

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2014 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)
B This return/report is	☐ a one-participant plan ☐ a foreign plan ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information					
1a Name of plan <u>M & M RESTAURANT SUPPLY - PENNSYLVANIA DEFINED BENEFIT PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 40%; text-align: center;"><u>006</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>006</u>		
1b Three-digit plan number (PN) ▶	<u>006</u>				
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>KEYSTONE FOODS, LLC</u> <u>300 BARR HARBOR DRIVE, SUITE 600</u> <u>WEST CONSHOHOCKEN, PA 19428</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1c Effective date of plan</td> <td style="width: 40%; text-align: center;"><u>01/01/1989</u></td> </tr> </table>	1c Effective date of plan	<u>01/01/1989</u>		
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">2b Employer Identification Number (EIN)</td> <td style="width: 40%; text-align: center;"><u>23-3073393</u></td> </tr> </table>	2b Employer Identification Number (EIN)	<u>23-3073393</u>		
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">2c Sponsor's telephone number</td> <td style="width: 40%; text-align: center;"><u>610-667-6700</u></td> </tr> </table>	2c Sponsor's telephone number	<u>610-667-6700</u>			
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">2d Business code (see instructions)</td> <td style="width: 40%; text-align: center;"><u>311900</u></td> </tr> </table>	2d Business code (see instructions)	<u>311900</u>			
2d Business code (see instructions)	<u>311900</u>				
3a Plan administrator's name and address ☒ Same as Plan Sponsor.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">3b Administrator's EIN</td> <td style="width: 40%;"></td> </tr> <tr> <td>3c Administrator's telephone number</td> <td></td> </tr> </table>	3b Administrator's EIN		3c Administrator's telephone number	
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">4b EIN</td> <td style="width: 40%;"></td> </tr> <tr> <td>4c PN</td> <td></td> </tr> </table>	4b EIN		4c PN	
4b EIN					
4c PN					
5a Total number of participants at the beginning of the plan year	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">5a</td> <td style="width: 40%; text-align: center;"><u>64</u></td> </tr> </table>	5a	<u>64</u>		
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b Total number of participants at the end of the plan year	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">5b</td> <td style="width: 40%; text-align: center;"><u>58</u></td> </tr> </table>	5b	<u>58</u>		
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c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">5c</td> <td style="width: 40%;"></td> </tr> </table>	5c			
5c					
d(1) Total number of active participants at the beginning of the plan year	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">5d(1)</td> <td style="width: 40%; text-align: center;"><u>0</u></td> </tr> </table>	5d(1)	<u>0</u>		
5d(1)	<u>0</u>				
d(2) Total number of active participants at the end of the plan year	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">5d(2)</td> <td style="width: 40%; text-align: center;"><u>0</u></td> </tr> </table>	5d(2)	<u>0</u>		
5d(2)	<u>0</u>				
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">5e</td> <td style="width: 40%; text-align: center;"><u>0</u></td> </tr> </table>	5e	<u>0</u>		
5e	<u>0</u>				

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	10/13/2015	SOFIA FORGIONE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1710123	1761859
b Total plan liabilities	7b	0	
c Net plan assets (subtract line 7b from line 7a)	7c	1710123	1761859
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	148000	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	120000	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		268000
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	215894	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f	370	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		216264
i Net income (loss) (subtract line 8h from line 8c)	8i		51736
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B 1I 3H
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	☒	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b	☒	
c Was the plan covered by a fidelity bond?	10c	☒	500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d	☒	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	☒	
f Has the plan failed to provide any benefit when due under the plan?	10f	☒	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	☒	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		

Part VI Pension Funding Compliance

- 11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) ☒ Yes ☐ No
- 11a** Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 **11a** 0
- 12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)
- a** 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

b Enter the minimum required contribution for this plan year.....	12b	
c Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).....	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....	☐ Yes ☐ No ☐ N/A	

13a Has a resolution to terminate the plan been adopted in any plan year?	☐ Yes	☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐ Yes	☒ No
c 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.)		

Part VIII	Trust Information (optional)
14a Name of trust	14b Trust's EIN

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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.

<div>A Name of plan M & M RESTAURANT SUPPLY - PENNSYLVANIA DEFINED BENEFIT PENSION PLAN</div>	<div>B Three-digit plan number (PN) 006</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF KEYSTONE FOODS, LLC</div>	<div>D Employer Identification Number (EIN) 23-3073393</div>

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 01 Day 01 Year 2014			
2 Assets:			
a Market value	2a	1707994	
b Actuarial value	2b	1605213	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	4	360611	360611
b For terminated vested participants	60	1462380	1462380
c For active participants	0	0	0
d Total	64	1822991	1822991
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	6.43%	
6 Target normal cost	6	14000	

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.

