	357,299

* Less than 5% of plan net assets as of December 31, 2012

The Plan's independent auditors did not perform any auditing procedures with respect to the preceding information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

NOTE 4 - PARTY-IN-INTEREST TRANSACTIONS

The Plan's investments are managed by ING, and consequently, transactions with ING qualify as party-in-interest. Administrative expenses paid by the Plan to ING amounted to \$5,607 in 2013 and \$3,927 in 2012.

NOTE 5 - FEDERAL INCOME TAXES

The Internal Revenue Service has determined, in a letter dated March 31, 2008, that the prototype plan of The Rehmann Group has been designed in accordance with applicable sections of the Internal Revenue Code. Consequently, a separate letter of determination for the Plan is not required. The plan administrator believes that the Plan continues to qualify as a tax-exempt plan.

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

NEW HORIZONS BAKING COMPANY
401(K) RETIREMENT SAVINGS PLAN FOR NORWALK UNION BAKERS
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012

NOTE 6 - FAIR VALUE MEASUREMENTS

Fair Value Measurements, FASB ASC 820-10 (ASC 820-10) requires the use of valuation techniques that should be consistently applied. Inputs to valuation techniques refer to the assumptions that market participants would use in pricing the asset or liability. Inputs may be observable or unobservable. Observable inputs reflect the assumptions market participants would use in pricing the asset or liability developed based on market data obtained from independent sources. Unobservable inputs reflect the reporting entity's own assumptions about the assumptions market participants would use in pricing the asset or liability developed based on the best information available in the circumstances. In that regard, ASC 820-10 establishes a fair value hierarchy for valuation inputs that gives the highest priority to quoted prices in active markets for identical assets or liabilities and the lowest priority to unobservable inputs. The fair value hierarchy is as follows:

- Level 1** Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2** Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- Level 3** Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Pooled Separate Accounts – Invested directly in designated mutual funds or, in certain cases, collective investment trusts. These investments are valued daily at their net asset value of shares held by the Plan.

General Account – Valued based on fair value of the underlying assets held in the account adjusted for possible surrender charges based on the terms of the contract.

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

NEW HORIZONS BAKING COMPANY
401(K) RETIREMENT SAVINGS PLAN FOR NORWALK UNION BAKERS
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012

NOTE 6 - FAIR VALUE MEASUREMENTS (CONTINUED)

There are no unfunded commitments and assets can be redeemed daily.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value (there were no liabilities) as of December 31, 2013 and 2012:

<u>2013</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts:				
Growth Funds	\$ -	\$ 981,735	\$ -	\$ 981,735
Fixed Income	-	110,634	-	110,634
International	-	101,981	-	101,981
Target Date Retirement	-	829,665	-	829,665
Money market	-	3,515	-	3,515
General account	<u>-</u>	<u>408,107</u>	<u>-</u>	<u>408,107</u>
Total assets at fair value	<u>\$ -</u>	<u>\$ 2,435,637</u>	<u>\$ -</u>	<u>\$ 2,435,637</u>

2012

Pooled separate accounts:				
Growth Funds	\$ -	\$ 799,447	\$ -	\$ 799,447
Fixed Income	-	87,985	-	87,985
International	-	54,112	-	54,112
Target Date Retirement	-	612,060	-	612,060
Money market	-	2,781	-	2,781
General account	<u>-</u>	<u>357,299</u>	<u>-</u>	<u>357,299</u>
Total assets at fair value	<u>\$ -</u>	<u>\$ 1,913,684</u>	<u>\$ -</u>	<u>\$ 1,913,684</u>

Following is a description of the nature and risks of the categories of assets by major security type.

Growth Funds: Growth funds seek to maximize the value of savings over time by investing in the stocks of companies that have a strong potential for providing above-average earnings growth.

Fixed Income Funds: Fixed income funds seek to provide a steady stream of income, which is reinvested, and in some cases a small amount of growth by investing in bonds issued by governments and corporations.

