

<div>Form 5500-SF</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Short Form Annual Return/Report of Small Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>														
<div>Part IAnnual Report Identification Information</div> <div>For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015</div> <div><div>A</div><div>This return/report is for:</div><div><div>☒ a single-employer plan</div><div>☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)</div><div>☐ a one-participant plan</div><div>☐ a foreign plan</div></div></div> <div><div>B</div><div>This return/report is</div><div><div>☐ the first return/report</div><div>☐ the final return/report</div><div>☐ an amended return/report</div><div>☐ a short plan year return/report (less than 12 months)</div></div></div> <div><div>C</div><div>Check box if filing under:</div><div><div>☒ Form 5558</div><div>☐ automatic extension</div><div>☐ DFVC program</div><div>☐ special extension (enter description)</div></div></div>																
<div>Part IIBasic Plan Information—enter all requested information</div> <div><div><div>1a</div><div>Name of plan</div><div>M & M RESTAURANT SUPPLY - PENNSYLVANIA DEFINED BENEFIT PENSION PLAN</div></div><div><div>1b</div><div>Three-digit plan number (PN) ▶</div><div>006</div></div><div><div>1c</div><div>Effective date of plan</div><div>01/01/1989</div></div></div> <div><div><div>2a</div><div>Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) KEYSTONE FOODS, LLC 905 AIRPORT RD, SUITE 400 WEST CHESTER, PA 19380</div></div><div><div>2b</div><div>Employer Identification Number (EIN)</div><div>23-3073393</div></div><div><div>2c</div><div>Sponsor's telephone number</div><div>610-667-6700</div></div><div><div>2d</div><div>Business code (see instructions)</div><div>311900</div></div></div> <div><div><div>3a</div><div>Plan administrator's name and address</div><div>☒ Same as Plan Sponsor.</div></div><div><div>3b</div><div>Administrator's EIN</div></div><div><div>3c</div><div>Administrator's telephone number</div></div></div> <div><div><div>4</div><div>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.</div><div><div>a</div><div>Sponsor's name</div></div></div><div><div>4b</div><div>EIN</div></div><div><div>4c</div><div>PN</div></div></div> <div><div><div>5a</div><div>Total number of participants at the beginning of the plan year</div><div>58</div></div><div><div>b</div><div>Total number of participants at the end of the plan year</div><div>56</div></div><div><div>c</div><div>Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)</div><div>5c</div></div><div><div>d(1)</div><div>Total number of active participants at the beginning of the plan year</div><div>0</div></div><div><div>d(2)</div><div>Total number of active participants at the end of the plan year</div><div>0</div></div><div><div>e</div><div>Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested</div><div>5e</div><div>0</div></div></div> <div><div>Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.</div><div>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.</div><table><tr><td rowspan="2">SIGN HERE</td><td>Filed with authorized/valid electronic signature.</td><td>10/07/2016</td><td>ERICA HIGGINSON</td></tr><tr><td>Signature of plan administrator</td><td>Date</td><td>Enter name of individual signing as plan administrator</td></tr><tr><td rowspan="2">SIGN HERE</td><td></td><td></td><td></td></tr><tr><td>Signature of employer/plan sponsor</td><td>Date</td><td>Enter name of individual signing as employer or plan sponsor</td></tr></table><div><div>Preparer's name (including firm name, if applicable) and address (include room or suite number)</div><div>Preparer's telephone number</div></div></div>			SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2016	ERICA HIGGINSON	Signature of plan administrator	Date	Enter name of individual signing as plan administrator	SIGN HERE				Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2016		ERICA HIGGINSON												
	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													
<div>For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.</div> <div>Form 5500-SF (2015) v. 150123</div>																

- 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	1761859	1764903
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	1761859	1764903
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	-11132	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		136868
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	133420	
e Certain deemed and/or corrective distributions (see instructions)....	8e		
f Administrative service providers (salaries, fees, commissions).....	8f	404	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		133824
i Net income (loss) (subtract line 8h from line 8c)	8i		3044
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	N/A	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		X		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X		
c Was the plan covered by a fidelity bond?.....	10c	X			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		X		
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		X		
f Has the plan failed to provide any benefit when due under the plan?	10f		X		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X		
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				
j Did the plan trust incur unrelated business taxable income?	10j				