<div>SIGN HERE</div>	<div>10/08/2015</div>
<div>MARGUERITE RAAB</div>	<div>14-03733</div>
<div>THE SAVITZ ORGANIZATION, INC.</div>	<div>215-587-0700</div>
<div>1845 WALNUT STREET, 14TH FLOOR PHILADELPHIA, PA 19103-4714</div>	

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 ☐

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>15.68</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		197500
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.43</u> %		12699
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		210199
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	88.05 %
15 Adjusted funding target attainment percentage	15	88.05 %
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	80.73 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2014	37000	0			
07/15/2014	37000	0			
10/15/2014	37000	0			
02/18/2015	37000	0			
			Totals ►	18(b)	148000
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	141849
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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
27 If the plan is 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	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	14000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	217778	43765	
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	57765	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35).....	36	57765	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	141849	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	84084	
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		

Attachment to the 2014 Form 5500 Schedule SB

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

Interest Rates

Minimum Funding - segment rates with a 4-month lookback, with the segment rates adjusted as applicable according to MAP-21 and HATFA.

Segment 1	4.98% per year, compounded annually.
Segment 2	6.32% per year, compounded annually.
Segment 3	6.99% per year, compounded annually.
Effective Rate	6.43% per year, compounded annually.

Mortality IRS 2014 Static Mortality Table.

Retirement

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

Terminated Vested Participants:	Earliest age at which eligible to commence benefits.
1	21
2	22
3	23
4	24
5	25
6	26
7	27
8	28
9	29
10	30
11	31
12	32
13	33
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16	36
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62	82
63	83
64	84
65	85
66	86
67	87
68	88
69	89
70	90
71	91
72	92
73	93
74	94
75	95
76	96
77	97
78	98
79	99
80	100

Disability: None assumed.

Salary Scale: Not applicable.

Turnover: Not applicable.

Future Credited Service: Since the plan was frozen effective December 31, 2008, no future service is assumed to be earned.

Spouses (marital status): 80% of non-retired participants are assumed to be married to an eligible spouse. Husbands are assumed to be three years older than their wives.

Form of Payment: 80% of participants elect the lump sum payment and 20% elect the life annuity.

Lump Sums: Lump sums are calculated using the same segment rates used for funding and the IRS 2014 Applicable Mortality Table.

Participants Included in Valuation:	All eligible Participants. As of April 30, 2012, all participants were inactive.
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Expenses: The prior year's expenses, adjusted for PBGC premiums, rounded up to the next \$1,000. For 2014, equal to \$14,000; included in target normal cost.

M&M Restaurant Supply - Pennsylvania Defined Benefit Pension Plan
EIN: 23-3073393 PN: 006
Attachment to the 2014 Form 5500 Schedule SB

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

Actuarial Valuation Method: The Pension Protection Act (PPA) requires the calculation of the Target Liability and Target Normal Cost. The Target Liability represents the present value of the benefit accumulated as of the valuation date. The present value is calculated by projecting future payments of the accrued benefit, adjusted for probability of receipt according to demographic assumptions, and discounting the payments back to the valuation date using the segment interest rates. Payments made within five years of the valuation date are discounted using the first segment rate, payments made at least five but within twenty years of the valuation date are discounted using the second segment rate, and payments made at least twenty years from the valuation date are discounted using the third segment rate. The calculation of the Target Normal Cost is identical, except that the future payment stream is based on the benefit expected to accrue during the plan year.

Asset Method: The actuarial assets are determined by a three-point averaging method, averaging the following adjusted asset values:

1. Market value as of January 1, 2012, advanced to the valuation date with 2012 and 2013 benefit payments, expenses, contributions and expected returns.
2. Market value as of January 1, 2013, advanced to the valuation date with 2013 benefit payments, expenses, contributions and expected return.
3. Market value as of January 1, 2014.

Discounted contributions made after the valuation date are included in all adjusted asset figures. The expected rate of return is 7.00%, or the third segment rate for the year if lower. The averaged assets are further adjusted so that the final actuarial assets are no more than 110% and no less than 90% of market value.

M&M Restaurant Supply - Pennsylvania Defined Benefit Pension Plan
EIN: 23-3073393 PN: 006
Attachment to the 2014 Form 5500 Schedule SB

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

**Changes since the Prior
Valuation:**

The funding target interest rates for Minimum Funding are the segment rates using a four-month lookback, adjusted by Map-21 corridor. The segment rate changes are as follows: from 4.94% to 4.99% for the first five years, from 6.15% to 6.32% for the next 15 years, from 6.76% to 6.99% for all years thereafter.

The mortality table was updated from the IRS 2013 Static Mortality Table to the IRS 2014 Static Mortality Table.

