

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 2012 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>12/28/2012</u> and ending <u>12/27/2013</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 SCHWEBEL BAKING COMPANY PENSION PLAN	<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;">003</td> </tr> <tr> <td colspan="2">1c Effective date of plan 12/28/1955</td> </tr> </table>	1b Three-digit plan number (PN) ▶	003	1c Effective date of plan 12/28/1955					
1b Three-digit plan number (PN) ▶	003								
1c Effective date of plan 12/28/1955									
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) SCHWEBEL BAKING COMPANY PO BOX 6018 YOUNGSTOWN, OH 44501-6018	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">2b Employer Identification Number (EIN) 34-0516340</td> <td style="width: 20%;"></td> </tr> <tr> <td>2c Sponsor's telephone number 330-783-2860</td> <td></td> </tr> <tr> <td>2d Business code (see instructions) 311800</td> <td></td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) 34-0516340		2c Sponsor's telephone number 330-783-2860		2d Business code (see instructions) 311800			
2b Employer Identification Number (EIN) 34-0516340									
2c Sponsor's telephone number 330-783-2860									
2d Business code (see instructions) 311800									

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2014	PAUL SCHWEBEL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2014	PAUL SCHWEBEL
	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		5 326
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 164	
b Retired or separated participants receiving benefits.....	6b 30	
c Other retired or separated participants entitled to future benefits.....	6c 117	
d Subtotal. Add lines 6a , 6b , and 6c	6d 311	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 6	
f Total. Add lines 6d and 6e	6f 317	
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 0	
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: 1A 1D 1G		
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) 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 2012 This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 12/28/2012 and ending 12/27/2013		
A Name of plan SCHWEBEL BAKING COMPANY PENSION PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 SCHWEBEL BAKING COMPANY	D Employer Identification Number (EIN) 34-0516340	

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

PRUDENTIAL RETIREMENT INSURANCE & ANNUITY CO.

(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
06-1050034	93629	IN-16599	317	12/28/2012	12/27/2013

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	

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(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	603308
5 Current value of plan's interest under this contract in separate accounts at year end	5	25

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 ▶ **GUARANTEED GENERAL ACCOUNT**

b Balance at the end of the previous year	7b	83838
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c Additions: (1) Contributions deposited during the year	7c(1)	400000	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	7537	
(4) Transferred from separate account	7c(4)	1308	
(5) Other (specify below)	7c(5)	1695870	

▶ **MARKET VALUE CREDIT TRANSFER**

(6) Total additions	7c(6)	2104715
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d Total of balance and additions (add lines 7b and 7c(6))	7d	2188553
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1498844	
(2) Administration charge made by carrier	7e(2)	0	
(3) Transferred to separate account	7e(3)	0	
(4) Other (specify below)	7e(4)	86401	

▶ **CONTRACT EXPENSE CHARGE, ELECTIVE SERVICE CHG, PAYMENT OF PLAN EXPENSES, PBGC FEE**

(5) Total deductions	7e(5)	1585245
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	603308
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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)	
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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 12/28/2012 and ending 12/27/2013

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

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

A Name of plan <u>SCHWEBEL BAKING COMPANY PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SCHWEBEL BAKING COMPANY</u>	D Employer Identification Number (EIN) <u>34-0516340</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>12</u> Day <u>28</u> Year <u>2012</u>	
2 Assets:	
a Market value	2a <u>16134731</u>
b Actuarial value	2b <u>15991373</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>29</u> <u>4029821</u>
b For terminated vested participants.....	3b <u>117</u> <u>3465474</u>
c For active participants:	
(1) Non-vested benefits.....	3c(1) <u>626750</u>
(2) Vested benefits.....	3c(2) <u>6975446</u>
(3) Total active	3c(3) <u>180</u> <u>7602196</u>
d Total	3d <u>326</u> <u>15097491</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.79 %</u>
6 Target normal cost.....	6 <u>152358</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>09/24/2014</u>
<u>MICHAEL R. BROWN</u>	Signature of actuary	Date
<u>PRIAC</u>	Type or print name of actuary	<u>14-06772</u>
<u>280 TRUMBULL STREET</u> <u>P.O. BOX 2975</u> <u>HARTFORD, CT 06104-2975</u>	Firm name	Most recent enrollment number
	Address of the firm	<u>319-373-3628</u>
		Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2012
v. 120126

Part II Beginning of Year Carryover Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	663451	115574
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	384352	0
9 Amount remaining (line 7 minus line 8)	279099	115574
10 Interest on line 9 using prior year's actual return of <u>12.80</u> %	35725	14793
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		112629
b Interest on (a) using prior year's effective interest rate of <u>5.13</u> % except as otherwise provided (see instructions)		14417
c Total available at beginning of current plan year to add to prefunding balance		127046
d Portion of (c) to be added to prefunding balance		127046
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	314824	257413

Part III Funding Percentages		
14 Funding target attainment percentage	14	102.13 %
15 Adjusted funding target attainment percentage	15	105.92 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	85.16 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/09/2014	100000				
			Totals ►	18(b)	100000
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	93440
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	152358	
b Excess assets, if applicable, but not greater than line 31a	31b	152358	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	93440	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	93440	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 12/28/2012 and ending 12/27/2013

A Name of plan SCHWEBEL BAKING COMPANY PENSION PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 SCHWEBEL BAKING COMPANY	D Employer Identification Number (EIN) 34-0516340

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
PRUDENTIAL RETIREMENT INS.

06-1050034

(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)

PRUDENTIAL RETIREMENT INS.

06-1050034

(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	NONE	14237	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

CAPFINANCIAL PARTNERS LLP

4208 SIX FORKS ROAD
RALEIGH, NC 27609

(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?
28	NONE	29224	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HILL BARTH AND KING LLC

34-1897225

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	7500	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:

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 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 12/28/2012 and ending 12/27/2013

A Name of plan <u>SCHWEBEL BAKING COMPANY PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SCHWEBEL BAKING COMPANY</u>	D Employer Identification Number (EIN) <u>34-0516340</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)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CIGNA OPEN END REAL ESTATE</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u>		
c EIN-PN <u>06-1050034-176</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>25</u>
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)**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 2012 This Form is Open to Public Inspection
For calendar plan year 2012 or fiscal plan year beginning <u>12/28/2012</u> and ending <u>12/27/2013</u>		
A Name of plan <u>SCHWEBEL BAKING COMPANY PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SCHWEBEL BAKING COMPANY</u>	D Employer Identification Number (EIN) <u>34-0516340</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	392537	
	(2) Participant contributions	1b(2)		
	(3) Other	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)	656	25
	(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)	15680739	14901332
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	83838	603307
	(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	16157770	15504664

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	16157770	15504664
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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)	44575	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		44575
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	7537	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		7537
(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)		677
(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)		879350
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		932139

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1498844	
(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)		1498844
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	86401	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		86401
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1585245

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-653106
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: HILL, BARTH & KING LLC

(2) EIN: 34-1897225

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		1500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

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

5b(1) Name of plan(s)

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

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 2012 This Form is Open to Public Inspection.	
For calendar plan year 2012 or fiscal plan year beginning 12/28/2012 and ending 12/27/2013					
A Name of plan SCHWEBEL BAKING COMPANY PENSION PLAN				B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 SCHWEBEL BAKING COMPANY				D Employer Identification Number (EIN) 34-0516340	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 22-1211670					
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	9
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					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 2012 v. 120126	

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): _____



October 13, 2014

Schwebel Baking Company, Named Fiduciary
of the Schwebel Baking Company Pension Plan
Youngstown, Ohio

Independent Auditor's Report

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Schwebel Baking Company Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of December 27, 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 our audits 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 D, which was certified by Prudential Retirement Insurance and Annuity Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. 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 27, 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

The supplemental schedules of assets held for investment purposes at end of year and reportable transactions are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. 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, 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.

