## 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 section 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

2009

This Form is Open to Public Inspection

P	art I	Annual Report I	dentification Informa	ation							
For	calend	ar plan year 2009 or fis	cal plan year beginning	01/01/200	)9	and ending	12/31/2	2009			
Α	This ret	turn/report is for:	x single-employer plan		multiple-employer plan (not multiemployer) one-participant pla						
В	This return/report is for: first return/report final return/report					n/report		_			
			an amended return/rep	ort	short plar	n year return/report (less than 12 m	onths)				
C	Chack	hav if filing under:	Form 5558	F		extension	,	DFVC program			
•	C Check box if filing under:    Form 5558					o extension		_ 5. vo program			
D	art II	Pasia Blan Infor	<u> </u>		,						
	art II	of plan	mation—enter all reques	stea inform	nation		1h	Three-digit			
			NC. PROFIT SHARING PL	AN			''	plan number			
		7 W C C C W W L L W C C L , 1		3 11 4				(PN) • 001			
							1c	Effective date of plan			
							-	01/01/2000			
		ponsor's name and add AMOUS WATER ICE, IN	Iress (employer, if for single	e-employe	r plan)		26	Employer Identification Number (EIN) 20-5578795			
FILE	LISTA	AMOUS WATER ICE, II	VO.				2c	Plan sponsor's telephone number			
		TH STREET						813-353-8645			
TAM	PA, FL	33605					2d	Business code (see instructions)			
32	Dlana	dministrator's name on	d address (if same as Plan		nator "Com	2"\	2h	311900 Administrator's EIN			
		AMOUS WATER ICE, II	`		H STREET	,	30	20-5578795			
			TA	AMPA, FL	33605		3с	Administrator's telephone number			
								813-353-8645			
			lan sponsor has changed s er from the last return/repo			eport filed for this plan, enter the	4b	EIN			
	name, i	Env, and the plan numb	ici irom tric iast retum/repo	ли. Оропа	or 3 manne		4c	PN			
5a	5a Total number of participants at the beginning of the plan year						. 5a	62			
b	Total	number of participants a	at the end of the plan year				. 5b				
С						vear (defined benefit plans do not					
	comp	lete this item)					5c	14			
6a		•	. ,	ū		(See instructions.)		Yes   No			
b						ndent qualified public accountant (I ions.)		X Yes ☐ No			
			•			SF and must instead use Form 5					
Pa	rt III	Financial Inform									
7	Plan A	Assets and Liabilities				(a) Beginning of Year		(b) End of Year			
а	Total	plan assets			7a	718	39	94894			
b	Total	plan liabilities			7b		0	0			
С	Net pl	et plan assets (subtract line 7b from line 7a)				39	9 94894				
8	Incom	ne, Expenses, and Trans	sfers for this Plan Year			(a) Amount		(b) Total			
а		ibutions received or rec									
					8a(1)		0				
	` ,	•					0				
<b>L</b>	(3) Others (including rollovers)				0.40	0					
b		Other income (loss)				242	//	0.4077			
۲ C		, , ,	, 8a(2), 8a(3), and 8b) t rollovers and insurance pr		8c			24277			
d			t rollovers and insurance pr		8d		0				
е			ctive distributions (see instr								
f			ers (salaries, fees, commis	,		1222					
g		·		,			0				
h		•	, 8e, 8f, and 8g)					1222			
i			ne 8h from line 8c)					23055			
i		` , `	see instructions)								
,											