International Funds: This asset class is composed of investment options that invest in stocks, or shares of ownership in companies with their principal place of business or office outside the United States. These investment options often carry more risk than U.S. equity investment options but may have the potential for higher returns. They may be an appropriate choice for long-term investors who are seeking the potential for growth.

**NEW HORIZONS BAKING COMPANY
401(K) RETIREMENT SAVINGS PLAN FOR NORWALK UNION BAKERS
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012**

NOTE 6 - FAIR VALUE MEASUREMENTS (CONTINUED)

Target Date Retirement: Target date funds seek to balance the investment return with the level of risk that can be assumed considering the length of time until expected retirement by investing in a combination of stocks of companies that have potential for strong earnings growth, stocks of companies that are priced below their expected long-term worth, and fixed income securities.

Money Market Fund: The money market fund seeks to provide a stable value and limit exposure to losses due to credit, market, and liquidity risks by investing in short-term securities representing high-quality, liquid debt and monetary instruments.

NOTE 7 - TERMINATION

The Plan was established as a result of the collective bargaining process and can only be terminated upon the written agreement of Local No. 1-377. In the event of termination of the Plan, all participants will become fully vested in their respective account balances and the total value of each participant's account will be distributed to the participant, after reasonable expenses of administration.

NOTE 8 - RISKS AND UNCERTAINTIES

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

This information is an integral part of the accompanying financial statements.

SUPPLEMENTAL INFORMATION

NEW HORIZONS BAKING COMPANY
401(K) RETIREMENT SAVINGS PLAN FOR NORWALK UNION BAKERS
FEIN: 31-1178698 – PLAN #003
SCHEDULE H, LINE 4i –
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2013

(a)	(b)	(c)	(d)	(e)
	<u>Identity of issue, borrower, lessor, or similar party</u>	<u>Description of investment, including maturity date, rate of interest, collateral, par, or maturity value</u>	<u>Cost</u>	<u>Current value</u>
*	ING Life Insurance & Annuity Company	ING Clarion Real Estate	**	\$ 10,500
*	ING Life Insurance & Annuity Company	ING Russell Small Cap Index	**	25,074
*	ING Life Insurance & Annuity Company	ING Large Cap Growth	**	5,791
*	ING Life Insurance & Annuity Company	ING US Stock Index	**	93,928
*	ING Life Insurance & Annuity Company	ING T. Rowe Price Equity Income	**	65,033
*	ING Life Insurance & Annuity Company	ING Index Solution 2015	**	58,422
*	ING Life Insurance & Annuity Company	ING Index Solution 2025	**	316,054
*	ING Life Insurance & Annuity Company	ING Index Solution 2035	**	251,131
*	ING Life Insurance & Annuity Company	ING Index Solution 2045	**	156,645
*	ING Life Insurance & Annuity Company	ING Index Solution 2055	**	47,413
*	ING Life Insurance & Annuity Company	ING PIMCO Total Return	**	64,892
*	ING Life Insurance & Annuity Company	PIMCO VIT Real Return	**	41,169
*	ING Life Insurance & Annuity Company	ING Money Market	**	3,515
*	ING Life Insurance & Annuity Company	American Fund EuroPacific	**	75,975
*	ING Life Insurance & Annuity Company	Lazard Emerging Markets	**	23,494
*	ING Life Insurance & Annuity Company	American Funds New Perspective	**	40,000
*	ING Life Insurance & Annuity Company	Lazard US Mid Cap	**	28,934
*	ING Life Insurance & Annuity Company	ING JP Morgan Mid Cap Val	**	63,693
*	ING Life Insurance & Annuity Company	Franklin Small Cap Value	**	45,856
*	ING Life Insurance & Annuity Company	Vanguard VIF Small Company Growth	**	34,826
*	ING Life Insurance & Annuity Company	ING Mid Cap Opptis	**	66,567
*	ING Life Insurance & Annuity Company	American Funds Growth Fund	**	135,529
*	ING Life Insurance & Annuity Company	American Funds Washington Mutual	**	92,308
*	ING Life Insurance & Annuity Company	American Funds Fundamental	**	64,224
*	ING Life Insurance & Annuity Company	American Funds American Balanced	**	207,101
*	ING Life Insurance & Annuity Company	PAX World Balanced	**	2,512
*	ING Life Insurance & Annuity Company	Pioneer Strategic Income	**	2,371
*	ING Life Insurance & Annuity Company	Templeton Global Bond	**	4,573
		Total pooled separate accounts		2,027,530
*	ING General Account		**	408,107
	Loans receivable from participants, with interest ranging from 4.25% to 9.00%, payable monthly through October 2018			25,105
	TOTAL ASSETS (HELD AT END OF YEAR)			<u>\$ 2,460,742</u>