Hell Buth & King LLC

Certified Public Accountants

Schwebel Baking Company Pension Plan

EIN / PN: 34-0516340 / 003

12/28/2012

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

<u>Age</u>	<u>Number Retiring</u>	<u>Number Remaining</u>	<u>Rate of Retirement</u>	<u>Result</u>
57	0.000000	180.000000	0.00%	0.000000
58	1.000000	179.000000	0.56%	0.322222
59	4.000000	175.000000	2.23%	1.311111
60	3.000000	172.000000	1.71%	1.000000
61	3.000000	169.000000	1.74%	1.016667
62	8.000000	161.000000	4.73%	2.755556
63	2.000000	159.000000	1.24%	0.700000
64	5.000000	154.000000	3.14%	1.777778
65	150.000000	4.000000	97.40%	54.166667
66	0.000000	4.000000	0.00%	0.000000
67	0.000000	4.000000	0.00%	0.000000
68	1.000000	3.000000	25.00%	0.377778
69	0.000000	3.000000	0.00%	0.000000
70	2.000000	1.000000	66.67%	0.777778
71	1.000000	0.000000	100.00%	0.394444

Weighted Average Retirement Age

65

Plan Retirement Age Definition:

Age 65 or the completion of 40 years of Service, but not beyond age 65. Participants at or beyond this age are assumed to retire immediately.

Actuarial Cost Method

I. ACTUARIAL COST METHOD

Costs have been computed in accordance with the Unit Credit Actuarial Cost Method and reflect the actuarial assumptions described in “Plan Assumptions” of this report as provided under the applicable regulations of the Pension Protection Act of 2006.

Target Normal Cost

The Target Normal Cost is the present value of benefits expected to accrue during the plan year for all Participants plus an estimate of the expenses to be paid from the plan assets during the plan year.

Target Liability and Funding Shortfall

As of January 1, 2008, a Target Liability is established which represents the present value of accrued benefits. This Target Liability is offset by adjusted assets, and the remainder (i.e. Funding Shortfall), if any, is amortized over seven years.

Subsequent changes in the Funding Shortfall due to asset experience, liability experience, plan amendments, and/or actuarial assumption changes will be amortized over a seven year period from their valuation dates.

Discount Rate

The plan sponsor has elected to use the Segment Rate approach for discount rate purposes, with an applicable month that is 4 months prior to the valuation date.

In addition, beginning with the 2012 plan year, solely for purposes of determining the minimum required contribution level, applicability of benefit restrictions, and for the at-risk determination, the adjusted 24-month average segment rates established by MAP-21 have been incorporated.

The adjusted 24-month average segment rates are generated by taking the unadjusted 24-month average segment rates for the sponsor-chosen lookback month and adjusting them so that each individual segment rate is not outside of the stipulated corridor around the corresponding 25-year average segment rate for the given plan year. For the 2012 plan year, the stipulated corridor is 90% - 110% of these 25-year average segment rates.

II. ASSET VALUATION METHOD

Assets have been valued in accordance with generally accepted procedures as described below.

All funds invested are valued in the following manner:

Actuarial Cost Method

Definitions

i(t)	assumed growth rate, set equal to the lesser of the expected return on assets or the applicable 3 rd segment rate for Plan Year t.
C(t)	sum of contributions and other additions to the fund from all sources other than investment transactions in Plan Year t
W(t)	sum of all withdrawals and other decreases to the fund from all sources other than investment transactions in Plan Year t
AV(t)	Actuarial Value of Assets as of Plan Year t
MV(t)	Market Value of Assets as of Plan Year t
EV(t)	Expected Value of Assets as of Plan Year t
G/L(t)	Gain or Loss for Plan Year t

Method

A description of the method used to determine the current year's Actuarial Value of Assets {AV(t)} is below.

For the preceding 2 years, G/L(t) is determined as follows:

$$EV(t) = MV(t-1) * (1 + i(t-1)) + [C(t-1) - W(t-1)] * (1 + i(t-1) * m)$$

Where m represents a proportionate yield consistent with the portion of the year for which C and W are invested

$$G/L(t-1) = EV(t) - MV(t)$$

For the current year, AV(t) is determined as follows:

$$AV(t) = MV(t) + 2/3 * G/L(t-1) + 1/3 * G/L(t-2)$$

Corridor Limits

The Actuarial Value of Assets may not be less than 90% or more than 110% of the current market value of plan assets as of the applicable valuation date [as required by IRC Section 430(g)(3)(B)(iii)]

Please note, as highlighted above, the assumed asset growth rate for each year is limited to the applicable 3rd segment rate by law. As a result, if the plan's expected rate of return is greater than this applicable rate, this method is expected to produce an actuarial value of assets that can be expected to be slightly less than the market value of assets, on average.

The market value of the Guaranteed Deposit Account is an estimate only and not the result of the precise calculation which would be done at contract discontinuance or to measure the impact of excess withdrawals in any calendar year. It does not constitute an offer by Prudential or a final experience adjustment. Please be sure that anyone to whom you quote this value receives this explanation.

Actuarial Assumptions

Each assumption, used in combination, represents the best estimate of anticipated experience under the plan. Each assumption used (a) is reasonable taking into account the experience of the plan and reasonable expectations, or (b) would, in the aggregate, result in a total contribution equivalent to that which would be determined if each such assumption were reasonable.

Investment Return

For ASC 960 purposes:

6.50% per annum, compounded annually, net of investment and contract fees.

For minimum required contribution level, applicability of benefit restrictions, and at risk determination only:

Segment Rates with a 4 month lookback, as adjusted by the 90%-110% corridor around the 25-year average segment rates (5.54%, 6.85%, 7.52% for the 2012 plan year)

For all other purposes:

Segment Rates with a 4 month lookback, unadjusted (1.77%, 4.67%, 5.78% for the 2012 plan year)

Estimated Expenses

\$105,000

Mortality

Funding & Accounting:

Male: The IRS 2012 Static Mortality Table (male)

Female: The IRS 2012 Static Mortality Table (female)

Termination

The probabilities that Participants at the ages indicated will before reaching the assumed retirement age are:

<u>Age</u>	<u>Male</u>	<u>Female</u>
20	82.0%	92.6%
25	71.2%	86.7%
30	52.1%	67.8%
35	32.0%	46.8%
40	15.4%	24.7%
45	4.4%	7.3%
50	0.0%	0.0%

This is Prudential Term Scale A

Retirement Age

Active Participants:

The earlier of age 65 or 40 years of Service. Participants at or Beyond this age are assumed to retire immediately.