Dart IV	Dlan	Characteristic	_
Part IV	Plan	Characteristic	Ş

SIGN HERE

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 3D

D	II th	e plan provides welfare benefits, enter the applicable welfare featur	re codes from the L	list of Pian Charac	cterisi	iic Coo	ies in	ine instructi	ons:	
Part	٧	Compliance Questions								
10	Du	ring the plan year:		_		Yes	No		Amount	
а					10a		X			
b	<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)				10b		X			
С	Was the plan covered by a fidelity bond?				10c	X				10000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?						X			
							X			
f	Ha	s 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 y	year end.)		10g		X			
		nis is an individual account plan, was there a blackout period? (See 20.101-3.)		) CFR	10h		X			
i		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	•		10i					
Part \	VI	Pension Funding Compliance								
		nis a defined benefit plan subject to minimum funding requirements?							Yes	No
12		his a defined contribution plan subject to the minimum funding requ								X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.		1412 01 1110 0000	01 00	Otion	002 01	LICIO/C:	ш	ш
а	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									
	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB			''		Day		Year	
b	<b>b</b> Enter the minimum required contribution for this plan year									
С							12c			
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?							N/A		
Part \	VII	Plan Terminations and Transfers of Assets								
13a	Has	s a resolution to terminate the plan been adopted during the plan year	ear or any prior yea	r?		<u>.</u>			X Yes	No
		es," enter the amount of any plan assets that reverted to the emplo					13a			0
	<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									
		uring this plan year, any assets or liabilities were transferred from th ch assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify th	e plai	n(s) to			<del></del>	
13c(1) Name of plan(s):						<b>13c(2)</b> EIN(s) <b>13</b>			13c(3)	PN(s)
Cautio	on:	A penalty for the late or incomplete filing of this return/report v	will be assessed u	ınless reasonabl	e cau	se is	establ	ished.		
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I de nedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.								
SIGN Filed with authorized/valid electronic signature. 09/17/2010 ERIN CORCORAN										
HERE	DE .			Enter name of in	of individual signing as plan administrator					

Date

Enter name of individual signing as employer or plan sponsor

## Form 5500-SF

Department of the Treasury Internal Revenue Service

## 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 section 5058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2009

Department of Labor This Form is Open to Public Employee Benefits Security Administration Inspection Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009 X single-employer plan one-participant plan multiple-employer plan (not multiemployer) A This return/report is for: first return/report final return/report B This return/report is for: an amended return/report short plan year return/report (less than 12 months) X Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II | Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan plan number Philly's Famous Water Ice, Inc. Profit Sharing Plan (PN) ▶ 001 Effective date of plan 01/01/2000 2a Plan sponsor's name and address (employer, if for single-employer plan) Employer Identification Number Phillys Famous Water Ice, Inc. (EIN) 20-5578795 Plan sponsor's telephone number 1102 N. 28th Street 813-353-8645 Business code (see instructions) FL33605 Tampa 311900 Plan administrator's name and address (If same as Plan sponsor, enter "Same") Phillys Famous Water Ice, Inc. Administrator's EIN 20-5578795 Administrator's telephone number 1102 N. 28th Street Tampa 33605 813-353-8645 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. Sponsor's name 4c 5a Total number of participants at the beginning of the plan year..... 62 5a **b** Total number of participants at the end of the plan year..... 14 5b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not 14 5c Were all of the plan's assets during the plan year invested in eligible assets? (See Instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on walver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information (b) End of Year Plan Assets and Liabilities (a) Beginning of Year 71839 94894 72 Total plan assets ..... 7b Total plan liabilities..... 71839 94894 C Net plan assets (subtract line 7b from line 7a)..... 7c Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 0 (1) Employers ..... 8a(1) Q 8a(2) (2) Participants ..... 8a(3) 0 (3) Others (including rollovers)..... 24277 8ь Other income (loss)..... 24277 Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b) ........... 8c Benefits paid (including direct rollovers and insurance premiums 0 8d to provide benefits)..... 0 Certain deemed and/or corrective distributions (see instructions). 8e 1222 Administrative service providers (salarles, fees, commissions)...... 8f Other expenses..... 89 1222 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h Net income (loss) (subtract line 8h from line 8c)..... 81 23055 Transfers to (from) the plan (see instructions).....

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

Form 5500-SF 2009 Part IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 3D 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** During the plan year: Yes No Amount Was there a failure to transmit to the plan any participant contributions within the time period described in X 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 Х on line 10a.)..... 10b Was the plan covered by a fidelity bond?..... 10c 10000 Х Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud Х 10d 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 Х instructions.) 10e Has the plan failed to provide any benefit when due under the plan? ..... Х 10f g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... Х 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 2520.101-3.) 10h 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..... 101 Part VI Pension Funding Compliance is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.. (if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) 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 If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b b Enter the minimum required contribution for this plan year...... 12c C Enter the amount contributed by the employer to the plan for this plan year..... 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 12d negative amount) Yes N/A Nο Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Part VII Plan Terminations and Transfers of Assets No 13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? ..... 0 if "Yes," enter the amount of any plan assets that reverted to the employer this year..... Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes X No 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) 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		9117		Erin Corcoran			
HERE	Signature of plan administrator		,	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			