The mortality table used for lump sums was updated from the IRS 2013 Applicable Mortality Table to the IRS 2014 Applicable

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	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 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		

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

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

A Name of plan M & M Restaurant Supply - Pennsylvania Defined Benefit Pension Plan	B Three-digit plan number (PN) ►	006
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Keystone Foods, LLC	D Employer Identification Number (EIN) 23-3073393	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2014</u>			
2 Assets:			
a Market value	2a	1707994	
b Actuarial value	2b	1605213	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	4	360611	360611
b For terminated vested participants.....	60	1462380	1462380
c For active participants.....	0	0	0
d Total.....	64	1822991	1822991
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	6.43%	
6 Target normal cost.....	6	14000	

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	Marguerite Raab _____ Signature of actuary	10/08/2015 _____ Date 1403733 _____ Most recent enrollment number 215-587-0700 _____ Telephone number (including area code)
Marguerite Raab _____ Type or print name of actuary The Savitz Organization, Inc. _____ Firm name 1845 Walnut Street, 14th Floor Philadelphia PA 19103-4714 _____ Address of the firm		

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

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

Schedule SB (Form 5500) 2014 v. 140124

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>15.68%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		197500
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.43%</u>		12699
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		210199
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	88.05%
15 Adjusted funding target attainment percentage	15	88.05%
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	80.73%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2014	37000	0			
07/15/2014	37000	0			
10/15/2014	37000	0			
02/18/2015	37000	0			
Totals ▶			18(b)	148000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 141849

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: 4.99%	2nd segment: 6.32%	3rd segment: 6.99%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
27 If the plan is 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	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	14000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	217778		43765
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	57765	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36	57765	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	141849	
38 Present value of excess contributions for current year (see instructions):			
a Total (excess, if any, of line 37 over line 36)	38a	84084	
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		

M&M Restaurant Supply - Pennsylvania Pension Plan
EIN: 23-3073393 Plan: 006
Attachment to the 2014 Form 5500 Schedule SB

Schedule SB, line 19 - Discounted Employer Contributions

<u>Date of Contribution</u>	<u>Amount of Contribution</u>	<u>Applicable Plan Year</u>	<u>Effective Interest Rate</u>	<u>Rate for Late Quarterly Installments*</u>	<u>Interest-Adjusted Contribution</u>
4/15/2014	\$ 37,000	2014	6.43%	N/A	\$ 36,349
7/15/2014	37,000	2014	6.43%	N/A	35,788
10/15/2014	37,000	2014	6.43%	N/A	35,231
2/18/2015	37,000	2014	6.43%	N/A	34,481
Total	<u>\$ 148,000</u>				<u>\$ 141,849</u>

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

M&M Restaurant Supply - Pennsylvania Defined Benefit Pension Plan
EIN: 23-3073393 PN: 006
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Schedule SB, line 22 - Description of Weighted Average Retirement Age

Number of people at 1/1/2014 whose Normal Retirement Age is 62	24
---	----

Number of people at 1/1/2014 whose Normal Retirement Age is 65	36
---	----

$[(24 \times 62) + (36 \times 65)] / (24 + 36)$	63.80
---	-------

M&M Restaurant Supply - Pennsylvania Pension Plan
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Schedule SB, line 32 - Schedule of Amortization Bases

<u>Base Type</u>	<u>Date Established</u>	<u>Present Value of Remaining Installments</u>	<u>Remaining Amortization Period (Years)</u>	<u>Amortization Installment</u>
Shortfall	1/1/2014	\$ (115,892)	7.000	\$ (19,396)
Shortfall	1/1/2013	333,670	6.000	63,161
Total		<u>\$ 217,778</u>		<u>\$ 43,765</u>

M&M Restaurant Supply - Pennsylvania Defined Benefit Pension Plan

EIN: 23-3073393 PN: 006

Attachment to the 2014 Form 5500 Schedule SB

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

Interest Rates

Minimum Funding - segment rates with a 4-month lookback, with the segment rates adjusted as applicable according to MAP-21 and HATFA.

Segment 1	4.98% per year, compounded annually.
Segment 2	6.32% per year, compounded annually.
Segment 3	6.99% per year, compounded annually.
Effective Rate	6.43% per year, compounded annually.

Mortality IRS 2014 Static Mortality Table.

Retirement

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

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

Disability: None assumed.

Salary Scale: Not applicable.

Turnover: Not applicable.

Future Credited Service: Since the plan was frozen effective December 31, 2008, no future service is assumed to be earned.

Spouses (marital status): 80% of non-retired participants are assumed to be married to an eligible spouse. Husbands are assumed to be three years older than their wives.

Form of Payment: 80% of participants elect the lump sum payment and 20% elect the life annuity.

Lump Sums: Lump sums are calculated using the same segment rates used for funding and the IRS 2014 Applicable Mortality Table.

Participants Included in Valuation: All eligible Participants. As of April 30, 2012, all participants were inactive.