Terminated Vested Participants:

Age 65.

Form of Payment

Life annuity.

Disability:

None.

Survivor's Benefit:

It is assumed that husbands are 3 years older than wives and that 90% of the male Participants and 60% of the female Participants who are or will become eligible for coverage under the Survivor's Benefit will be survived by an eligible survivor.

Plan Provisions

Pension Earnings	Total Compensation received from the Employer that is required to be reported as wages for federal income tax purposes on any and all W-2 Forms completed by the Employer.
Final Earnings	Highest average earnings received in any five consecutive full calendar years during the last ten years before retirement date, early retirement, or termination of employment. Earnings are limited to \$250,000, as indexed.
Service	Period of time between employee's employment date and Severance from employment date.
Credited Service	All years of service with the employer from date of employment to the earlier of termination of employment, retirement date, or death. Counted in whole years and full months. Credited service is maximized at 40 years.
Normal Form of Annuity	Life Annuity.
Normal Retirement Date	The first of the month coinciding with or next following the Participant's 65 th birthday, or the completion of five years of service, if later.
Social Security Covered Compensation	Average of Taxable Wage bases in effect during the working lifetime; subject to the automatic increases under the current law.
Participation Eligibility	Except for Employees represented by Teamsters Local #397, the plan is frozen (no further benefits shall accrue) as of December 31, 2007. Completion of 1,000 hours of Service and a salaried employee.
Benefit Formula	1.25% of Final Earnings up to Covered Compensation plus 1.50% of the excess, multiplied by Credited Service, offset by the Lawson Company and Union Pension plan benefit. Except for participants employed by the bargaining unit represented by Teamsters Local #397, the Accrued Benefit of every Employee has been frozen as of December 31, 2007 and no Employee shall increase his Accrued Benefit after December 31, 2007.

Plan Provisions

Income Payable

Amount described in sections (a) or (b) below, whichever applies:

a) If Participant has a Spouse as of his retirement date and does not elect otherwise, retirement income shall be paid on the basis of Joint and Survivor form, as stipulated by ERISA, and will be the amount determined under the benefit formula multiplied by the appropriate factor.

b) If Participant elected coverage under the Pre-Retirement Spouse Option, retirement income as determined by the appropriate section above shall be reduced further by appropriate option factors for each month that coverage was in effect.

Early Eligibility

The earlier of ten years early with 15 years of Service or 40 years of Service.

Early Benefit Amount

Normal retirement benefit accrued to early retirement, reduced by the appropriate early retirement reduction factor for the number of years annuity commencement date precedes Normal retirement date. Participants retiring with at least 40 years of Service receive 0% reduction in the accrued benefit.

Vesting Schedule

Except for Employees represented by Teamsters Local #397, the plan is frozen (no benefits shall accrue) as of December 31, 2007.

Less than 3 years Service equals 0% vested. Three years Service equals 20% vested increasing 20% each year up to 7 years Service equals 100% vested. Normal Retirement Date equals 100% vested.

Vested Benefit

Benefit accrued to date of termination adjusted by the appropriate vested percentage.

Preretirement Spouse Benefit

A. Eligibility

Eligible for early retirement, legally married.

Benefit Formula

50% of the pension accrued to date of death reduced by appropriate early retirement and joint and survivor factors.

B. Eligibility

Eligible for vesting but not eligible for early retirement, married one full year prior to death.

Benefit Formula

50% of the vested pension benefit accrued to date of death, payment deferred to no earlier than the early retirement date of the deceased participant and reduced by the appropriate early retirement and joint and survivor factors.

Plan Provisions

Prior Plan Values

<i>Amount</i>	As listed in Table VII of the Plan.
<i>Interest Credit</i>	5% per annum.

Death or Termination Refund

<i>Amount</i>	Pre-retirement: Refund of Employee contributions with interest to date of termination or death. Postretirement: Excess of Prior Plan values with interest over annuity payments made.
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Section I

Summary of Valuation Results (continued)

Changes Since Last Year's Valuation

Changes in Pension Plan Provisions

There were no changes in the pension plan provisions recognized with this actuarial valuation.

New Legislation

Effective with this valuation, we are reflecting the provisions of the Moving Ahead for Progress in the 21st Century Act (MAP-21), which was signed into law on July 6, 2012.

Changes in Actuarial Assumptions

The Expense assumption changed to \$105,000 for 2012.

The mortality for ASC 960 purposes changed from the IRS 2011 Static Mortality Table to the IRS 2012 Static Mortality Table.

Changes in Actuarial Cost Method

Effective with this valuation, we have incorporated the adjusted 24-month average segment rate methodology established by MAP-21. These rates for the current plan year have been detailed within IRS Notice 2012-55. Further details on this change in the actuarial cost method, and the rates incorporated in this report, can be found within the Actuarial Cost Method and Actuarial Assumptions sections.

Benefit Restrictions and "At Risk" Status

There are no benefit restrictions associated with the current plan year.

The plan is not considered "At Risk" for the current plan year.

Distribution of Active Participants by Age and Service

Number of Active Employees as of December 28, 2012 – Distribution by Age and Service

Attained Age	Years of Credited Service										Total
	<u>Under 1</u>	<u>1-4</u>	<u>5-9</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40 +</u>	
Under 25											
25-29			1								1
30-34		1	5	3							9
35-39			6	7	2						15
40-44			2	5	6		1				14
45-49			7	4	10	10	1				32
50-54			7	8	10	6	6	2	1		40
55-59			5	6	9	9	3	6	3		41
60-64				3	5	5	2	6	2		23
65-69			1	1	2						4
70 +				1							1
Total		1	34	38	44	30	13	14	6		180

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

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**This schedule is required to be filed under section 104 of the Employee
Retirement Income Security Act of 1974 (ERISA) and section 6059 of the
Internal Revenue Code (the Code).► **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2012**This Form is Open to Public
Inspection**

For calendar plan year 2012 or fiscal plan year beginning 12/28/2012 and ending 12/27/2013

► **Round off amounts to nearest dollar.**► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan SCHWEBEL BAKING COMPANY PENSION PLAN		B Three-digit plan number (PN) ► 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SCHWEBEL BAKING COMPANY		D Employer Identification Number (EIN) 34-0516340
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>12</u> Day <u>28</u> Year <u>2012</u>	
2 Assets:	
a Market value	2a 16,134,731
b Actuarial value	2b 15,991,373
3 Funding target/participant count breakdown:	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 29 4,029,821
b For terminated vested participants	3b 117 3,465,474
c For active participants:	
(1) Non-vested benefits	3c(1) 626,750
(2) Vested benefits	3c(2) 6,975,446
(3) Total active	3c(3) 180 7,602,196
d Total	3d 326 15,097,491
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 6.79 %
6 Target normal cost	6 152,358