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 all years from Schedule SB (Form 5500) line 40..... **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

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

- 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

Part VII Plan Terminations and Transfers of Assets

- 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.)
- | 13c(1) Name of plan(s): | 13c(2) EIN(s) | 13c(3) PN(s) |
|--------------------------------|----------------------|---------------------|
| | | |

Part VIII Trust Information

- 14a** Name of trust **14b** Trust's EIN
- 14c** Name of trustee or custodian **14d** Trustee's or custodian's telephone number

Part IX IRS Compliance Questions

- 15a** Is the plan a 401(k) plan? ☐ Yes ☐ No
- 15b** If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? ☐ Design-based safe harbor method ☐ ADP/ACP test
- 15c** If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))? ☐ Yes ☐ No
- 16a** Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): ☐ Ratio percentage test ☐ Average benefit test
- 16b** Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No
- 17a** Has the plan been timely amended for all required tax law changes? ☐ Yes ☐ No ☐ N/A
- 17b** Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code ____ (See instructions for tax law changes and codes).
- 17c** If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.
- 17d** If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.
- 18** Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? ☐ Yes ☐ No
- 19** Were in-service distributions made during the plan year? ☐ Yes ☐ No
- If "Yes," enter amount **19**
- 20** Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)? ☐ Yes ☐ No ☐ N/A

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 2015 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

▶ **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>M & M RESTAURANT SUPPLY - PENNSYLVANIA DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>KEYSTONE FOODS, LLC</u>	D Employer Identification Number (EIN) <u>23-3073393</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2015</u>	
2 Assets:	
a Market value	2a <u>1761557</u>
b Actuarial value	2b <u>1725031</u>
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	<u>4</u> <u>360197</u> <u>360197</u>
b For terminated vested participants	<u>54</u> <u>1351939</u> <u>1351939</u>
c For active participants	<u>0</u> <u>0</u> <u>0</u>
d Total	<u>58</u> <u>1712136</u> <u>1712136</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>6.21</u> %
6 Target normal cost	6 <u>0</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>10/07/2016</u>
	Signature of actuary	Date
<u>MARGUERITE RAAB</u>		<u>14-03733</u>
	Type or print name of actuary	Most recent enrollment number
<u>CBIZ SAVITZ</u>		<u>215-587-0700</u>
	Firm name	Telephone number (including area code)
<u>1845 WALNUT STREET, 14TH FLOOR</u> <u>PHILADELPHIA, PA 19103-4714</u>		
	Address of the firm	

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

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

Schedule SB (Form 5500) 2015
v. 150123

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)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>7.41</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)		84084
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> %		5407
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		89491
d	Portion of (c) to be added to prefunding balance		
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	100.75 %
15	Adjusted funding target attainment percentage	15	100.75 %
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	88.05 %
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
04/15/2015	37000	0			
07/15/2015	37000	0			
10/15/2015	37000	0			
01/15/2016	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	142242
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: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ 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	0	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
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	142242	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	142242	
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 Defined Benefit Pension Plan
EIN: 23-3073393 PN: 006
Attachment to the 2015 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	4.72% per year, compounded annually.
Segment 2	6.11% per year, compounded annually.
Segment 3	6.81% per year, compounded annually.
Effective Rate	6.21% per year, compounded annually.

Mortality IRS 2015 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 2015 Applicable Mortality Table.

Expenses: None. It is assumed that all expenses will be paid outside of the trust.

M&M Restaurant Supply - Pennsylvania Defined Benefit Pension Plan
EIN: 23-3073393 PN: 006
Attachment to the 2015 Form 5500 Schedule SB

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

Participants Included in Valuation:	All eligible Participants. As of April 30, 2012, all participants were inactive.
Maximum Benefit Limitation:	Plan benefits have been restricted to the maximum dollar limit permitted under the Tax Reform Act of 1986. This limit is a \$210,000 annual annuity payable beginning at age 62 with no reduction for a qualified joint and survivor annuity.
Actuarial Valuation Method:	<p>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.</p>
Asset Method:	<p>The actuarial assets are determined by a three-point averaging method, averaging the following adjusted asset values:</p> <ol style="list-style-type: none">1. Market value as of January 1, 2013, advanced to the valuation date with 2013 and 2014 benefit payments, expenses, contributions and expected returns.2. Market value as of January 1, 2014, advanced to the valuation date with 2014 benefit payments, expenses, contributions and expected return.3. Market value as of January 1, 2015. <p>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.</p>

M&M Restaurant Supply - Pennsylvania Defined Benefit Pension Plan

EIN: 23-3073393 PN: 006

Attachment to the 2015 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 the HATFA corridor.