Expenses: The prior year's expenses, adjusted for PBGC premiums, rounded up to the next \$1,000. For 2014, equal to \$14,000; included in target normal cost.

M&M Restaurant Supply - Pennsylvania Defined Benefit Pension Plan
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Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
(continued)

Actuarial Valuation Method: The Pension Protection Act (PPA) requires the calculation of the Target Liability and Target Normal Cost. The Target Liability represents the present value of the benefit accumulated as of the valuation date. The present value is calculated by projecting future payments of the accrued benefit, adjusted for probability of receipt according to demographic assumptions, and discounting the payments back to the valuation date using the segment interest rates. Payments made within five years of the valuation date are discounted using the first segment rate, payments made at least five but within twenty years of the valuation date are discounted using the second segment rate, and payments made at least twenty years from the valuation date are discounted using the third segment rate. The calculation of the Target Normal Cost is identical, except that the future payment stream is based on the benefit expected to accrue during the plan year.

Asset Method: The actuarial assets are determined by a three-point averaging method, averaging the following adjusted asset values:

1. Market value as of January 1, 2012, advanced to the valuation date with 2012 and 2013 benefit payments, expenses, contributions and expected returns.
2. Market value as of January 1, 2013, advanced to the valuation date with 2013 benefit payments, expenses, contributions and expected return.
3. Market value as of January 1, 2014.

Discounted contributions made after the valuation date are included in all adjusted asset figures. The expected rate of return is 7.00%, or the third segment rate for the year if lower. The averaged assets are further adjusted so that the final actuarial assets are no more than 110% and no less than 90% of market value.

M&M Restaurant Supply - Pennsylvania Defined Benefit Pension Plan

EIN: 23-3073393 PN: 006

Attachment to the 2014 Form 5500 Schedule SB

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

**Changes since the Prior
Valuation:**

The funding target interest rates for Minimum Funding are the segment rates using a four-month lookback, adjusted by Map-21 corridor. The segment rate changes are as follows: from 4.94% to 4.99% for the first five years, from 6.15% to 6.32% for the next 15 years, from 6.76% to 6.99% for all years thereafter.

The mortality table was updated from the IRS 2013 Static Mortality Table to the IRS 2014 Static Mortality Table.

The mortality table used for lump sums was updated from the IRS 2013 Applicable Mortality Table to the IRS 2014 Applicable

M&M Restaurant Supply - Pennsylvania Defined Benefit Pension Plan

EIN: 23-3073393 PN: 006

Attachment to the 2014 Form 5500 Schedule SB

Schedule SB, Part V - Summary of Plan Provisions

Effective Date: January 1, 1989. The plan was last restated in 2012.

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

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

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

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

Credited Service: Each plan year in which the participant works at least 1,000 hours. No credited service is earned after December 31, 2008.

Vesting Service: Each plan year from date of hire in which the participant works at least 1,000 hours.

Early Retirement Date: None.

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

Disability Pension: After being deemed totally and permanently disabled by the Plan Administrator, participants receive their accrued benefit payable immediately, actuarially reduced for early payment.

M&M Restaurant Supply - Pennsylvania Defined Benefit Pension Plan
EIN: 23-3073393 PN: 006
Attachment to the 2014 Form 5500 Schedule SB

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

**Pre-Retirement
Spouse's Benefit:**

If a vested participant or vested former participant dies before his pension begins, his surviving spouse will be entitled to a lifetime pension equal to 50% of the accrued benefit.

**Qualified Joint &
Survivor Annuity:**

At retirement, the participant will receive actuarially reduced benefit which will provide 50% of the benefit to the spouse upon death of participant. If not married at retirement or if participant elects not to be covered by Joint and Survivor Annuity, benefits will be paid in one of the other optional forms of benefit described below.

**Other Optional Forms
of Benefits:**

Immediate Lump Sum.

Termination Benefit:

Participants are vested in their accrued pension computed under "Normal Retirement Pension" according to the following schedule.

Years of Vesting Service	Percent Vested
< 2	0%
2	20%
3	40%
4	60%
5+	100%

Participants also become 100% vested upon attainment of Normal Retirement Age.

All active participants as of April 30, 2012 are 100 % vested.

Status of the Plan:

Frozen.

**Benefits not Included
In the Valuation:**

All benefits are included in the valuation.

**Changes since the
Prior Valuation:**

None.

M&M Restaurant Supply - Pennsylvania Pension Plan
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(continued)

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In the Valuation:**

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**Changes since the
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M&M Restaurant Supply - Pennsylvania Pension Plan
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Schedule SB, line 32 - Schedule of Amortization Bases

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Shortfall	1/1/2013	333,670	6.000	63,161
Total		<u>\$ 217,778</u>		<u>\$ 43,765</u>