Statement by Enrolled Actuary

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

SIGN HERE		<u>9-24-2014</u>
Signature of actuary		Date
Michael R. Brown		14-06772
Type or print name of actuary		Most recent enrollment number
PRIAC		(319) 373-3628
Firm name		Telephone number (including area code)
280 Trumbull Street P.O. Box 2975 Hartford CT 06104-2975		
Address of the firm		

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

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

Schedule SB (Form 5500) 2012
v. 120126

Part II		Beginning of Year Carryover Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	663,451	115,574
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	384,352	0
9	Amount remaining (line 7 minus line 8)	279,099	115,574
10	Interest on line 9 using prior year's actual return of <u>12.80</u> %	35,725	14,793
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		112,629
	b Interest on (a) using prior year's effective interest rate of <u>5.13</u> % except as otherwise provided (see instructions)		14,417
	c Total available at beginning of current plan year to add to prefunding balance		127,046
	d Portion of (c) to be added to prefunding balance		127,046
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	314,824	257,413

Part III		Funding Percentages	
14	Funding target attainment percentage	14	102.13 %
15	Adjusted funding target attainment percentage	15	105.92 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	85.16 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV		Contributions and Liquidity Shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/09/2014	100,000				
Totals ►			18(b)	100,000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years	19a
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 93,440
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 5.54 %	2nd segment: 6.85 %	3rd segment: 7.52 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	152,358	
b Excess assets, if applicable, but not greater than line 31a	31b	152,358	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	93,440	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	93,440	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

Schwebel Baking Company Pension Plan

EIN / PN: 34-0516340 / 003

12/28/2012

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

<u>Age</u>	<u>Number Retiring</u>	<u>Number Remaining</u>	<u>Rate of Retirement</u>	<u>Result</u>
57	0.000000	180.000000	0.00%	0.000000
58	1.000000	179.000000	0.56%	0.322222
59	4.000000	175.000000	2.23%	1.311111
60	3.000000	172.000000	1.71%	1.000000
61	3.000000	169.000000	1.74%	1.016667
62	8.000000	161.000000	4.73%	2.755556
63	2.000000	159.000000	1.24%	0.700000
64	5.000000	154.000000	3.14%	1.777778
65	150.000000	4.000000	97.40%	54.166667
66	0.000000	4.000000	0.00%	0.000000
67	0.000000	4.000000	0.00%	0.000000
68	1.000000	3.000000	25.00%	0.377778
69	0.000000	3.000000	0.00%	0.000000
70	2.000000	1.000000	66.67%	0.777778
71	1.000000	0.000000	100.00%	0.394444

Weighted Average Retirement Age

65

Plan Retirement Age Definition:

Age 65 or the completion of 40 years of Service, but not beyond age 65. Participants at or beyond this age are assumed to retire immediately.

Actuarial Cost Method

I. ACTUARIAL COST METHOD

Costs have been computed in accordance with the Unit Credit Actuarial Cost Method and reflect the actuarial assumptions described in “Plan Assumptions” of this report as provided under the applicable regulations of the Pension Protection Act of 2006.

Target Normal Cost

The Target Normal Cost is the present value of benefits expected to accrue during the plan year for all Participants plus an estimate of the expenses to be paid from the plan assets during the plan year.

Target Liability and Funding Shortfall

As of January 1, 2008, a Target Liability is established which represents the present value of accrued benefits. This Target Liability is offset by adjusted assets, and the remainder (i.e. Funding Shortfall), if any, is amortized over seven years.

Subsequent changes in the Funding Shortfall due to asset experience, liability experience, plan amendments, and/or actuarial assumption changes will be amortized over a seven year period from their valuation dates.

Discount Rate

The plan sponsor has elected to use the Segment Rate approach for discount rate purposes, with an applicable month that is 4 months prior to the valuation date.

In addition, beginning with the 2012 plan year, solely for purposes of determining the minimum required contribution level, applicability of benefit restrictions, and for the at-risk determination, the adjusted 24-month average segment rates established by MAP-21 have been incorporated.

The adjusted 24-month average segment rates are generated by taking the unadjusted 24-month average segment rates for the sponsor-chosen lookback month and adjusting them so that each individual segment rate is not outside of the stipulated corridor around the corresponding 25-year average segment rate for the given plan year. For the 2012 plan year, the stipulated corridor is 90% - 110% of these 25-year average segment rates.

II. ASSET VALUATION METHOD

Assets have been valued in accordance with generally accepted procedures as described below.

All funds invested are valued in the following manner:

Actuarial Cost Method

Definitions

i(t)	assumed growth rate, set equal to the lesser of the expected return on assets or the applicable 3 rd segment rate for Plan Year t.
C(t)	sum of contributions and other additions to the fund from all sources other than investment transactions in Plan Year t
W(t)	sum of all withdrawals and other decreases to the fund from all sources other than investment transactions in Plan Year t
AV(t)	Actuarial Value of Assets as of Plan Year t
MV(t)	Market Value of Assets as of Plan Year t
EV(t)	Expected Value of Assets as of Plan Year t
G/L(t)	Gain or Loss for Plan Year t

Method

A description of the method used to determine the current year's Actuarial Value of Assets {AV(t)} is below.

For the preceding 2 years, G/L(t) is determined as follows:

$$EV(t) = MV(t-1) * (1 + i(t-1)) + [C(t-1) - W(t-1)] * (1 + i(t-1) * m)$$

Where m represents a proportionate yield consistent with the portion of the year for which C and W are invested

$$G/L(t-1) = EV(t) - MV(t)$$

For the current year, AV(t) is determined as follows:

$$AV(t) = MV(t) + 2/3 * G/L(t-1) + 1/3 * G/L(t-2)$$

Corridor Limits

The Actuarial Value of Assets may not be less than 90% or more than 110% of the current market value of plan assets as of the applicable valuation date [as required by IRC Section 430(g)(3)(B)(iii)]

Please note, as highlighted above, the assumed asset growth rate for each year is limited to the applicable 3rd segment rate by law. As a result, if the plan's expected rate of return is greater than this applicable rate, this method is expected to produce an actuarial value of assets that can be expected to be slightly less than the market value of assets, on average.

The market value of the Guaranteed Deposit Account is an estimate only and not the result of the precise calculation which would be done at contract discontinuance or to measure the impact of excess withdrawals in any calendar year. It does not constitute an offer by Prudential or a final experience adjustment. Please be sure that anyone to whom you quote this value receives this explanation.

Actuarial Assumptions

Each assumption, used in combination, represents the best estimate of anticipated experience under the plan. Each assumption used (a) is reasonable taking into account the experience of the plan and reasonable expectations, or (b) would, in the aggregate, result in a total contribution equivalent to that which would be determined if each such assumption were reasonable.

Investment Return

For ASC 960 purposes:

6.50% per annum, compounded annually, net of investment and contract fees.