* Party-in-interest, account of custodian.

** Cost of participant-directed investments is not required to be reported

The above information was certified as complete and accurate by ING Life Insurance and Annuity Company, custodian of the Plan.

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

Name of Plan:

► New Horizons Baking Company 401(k) Retirement Savings Plan for Norwalk Union Bakers

Employer Identification Number: ► 31-1178698

For plan year (beginning/ending): ► 01/01/2013-12/31/2013

Plan number: ►

003

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	ING Life Insurance & Annuity Co.	American Funds EuroPacific	75975	75975
	ING Life Insurance & Annuity Co.	Lazard Emerging Mkts Eqty Port Opn	23494	23494
	ING Life Insurance & Annuity Co.	American Funds New Pr	39999	39999
	ING Life Insurance & Annuity Co.	Lazard U.S. Mid Cap Equity Port Opn	28934	28934
	ING Life Insurance & Annuity Co.	Franklin Small Cap Value Fund 2	45856	45856
	ING Life Insurance & Annuity Co.	ING JPMorgan Mid Cap Val Port	63693	63693
	ING Life Insurance & Annuity Co.	ING MidCap Opptis PrtCl I	66567	66567
	ING Life Insurance & Annuity Co.	VVIF-Small Company Growth Port	34826	34826
	ING Life Insurance & Annuity Co.	ING Clarion Real Estate Port Srv	10500	10500
	ING Life Insurance & Annuity Co.	ING Russell Sm Cp Index Port I	25074	25074
	ING Life Insurance & Annuity Co.	American Funds Growth	135529	135529
	ING Life Insurance & Annuity Co.	ING Large Cap Groth Pt Service	5790	5790
	ING Life Insurance & Annuity Co.	ING U.S. Stock Index Port Inst	93928	93928
	ING Life Insurance & Annuity Co.	ING Trowe Price Eqty Income Pt Srv	65033	65033
	ING Life Insurance & Annuity Co.	American Funds Washington Mutual	92308	92308
	ING Life Insurance & Annuity Co.	American Funds Fdmnt	64224	64224
	ING Life Insurance & Annuity Co.	American Funds Am Ba	207101	207101
	ING Life Insurance & Annuity Co.	Pax World Balanced Fund Ind Inv	2512	2512
	ING Life Insurance & Annuity Co.	ING Index Solution 2015 Port Adv	58422	58422
	ING Life Insurance & Annuity Co.	ING Index Solution 2025 Port Adv	316054	316054
	ING Life Insurance & Annuity Co.	ING Index Solution 2035 Port Adv	251131	251131
	ING Life Insurance & Annuity Co.	ING Index Solution 2045 Port Adv	156645	156645
	ING Life Insurance & Annuity Co.	ING Index Solution 2055 Port Adv	47413	47413
	ING Life Insurance & Annuity Co.	ING PIMCO VIT Real Return Port Adm	41169	41169
	ING Life Insurance & Annuity Co.	Pioneer Strategic Income Fund Y	2371	2371
	ING Life Insurance & Annuity Co.	PIMCO TiRtn F-R	64892	64892
	ING Life Insurance & Annuity Co.	Templeton Global Bond Fund R	4573	4573
	ING Life Insurance & Annuity Co.	ING Money Market Fund A (Holding Acct)	3515	3515
	ING Life Insurance & Annuity Co.	ING Fixed Account	408107	408107