The segment rate changes are as follows: from 4.99% to 4.72% for the first five years, from 6.32% to 6.11% for the next 15 years, from 6.99% to 6.81% for all years thereafter.

The funding target interest rates for Maximum Funding are the segment rates using a four-month lookback. The segment rate changes are as follows: from 1.37% to 1.15% for the first five years, from 4.05% to 4.06% for the next 15 years, from 5.06% to 5.15% for all years thereafter.

Plan administrative expenses are assumed to be \$0, compared to \$14,000 in 2014.

The funding mortality table was updated from the IRS 2014 Static Mortality Table to the IRS 2015 Static Mortality Table.

The lump sum mortality table was updated from the IRS 2014 Applicable Mortality Table to the IRS 2015 Applicable Mortality Table.

The ASC 960 mortality table was updated from the IRS 2014 Static Mortality Table to the 2006 base rates from the RP-2014 Blue Collar Table projected generationally with the Mortality Improvement Scale MP-2015.

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 2015 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015	
▶ 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>2015</u>			
2 Assets:			
a Market value		2a	1,761,557
b Actuarial value		2b	1,725,031
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	360,197	360,197
b For terminated vested participants	54	1,351,939	1,351,939
c For active participants	0	0	0
d Total	58	1,712,136	1,712,136
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	6.21%	
6 Target normal cost	6	0	

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 	10/07/2016
Signature of actuary		Date
Marguerite Raab		1403733
Type or print name of actuary		Most recent enrollment number
CBIZ SAVITZ		215-587-0700
Firm name		Telephone number (including area code)
1845 Walnut Street, 14th Floor		
Philadelphia PA 19103-4714		
Address of the firm		

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)		
9 Amount remaining (line 7 minus line 8).....	0	0
10 Interest on line 9 using prior year's actual return of <u>7.41</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).....		84,084
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> %		5,407
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.....		89,491
d Portion of (c) to be added to prefunding balance.....		
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	100.75%
15 Adjusted funding target attainment percentage	15	100.75%
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	88.05%
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
04/15/2015	37,000	0			
07/15/2015	37,000	0			
10/15/2015	37,000	0			
01/15/2016	37,000	0			
Totals ▶			18(b)	148,000	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	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	142,242

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: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%	☐ 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	0	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
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	142,242	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	142,242	
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 2015 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>
4/15/2015	\$ 37,000	2015	6.21%	N/A	\$ 36,370
7/15/2015	37,000	2015	6.21%	N/A	35,828
10/15/2015	37,000	2015	6.21%	N/A	35,288
1/15/2016	37,000	2015	6.21%	N/A	34,756
Total	<u>\$ 148,000</u>				<u>\$ 142,242</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

Attachment to the 2015 Form 5500 Schedule SB

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

Number of people at 1/1/2015 whose Normal Retirement Age is 62	23
---	----

Number of people at 1/1/2015 whose Normal Retirement Age is 65	31
---	----

$[(23 \times 62) + (31 \times 65)] / (23 + 31)$	63.72
---	-------

M&M Restaurant Supply - Pennsylvania Defined Benefit Pension Plan

EIN: 23-3073393 PN: 006

Attachment to the 2015 Form 5500 Schedule SB

Schedule SB, line 24 - Change of Actuarial Assumptions

Plan administrative expenses are assumed to be \$0, compared to \$14,000 in 2014.

It is assumed that all expenses will be paid outside of the trust.