For minimum required contribution level, applicability of benefit restrictions, and at risk determination only:

Segment Rates with a 4 month lookback, as adjusted by the 90%-110% corridor around the 25-year average segment rates (5.54%, 6.85%, 7.52% for the 2012 plan year)

For all other purposes:

Segment Rates with a 4 month lookback, unadjusted (1.77%, 4.67%, 5.78% for the 2012 plan year)

Estimated Expenses

\$105,000

Mortality

Funding & Accounting:

Male: The IRS 2012 Static Mortality Table (male)

Female: The IRS 2012 Static Mortality Table (female)

Termination

The probabilities that Participants at the ages indicated will before reaching the assumed retirement age are:

<u>Age</u>	<u>Male</u>	<u>Female</u>
20	82.0%	92.6%
25	71.2%	86.7%
30	52.1%	67.8%
35	32.0%	46.8%
40	15.4%	24.7%
45	4.4%	7.3%
50	0.0%	0.0%

This is Prudential Term Scale A

Retirement Age

Active Participants:

The earlier of age 65 or 40 years of Service. Participants at or Beyond this age are assumed to retire immediately.

Terminated Vested Participants:

Age 65.

Form of Payment

Life annuity.

Disability:

None.

Survivor's Benefit:

It is assumed that husbands are 3 years older than wives and that 90% of the male Participants and 60% of the female Participants who are or will become eligible for coverage under the Survivor's Benefit will be survived by an eligible survivor.

Plan Provisions

Pension Earnings	Total Compensation received from the Employer that is required to be reported as wages for federal income tax purposes on any and all W-2 Forms completed by the Employer.
Final Earnings	Highest average earnings received in any five consecutive full calendar years during the last ten years before retirement date, early retirement, or termination of employment. Earnings are limited to \$250,000, as indexed.
Service	Period of time between employee's employment date and Severance from employment date.
Credited Service	All years of service with the employer from date of employment to the earlier of termination of employment, retirement date, or death. Counted in whole years and full months. Credited service is maximized at 40 years.
Normal Form of Annuity	Life Annuity.
Normal Retirement Date	The first of the month coinciding with or next following the Participant's 65 th birthday, or the completion of five years of service, if later.
Social Security Covered Compensation	Average of Taxable Wage bases in effect during the working lifetime; subject to the automatic increases under the current law.
Participation Eligibility	Except for Employees represented by Teamsters Local #397, the plan is frozen (no further benefits shall accrue) as of December 31, 2007. Completion of 1,000 hours of Service and a salaried employee.
Benefit Formula	1.25% of Final Earnings up to Covered Compensation plus 1.50% of the excess, multiplied by Credited Service, offset by the Lawson Company and Union Pension plan benefit. Except for participants employed by the bargaining unit represented by Teamsters Local #397, the Accrued Benefit of every Employee has been frozen as of December 31, 2007 and no Employee shall increase his Accrued Benefit after December 31, 2007.

Plan Provisions

Income Payable

Amount described in sections (a) or (b) below, whichever applies:

a) If Participant has a Spouse as of his retirement date and does not elect otherwise, retirement income shall be paid on the basis of Joint and Survivor form, as stipulated by ERISA, and will be the amount determined under the benefit formula multiplied by the appropriate factor.

b) If Participant elected coverage under the Pre-Retirement Spouse Option, retirement income as determined by the appropriate section above shall be reduced further by appropriate option factors for each month that coverage was in effect.

Early Eligibility

The earlier of ten years early with 15 years of Service or 40 years of Service.

Early Benefit Amount

Normal retirement benefit accrued to early retirement, reduced by the appropriate early retirement reduction factor for the number of years annuity commencement date precedes Normal retirement date. Participants retiring with at least 40 years of Service receive 0% reduction in the accrued benefit.

Vesting Schedule

Except for Employees represented by Teamsters Local #397, the plan is frozen (no benefits shall accrue) as of December 31, 2007.

Less than 3 years Service equals 0% vested. Three years Service equals 20% vested increasing 20% each year up to 7 years Service equals 100% vested. Normal Retirement Date equals 100% vested.

Vested Benefit

Benefit accrued to date of termination adjusted by the appropriate vested percentage.

Preretirement Spouse Benefit

A. Eligibility

Eligible for early retirement, legally married.

Benefit Formula

50% of the pension accrued to date of death reduced by appropriate early retirement and joint and survivor factors.

B. Eligibility

Eligible for vesting but not eligible for early retirement, married one full year prior to death.

Benefit Formula

50% of the vested pension benefit accrued to date of death, payment deferred to no earlier than the early retirement date of the deceased participant and reduced by the appropriate early retirement and joint and survivor factors.

Plan Provisions

Prior Plan Values

Amount As listed in Table VII of the Plan.

Interest Credit 5% per annum.

Death or Termination Refund

Amount Pre-retirement: Refund of Employee contributions with interest to date of termination or death.

Postretirement: Excess of Prior Plan values with interest over annuity payments made.

Section I

Summary of Valuation Results (continued)

Changes Since Last Year's Valuation

Changes in Pension Plan Provisions

There were no changes in the pension plan provisions recognized with this actuarial valuation.

New Legislation

Effective with this valuation, we are reflecting the provisions of the Moving Ahead for Progress in the 21st Century Act (MAP-21), which was signed into law on July 6, 2012.

Changes in Actuarial Assumptions

The Expense assumption changed to \$105,000 for 2012.

The mortality for ASC 960 purposes changed from the IRS 2011 Static Mortality Table to the IRS 2012 Static Mortality Table.

Changes in Actuarial Cost Method

Effective with this valuation, we have incorporated the adjusted 24-month average segment rate methodology established by MAP-21. These rates for the current plan year have been detailed within IRS Notice 2012-55. Further details on this change in the actuarial cost method, and the rates incorporated in this report, can be found within the Actuarial Cost Method and Actuarial Assumptions sections.

Benefit Restrictions and "At Risk" Status

There are no benefit restrictions associated with the current plan year.

The plan is not considered "At Risk" for the current plan year.

Distribution of Active Participants by Age and Service

Number of Active Employees as of December 28, 2012 – Distribution by Age and Service

Attained Age	Years of Credited Service										Total
	<u>Under 1</u>	<u>1-4</u>	<u>5-9</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40 +</u>	
Under 25											
25-29			1								1
30-34		1	5	3							9
35-39			6	7	2						15
40-44			2	5	6		1				14
45-49			7	4	10	10	1				32
50-54			7	8	10	6	6	2	1		40
55-59			5	6	9	9	3	6	3		41
60-64				3	5	5	2	6	2		23
65-69			1	1	2						4
70 +				1							1
Total		1	34	38	44	30	13	14	6		180

FINANCIAL STATEMENTS AND
ACCOMPANYING INFORMATION

SCHWEBEL BAKING COMPANY
PENSION PLAN

December 27, 2013 and 2012

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C O N T E N T S

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October 13, 2014

Schwebel Baking Company, Named Fiduciary
of the Schwebel Baking Company Pension Plan
Youngstown, Ohio

Independent Auditor's Report

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Schwebel Baking Company Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of December 27, 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 our audits 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 D, which was certified by Prudential Retirement Insurance and Annuity Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. 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 27, 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

The supplemental schedules of assets held for investment purposes at end of year and reportable transactions are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. 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, 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.

Hell Buth & King LLC

Certified Public Accountants

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

**SCHWEBEL BAKING COMPANY
PENSION PLAN**

December 27, 2013 and 2012

	<u>2013</u>	<u>2012</u>
<u>ASSETS</u>		
Investments at fair value - NOTE D	\$ 15,504,664	\$ 15,765,232
Receivables:		
Employer's contribution	<u>99,784</u>	<u>392,537</u>
TOTAL ASSETS	15,604,448	16,157,769
<u>LIABILITIES</u>		
None	<u>0</u>	<u>0</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 15,604,448</u></u>	<u><u>\$ 16,157,769</u></u>

See accompanying notes to financial statements

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

**SCHWEBEL BAKING COMPANY
PENSION PLAN**

Years ended December 27, 2013 and 2012

	<u>2013</u>	<u>2012</u>
<u>INVESTMENT INCOME</u>		
Net appreciation in fair value of investments	\$ 531,441	\$ 1,356,091
Interest and dividends	393,237	407,147
	<u>924,678</u>	<u>1,763,238</u>
<u>EMPLOYER CONTRIBUTIONS</u>	107,247	501,560
TOTAL ADDITIONS	<u>1,031,925</u>	<u>2,264,798</u>
<u>BENEFITS TO PARTICIPANTS</u>	1,498,844	867,336
<u>ADMINISTRATIVE EXPENSES</u>	86,402	106,457
TOTAL DEDUCTIONS	<u>1,585,246</u>	<u>973,793</u>
NET INCREASE (DECREASE)	(553,321)	1,291,005
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>		
Beginning of year	16,157,769	14,866,764
End of year	<u>\$ 15,604,448</u>	<u>\$ 16,157,769</u>

See accompanying notes to financial statements

NOTES TO FINANCIAL STATEMENTS

SCHWEBEL BAKING COMPANY PENSION PLAN

December 27, 2013 and 2012

NOTE A - DESCRIPTION OF PLAN

The following brief description of the Schwebel Baking Company Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General:

The Plan is a defined benefit pension plan covering substantially all employees of the Schwebel Baking Company (the Company) who are not covered by collective bargaining agreements, except for members of Teamsters Local #397, and have completed one year of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Pension Benefits:

Employees with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (65) equal to 1.25% of their final earnings up to a defined compensation level plus 1.50% of their final earnings in excess of the defined compensation level multiplied by the number of years of credited service. The Plan permits early retirement at ages 55 through 64. Employees may elect to receive their pension benefits in the form of a joint and survivor annuity (if married at their retirement date), life-no death benefit (if unmarried at their retirement date) or one of the other optional methods of payment.

The Plan has frozen the accrual of benefits and credited service for all participants unless the participant is employed in the bargaining unit represented by Teamsters Local #397. The definitions of average annual earnings and credited service were amended to exclude years of earnings or service after December 31, 2007 for participants other than those employed in the bargaining unit represented by Teamsters Local #397.

Death Benefits:

If an active employee dies before their retirement date or normal retirement date, whichever is earlier, the spouse will be eligible to receive retirement income if the preretirement spouse benefit is effective or if the employee retired under the early retirement provisions of this Plan, died prior to the retirement date and had a spouse at time of death.

Vesting:

Participants become fully vested in benefits after seven years of service.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

SCHWEBEL BAKING COMPANY PENSION PLAN

December 27, 2013 and 2012

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting:

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

Valuation of Investments:

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

Use of Estimates:

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Subsequent Events:

Management evaluated all activity of the Plan through October 13, 2014, the date the financial statements were available to be issued, and concluded that no subsequent events have occurred that would require recognition or disclosure in the financial statements or notes.

NOTE C - FUNDING POLICY

From time to time, the employer shall make such contributions to the fund as the employer determines are required to maintain the Plan on a sound actuarial basis. In determining the amounts and incidence of such contributions, the employer will take into account such actuarial recommendations as may be provided by an enrolled actuary as defined by ERISA. The Company's contributions for 2013 met the minimum funding requirements of ERISA.

NOTE D - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following is a summary of the investment information regarding the Plan as of and for the years ended December 27, 2013 and 2012, included in the Plan's financial statements and supplemental schedules that were prepared by or derived from information prepared by Prudential Retirement Insurance and Annuity Company, Hartford, Connecticut. The plan administrator has obtained certifications from the trustee that such information is complete and accurate.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

SCHWEBEL BAKING COMPANY PENSION PLAN

December 27, 2013 and 2012

NOTE D - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE (CONTINUED)

	<u>2013</u>	<u>2012</u>
<u>INVESTMENTS</u>		
Morgan Stanley Mid Cap Growth I	\$ 237,629	\$ 411,924
Nuveen Real Estate Securities Class I	316,683	497,398
* Loomis Investment Grade Fixed Income	5,105,955	4,106,918
Diamond Hill Long Short Fund Class I	245,637	323,092
Target Small Cap Value	157,148	167,039
Absolute Strategies Fund Institutional	443,112	634,891
Eagle Small Cap Growth Fund Class R6	158,488	163,066
RidgeWorth Mid Cap Value Equity Fund I	236,608	426,954
Harbor Capital Appreciation - Institutional	627,847	1,112,771
John Hancock Disciplined Value R6	630,904	1,140,603
Pimco Commodity Real Return Institutional	441,155	605,291
Aberdeen Equity Long Short Fund Class A	259,911	325,432
* Pimco Total Return Institutional	5,089,539	4,071,985
American Funds EuroPacific Growth Fund R6	474,202	847,509
Thornburg International Value R6	476,513	845,865
MUTUAL FUNDS - LEVEL 1	<u>14,901,331</u>	<u>15,680,738</u>
Guaranteed Deposit Account	<u>603,308</u>	<u>83,838</u>
GUARANTEED INCOME FUND - LEVEL 3	<u>603,308</u>	<u>83,838</u>
CIGNA Open-End Real Estate	<u>25</u>	<u>656</u>
POOLED SEPARATE ACCOUNTS - LEVEL 3	<u>25</u>	<u>656</u>
	<u><u>\$ 15,504,664</u></u>	<u><u>\$ 15,765,232</u></u>

* Asset represents 5% or more of total Plan assets.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

SCHWEBEL BAKING COMPANY PENSION PLAN

December 27, 2013 and 2012

NOTE D - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE (CONTINUED)

During the years ended December 27, 2013 and 2012, the Plan's investments (including investments bought, sold and held during the year) appreciated in value and had interest and dividends as follows:

	<u>2013</u>	<u>2012</u>
<u>INVESTMENTS AT FAIR VALUE AS DETERMINED</u>		
<u>BY QUOTED MARKET PRICE</u>		
Mutual funds - Level 1	\$ 530,764	\$ 630,806
Pooled separate accounts - Level 2	0	76,329
Private placement fund - Level 3	0	685
Pooled separate accounts - Level 3	<u>677</u>	<u>648,271</u>
Net appreciation in fair market value	531,441	1,356,091
<u>INTEREST AND DIVIDENDS</u>	<u>393,237</u>	<u>407,147</u>
TOTALS	<u>\$ 924,678</u>	<u>\$ 1,763,238</u>

NOTE E - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits.