M&M Restaurant Supply - Pennsylvania Defined Benefit Pension Plan
EIN: 23-3073393 PN: 006
Attachment to the 2015 Form 5500 Schedule SB

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

Participants Included in Valuation:	All eligible Participants. As of April 30, 2012, all participants were inactive.
Maximum Benefit Limitation:	Plan benefits have been restricted to the maximum dollar limit permitted under the Tax Reform Act of 1986. This limit is a \$210,000 annual annuity payable beginning at age 62 with no reduction for a qualified joint and survivor annuity.
Actuarial Valuation Method:	<p>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.</p>
Asset Method:	<p>The actuarial assets are determined by a three-point averaging method, averaging the following adjusted asset values:</p> <ol style="list-style-type: none">1. Market value as of January 1, 2013, advanced to the valuation date with 2013 and 2014 benefit payments, expenses, contributions and expected returns.2. Market value as of January 1, 2014, advanced to the valuation date with 2014 benefit payments, expenses, contributions and expected return.3. Market value as of January 1, 2015. <p>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.</p>

M&M Restaurant Supply - Pennsylvania Defined Benefit Pension Plan

EIN: 23-3073393 PN: 006

Attachment to the 2015 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 the HATFA corridor.

The segment rate changes are as follows: from 4.99% to 4.72% for the first five years, from 6.32% to 6.11% for the next 15 years, from 6.99% to 6.81% for all years thereafter.

The funding target interest rates for Maximum Funding are the segment rates using a four-month lookback. The segment rate changes are as follows: from 1.37% to 1.15% for the first five years, from 4.05% to 4.06% for the next 15 years, from 5.06% to 5.15% for all years thereafter.

Plan administrative expenses are assumed to be \$0, compared to \$14,000 in 2014.

The funding mortality table was updated from the IRS 2014 Static Mortality Table to the IRS 2015 Static Mortality Table.

The lump sum mortality table was updated from the IRS 2014 Applicable Mortality Table to the IRS 2015 Applicable Mortality Table.

The ASC 960 mortality table was updated from the IRS 2014 Static Mortality Table to the 2006 base rates from the RP-2014 Blue Collar Table projected generationally with the Mortality Improvement Scale MP-2015.

M&M Restaurant Supply - Pennsylvania Defined Benefit Pension Plan
EIN: 23-3073393 PN: 006
Attachment to the 2015 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 on or 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 2015 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.	
Normal Form of Benefit Payment:	Single Life Annuity for unmarried participants	
	50% Joint & Survivor Annuity for married participants, actuarially equivalent to the Single Life Annuity	
Other Optional Forms of Benefits:	Immediate Lump Sum	
	75% Joint and Survivor Annuity	
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
EIN: 23-3073393 Plan: 006
Attachment to the 2015 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>
4/15/2015	\$ 37,000	2015	6.21%	N/A	\$ 36,370
7/15/2015	37,000	2015	6.21%	N/A	35,828
10/15/2015	37,000	2015	6.21%	N/A	35,288
1/15/2016	37,000	2015	6.21%	N/A	34,756
Total	<u>\$ 148,000</u>				<u>\$ 142,242</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

Attachment to the 2015 Form 5500 Schedule SB

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

Number of people at 1/1/2015 whose Normal Retirement Age is 62	23
---	----

Number of people at 1/1/2015 whose Normal Retirement Age is 65	31
---	----

$[(23 \times 62) + (31 \times 65)] / (23 + 31)$	63.72
---	-------

M&M Restaurant Supply - Pennsylvania Defined Benefit Pension Plan
EIN: 23-3073393 PN: 006
Attachment to the 2015 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 on or 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 2015 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.	
Normal Form of Benefit Payment:	Single Life Annuity for unmarried participants	
	50% Joint & Survivor Annuity for married participants, actuarially equivalent to the Single Life Annuity	
Other Optional Forms of Benefits:	Immediate Lump Sum	
	75% Joint and Survivor Annuity	
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 Defined Benefit Pension Plan

EIN: 23-3073393 PN: 006

Attachment to the 2015 Form 5500 Schedule SB

Schedule SB, line 24 - Change of Actuarial Assumptions

Plan administrative expenses are assumed to be \$0, compared to \$14,000 in 2014.

It is assumed that all expenses will be paid outside of the trust.