	<u>Assets at Fair Value</u>		
	<u>Total</u>	<u>(Level 1)</u>	<u>(Level 3)</u>
<u>December 27, 2013</u>			
Stable value funds	\$ 603,308	\$ 0	\$ 603,308
Mutual funds:			
Mid cap funds	474,237	474,237	0
Real estate funds	316,683	316,683	0
Intermediate term bond funds	10,195,494	10,195,494	0
Long/short equity funds	505,548	505,548	0
Small cap funds	315,636	315,636	0
Multialternative funds	443,112	443,112	0
Large cap funds	1,258,751	1,258,751	0
Commodities funds	441,155	441,155	0
International funds	950,715	950,715	0
Pooled separate accounts	<u>25</u>	<u>0</u>	<u>25</u>
TOTAL INVESTMENTS	<u>\$ 15,504,664</u>	<u>\$ 14,901,331</u>	<u>\$ 603,333</u>

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

SCHWEBEL BAKING COMPANY PENSION PLAN

December 27, 2013 and 2012

NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED)

December 27, 2012

Stable value funds	\$ 83,838	\$ 0	\$ 83,838
Mutual funds:			
Mid cap funds	838,878	838,878	0
Real estate funds	497,398	497,398	0
Intermediate term bond funds	8,178,903	8,178,903	0
Long/short equity funds	648,524	648,524	0
Small cap funds	330,105	330,105	0
Multialternative funds	634,891	634,891	0
Large cap funds	2,253,374	2,253,374	0
Commodities funds	605,291	605,291	0
International funds	1,693,374	1,693,374	0
Pooled separate accounts	656	0	656
TOTAL INVESTMENTS	<u>\$ 15,765,232</u>	<u>\$ 15,680,738</u>	<u>\$ 84,494</u>

FASB ASC 820, Fair Value Measurements, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels:

Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year end.

Level 3 Fair Value Measurements

The fair value of the Plan's interest in guaranteed deposit account is based on the beginning of the year value of the Plan's interest in the trust plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses. Investment income is allocated based on a contracted interest rate for a six month period and administrative expenses are allocated based on a contracted expense ratio for a six month period.

The fair value of the Plan's interest in pooled separate accounts is based on the number of units the Plan holds times the unit value as determined by the trustee of the fund. The value of each unit is determined by adding the value of all of the fund's assets, subtracting all accrued expenses and liabilities and dividing by the number of units outstanding. The value of the fund's assets is the market value of securities for which market quotations are readily available and the inputs for other assets which do not have quoted prices.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

SCHWEBEL BAKING COMPANY PENSION PLAN

December 27, 2013 and 2012

NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED)

The following table provides further details of the Level 3 fair value measurements.

	<u>Guaranteed deposit account</u>	<u>Private placement fund</u>	<u>Pooled separate accounts</u>
<u>December 27, 2013</u>			
Beginning balance	\$ 83,838	\$ 0	\$ 656
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	44,649	0	677
Purchases	400,000	0	0
Sales	(1,585,245)	0	(1,308)
Transfers into Level 3	1,660,066	0	0
Ending balance	<u>\$ 603,308</u>	<u>\$ 0</u>	<u>\$ 25</u>
<u>December 27, 2012</u>			
Beginning balance	\$ 536,762	\$ 17,460	\$ 6,262,906
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	46,952	685	648,271
Purchases	500,000	0	0
Sales	(999,876)	(18,145)	(6,910,521)
Ending balance	<u>\$ 83,838</u>	<u>\$ 0</u>	<u>\$ 656</u>

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the years ended December 27, 2013 and 2012 are reported in net appreciation in fair value of investments.

NOTE F - PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. Government agency) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivors pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

SCHWEBEL BAKING COMPANY PENSION PLAN

December 27, 2013 and 2012

NOTE G - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Information with respect to accumulated plan benefits as of December 27, 2013 and 2012 is summarized as follows:

	<u>2013</u>	<u>2012</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits -		
Active participants	\$ 6,483,703	\$ 7,816,563
Inactive participants	<u>9,227,264</u>	<u>7,998,013</u>
	15,710,967	15,814,576
Nonvested benefits	<u>638,820</u>	<u>644,258</u>
	<u><u>\$ 16,349,787</u></u>	<u><u>\$ 16,458,834</u></u>

The following is a summary of the changes in the actuarial present value of accumulated plan benefits for the years ended December 27, 2013 and 2012:

	<u>2013</u>	<u>2012</u>
Actuarial present value of accumulated plan benefits		
at beginning of year	\$ 16,458,834	\$ 16,455,754
Increase during the year attributable to:		
Changes in actuarial assumptions	10,630	30,920
Benefits accumulated	357,288	(202,383)
Increase for interest due to the decrease in discount period	1,021,879	1,041,879
Benefits paid	<u>(1,498,844)</u>	<u>(867,336)</u>
NET INCREASE (DECREASE)	<u>(109,047)</u>	<u>3,080</u>
Actuarial present value of accumulated plan benefits		
at end of year	<u><u>\$ 16,349,787</u></u>	<u><u>\$ 16,458,834</u></u>

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions for the services employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits payable under all circumstances, including retirement, death, disability and termination of employment, are included to the extent they are deemed attributable to employee services rendered to the valuation date.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

SCHWEBEL BAKING COMPANY PENSION PLAN

December 27, 2013 and 2012

NOTE G - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The actuarial present value of accumulated plan benefits is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect from the time value of money and the probability of payment between the valuation date and the expected date of payment. Calculation of the present value of accumulated plan benefits under the Plan are made by consulting actuaries using the aggregate cost method. Significant assumptions used in the valuation as December 27, 2013 and 2012 were (a) assumed rate of return on investments is 6.5% for 2013 and 2012 compounded annually (b) normal retirement at age 65 and (c) discount rates determined under a segment rate approach with an applicable month that is four months prior to the valuation date ranging from 1.39% to 7.16% for 2013 and from 1.77% to 7.52% for 2012. Mortality rates are based upon the IRS 2013 Static Mortality Table and the IRS 2012 Static Mortality Table for 2013 and 2012, respectively.

NOTE H - RELATED PARTY TRANSACTION

Certain Plan investments are managed by Prudential Retirement Insurance and Annuity Company, the trustee of the Plan.

The audit fee is borne by the Schwebel Baking Company.

NOTE I - INCOME TAXES

In a letter dated March 5, 2012, the Internal Revenue Service has informed the Plan that the Plan and the related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator and Plan's counsel believe that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 27, 2013, there are no uncertain tax 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.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

SCHWEBEL BAKING COMPANY PENSION PLAN

December 27, 2013 and 2012

NOTE J - 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 the amounts reported in the statements of net assets available for benefits.

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

NOTE K - PARTY-IN-INTEREST TRANSACTIONS

A portion of the Plan's assets are invested in funds managed by Prudential Retirement Insurance and Annuity Company. Prudential is the third party administrator and trustee as defined by the Plan and, therefore these transactions qualify as party-in-interest transactions. Recordkeeping, custodial and other expenses paid by the Plan were incurred with parties-in-interest as defined in Section 3(14) of ERISA.

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

**SCHWEBEL BAKING COMPANY
PENSION PLAN**

**EIN: 34-0516340
PLAN NUMBER: 003**

December 27, 2013

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT	(d) COST	(e) CURRENT VALUE
	Loomis Sayles Funds	Loomis Investment Grade Fixed Income	\$ 5,329,795	\$ 5,105,955
	Nuveen Investments	Real Estate Securities Class I	341,466	316,683
	Morgan Stanley Investment Management	Morgan Stanley Mid Cap Growth I	187,152	237,629
*	Prudential Retirement Insurance and Annuity Co.	Guaranteed Deposit Account	603,308	603,308
*	Prudential Retirement Insurance and Annuity Co.	CIGNA Open-End Real Estate	18	25
*	Prudential Retirement Insurance and Annuity Co.	Target Small Cap Value	128,050	157,148
	Diamond Hill Funds	Long Short Fund Class I	200,443	245,637
	Absolute Strategies	Absolute Strategies I	454,204	443,112
	Eagle Family of Funds	Eagle Small Cap Growth Fund Class R6	118,222	158,488
	RidgeWorth Funds	Mid Cap Value Equity Fund I	199,021	236,608
	Harbor Funds	Harbor Capital Appreciation - Institutional	482,989	627,847
	John Hancock Funds	Disciplined Value R6	514,423	630,904
	PIMCO Funds	PIMCO Commodity Real Return Strat Institutional	563,161	441,155
	Aberdeen Asset Management	Aberdeen Equity Long Short Fund Class A	241,983	259,911
	PIMCO Funds	PIMCO Total Return Institutional	5,467,346	5,089,539
	American Funds	EuroPacific Growth Fund R6	387,635	474,202
	Thornburg Investments	Thornburg International Value Class R6	400,800	476,513
		Total	<u>\$ 15,620,016</u>	<u>\$ 15,504,664</u>

* Represents party-in-interest

SCHEDULE H, LINE 4j, SCHEDULE OF REPORTABLE TRANSACTIONS

**SCHWEBEL BAKING COMPANY
PENSION PLAN**

**EIN: 34-0516340
PLAN NUMBER: 003**

Year ended December 27, 2013

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(g) COST OF ASSET SOLD/BOOK VALUE	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN (LOSS)
* Prudential Retirement Insurance and Annuity Company	Guaranteed Deposit	\$ 2,060,066	\$ 0	\$ 2,060,066	\$ 2,060,066	\$ 0
* Prudential Retirement Insurance and Annuity Company	Guaranteed Deposit	0	1,585,245	1,585,245	1,585,245	0
Loomis Sayles Funds	Loomis Investment Grade Institutional	1,158,496	0	1,158,496	1,158,496	0
Loomis Sayles Funds	Loomis Investment Grade Institutional	0	224,000	234,705	224,000	(10,705)
PIMCO	PIMCO Total Return Institutional	1,227,199	0	1,227,199	1,227,199	0
PIMCO	PIMCO Total Return Institutional	0	105,000	113,222	105,000	(8,222)
TOTAL		<u>\$ 4,445,761</u>	<u>\$ 1,914,245</u>	<u>\$ 6,378,933</u>	<u>\$ 6,360,006</u>	<u>\$ (18,927)</u>

* Represents party-in-interest transaction

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

**SCHWEBEL BAKING COMPANY
PENSION PLAN**

**EIN: 34-0516340
PLAN NUMBER: 003**

December 27, 2013

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT	(d) COST	(e) CURRENT VALUE
	Loomis Sayles Funds	Loomis Investment Grade Fixed Income	\$ 5,329,795	\$ 5,105,955
	Nuveen Investments	Real Estate Securities Class I	341,466	316,683
	Morgan Stanley Investment Management	Morgan Stanley Mid Cap Growth I	187,152	237,629
*	Prudential Retirement Insurance and Annuity Co.	Guaranteed Deposit Account	603,308	603,308
*	Prudential Retirement Insurance and Annuity Co.	CIGNA Open-End Real Estate	18	25
*	Prudential Retirement Insurance and Annuity Co.	Target Small Cap Value	128,050	157,148
	Diamond Hill Funds	Long Short Fund Class I	200,443	245,637
	Absolute Strategies	Absolute Strategies I	454,204	443,112
	Eagle Family of Funds	Eagle Small Cap Growth Fund Class R6	118,222	158,488
	RidgeWorth Funds	Mid Cap Value Equity Fund I	199,021	236,608
	Harbor Funds	Harbor Capital Appreciation - Institutional	482,989	627,847
	John Hancock Funds	Disciplined Value R6	514,423	630,904
	PIMCO Funds	PIMCO Commodity Real Return Strat Institutional	563,161	441,155
	Aberdeen Asset Management	Aberdeen Equity Long Short Fund Class A	241,983	259,911
	PIMCO Funds	PIMCO Total Return Institutional	5,467,346	5,089,539
	American Funds	EuroPacific Growth Fund R6	387,635	474,202
	Thornburg Investments	Thornburg International Value Class R6	400,800	476,513
		Total	\$ 15,620,016	\$ 15,504,664

* Represents party-in-interest

SCHEDULE H, LINE 4j, SCHEDULE OF REPORTABLE TRANSACTIONS

**SCHWEBEL BAKING COMPANY
PENSION PLAN**

**EIN: 34-0516340
PLAN NUMBER: 003**

Year ended December 27, 2013

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(g) COST OF ASSET SOLD/BOOK VALUE	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN (LOSS)
* Prudential Retirement Insurance and Annuity Company	Guaranteed Deposit	\$ 2,060,066	\$ 0	\$ 2,060,066	\$ 2,060,066	\$ 0
* Prudential Retirement Insurance and Annuity Company	Guaranteed Deposit	0	1,585,245	1,585,245	1,585,245	0
Loomis Sayles Funds	Loomis Investment Grade Institutional	1,158,496	0	1,158,496	1,158,496	0
Loomis Sayles Funds	Loomis Investment Grade Institutional	0	224,000	234,705	224,000	(10,705)
PIMCO	PIMCO Total Return Institutional	1,227,199	0	1,227,199	1,227,199	0
PIMCO	PIMCO Total Return Institutional	0	105,000	113,222	105,000	(8,222)
TOTAL		<u>\$ 4,445,761</u>	<u>\$ 1,914,245</u>	<u>\$ 6,378,933</u>	<u>\$ 6,360,006</u>	<u>\$ (18,927)</u>

* Represents party-in-interest transaction