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).

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 5500	0-SF.				
		dentification Information							
For	calendar plan year 2009 or fisc	al plan year beginning 01/01/200	9	and ending 1	2/31/2	2009			
Α .	This return/report is for:	X single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan		
В	This return/report is for:	first return/report	final retur	n/report		_			
		an amended return/report	short plar	year return/report (less than 12 mor	nths)				
C	Check box if filing under:	X Form 5558	automatio	extension		DFVC progra	am		
		special extension (enter description	on)						
Pa	rt II Basic Plan Inform	mation—enter all requested inform	ation						
	Name of plan				1b	Three-digit			
		ON, INC. 401(K) RETIREMENT SAV	INGS PLAI	N		plan number	001		
					_	(PN) •			
					1C	Effective date of 07/01/2			
2a	Plan snonsor's name and addr	ess (employer, if for single-employer	· nlan)		2h		ification Number		
	A WHOLESALE OF LEXINGTO	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	piarij		1	(EIN) 61-096			
					2c Plan sponsor's telephone num				
	BOX 757 S, KY 40362				24		7-4743		
1 7 (1 (1	0, 101 40002				Zū	424400	(see instructions)		
3a	Plan administrator's name and	address (if same as Plan sponsor, e	nter "Same	e")	3b	Administrator's			
PIZZ	A WHOLESALE OF LEXINGTO	DN, INC. P.O. BOX 75 PARIS, KY 4				61-096			
		TARO, KI	10002		3c		telephone number 37-4743		
4 1	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the						11-41-43		
	•	er from the last return/report. Sponso		,		EIN			
						PN			
_		t the beginning of the plan year			5a	ia 8			
	• •	t the end of the plan year			5b		86		
С		ith account balances as of the end o		The state of the s	5c		86		
62	'			(See instructions.)			X Yes □ No		
				ndent qualified public accountant (IQI					
				ons.)			X Yes No		
			orm 5500-	SF and must instead use Form 550	00.				
Pa	rt III Financial Inform	ation		T	1				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	l of Year		
а	Total plan assets		. 7a	943413	3		1325368		
b	·		. 7b						
<u>C</u>		7b from line 7a)	. 7с	943413	3		1325368		
8	Income, Expenses, and Trans			(a) Amount		(b)	Total		
а	Contributions received or rece (1) Employers	ivable from:	. 8a(1)	167118	3				
				176387	,				
	• • • • • • • • • • • • • • • • • • • •	s)	, ,						
b	` ` ` ` `	, 		153869)				
С	` ,	8a(2), 8a(3), and 8b)					497374		
d		rollovers and insurance premiums							
			. 8d	115419	2				
е	Certain deemed and/or correct	tive distributions (see instructions)	. <u>8e</u>		4				
f	Administrative service provide	rs (salaries, fees, commissions)	. 8f		4				
g	•		. 8g						
h		8e, 8f, and 8g)					115419		
į		e 8h from line 8c)					381955		
J	ransters to (from) the plan (se	ee instructions)	. 8i						

Dor4 IV	Dian C	harastaristics
Part IV	i Pian C	haracteristics

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: 2E 2F 2G 2J 3D

D I	rtn	e plan provides welfare benefits, enter the applicable welfare featur	re codes from the L	List of Plan Chara	cteris	iic Coo	ies in	ine instruct	ions:	
Part '	V	Compliance Questions								
10	Dui	ing the plan year:				Yes	No		Amount	
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		X			
b		re there any nonexempt transactions with any party-in-interest? (Doine 10a.)			10b		X			
С	Wa	as the plan covered by a fidelity bond?			10c	X				500000
		the plan have a loss, whether or not reimbursed by the plan's fideli			10d		X			
	ins	re any fees or commissions paid to any brokers, agents, or other per prance service or other organization that provides some or all of the pructions.)	benefits under the	plan? (See	10e	X				6514
f	Has	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.)		10q		X			
		is is an individual account plan, was there a blackout period? (See 0.101-3.)			10h		X			
		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 \		Pension Funding Compliance								
		nis a defined benefit plan subject to minimum funding requirements?							Yes	s X No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No									
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)									
а	lf a	waiver of the minimum funding standard for a prior year is being am	nortized in this plar						he letter ri Year	-
If y	ou (completed line 12a, complete lines 3, 9, and 10 of Schedule MB	3 (Form 5500), and	I skip to line 13.		_		Τ		
b	Ent	er the minimum required contribution for this plan year					12b			
		er the amount contributed by the employer to the plan for this plan y					12c			
	neg	tract the amount in line 12c from the amount in line 12b. Enter the rative amount)	······			-	12d			
		the minimum funding amount reported on line 12d be met by the fu	unding deadline?					Yes	No	N/A
Part \	/II	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted during the plan year	ar or any prior yea	r?		r		Τ	Yes	No X
		es," enter the amount of any plan assets that reverted to the emplo					13a			
	of t	re all the plan assets distributed to participants or beneficiaries, tran ne PBGC?							Yes	s X No
		uring this plan year, any assets or liabilities were transferred from the ch assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify th	ne plai	n(s) to			1	
13	Bc(1) Name of plan(s):			13c(2) EIN(s) 13c(3)			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 dedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.								
SIGN	F	iled with authorized/valid electronic signature.	0/06/2010	LESLIE A. O'BRY	'AN					
HERE	. г	Signature of plan administrator	Date	Enter name of in	dividu	ıal sig	ning as	s plan adm	inistrator	

Date

Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee **Benefit Plan**

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OMB Nos. 1210-0110 1210-0089

2009

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	Complete all entries in accor			,0 01 ,		
	art I Annual Report Identification Information	22 / 22 /	2000			
	[7] .:	01/01/	2009 and ending employer plan (not multiemployer)		12/31/200	
Α	This return/report is for: X single-employer plan	one-participant plan				
В	This return/report is for:	final retu	rn/report			
	an amended return/report	short pla	in year return/report (less than 12 mo	nths)		
C	Check box if filing under: X Form 5558	automat	ic extension		DFVC progra	m
	special extension (enter description	on)				
P	art II Basic Plan Information—enter all requested inform	ation				
1a	Name of plan	,		1b	Three-digit	
	Pizza Wholesale of Lexington, Inc. 401(k	: }			plan number (PN)	001
	Retirement Savings Plan		•	10	Effective date of	
				'	07/01/2005	
2a	Plan sponsor's name and address (employer, if for single-employer Pizza Wholesale of Lexington, Inc.	plan)		2b	Employer Identif	ication Number
	Fizza wholesale of bexington, inc.				(EIN) 61-096	
	D 0 D PFR			2C	Plan sponsor's to (859) 987-4	
	P.O. / Box 757		e de la companya de	2d	Business code (s	
	Paris		KY 40362		424400	,
За	Plan administrator's name and address (if same as Plan sponsor, e $_{\text{same}}$	nter "Sam	e")	3b	Administrator's E	EIN
				30	Administrator's to	elenhone number
,					, tarrimastrator 5 t	elephone namber
4	If the name and/or EIN of the plan sponsor has changed since the la	st return/re	eport filed for this plan, enter the	4b	EIN	
	name, EIN, and the plan number from the last return/report. Sponso	r's name		40	PN	
-5a	Total number of participants at the beginning of the plan year			5a	1.	87
_				Ja	ſ	. 0,
b	Total number of participants at the end of the plan year	*********		5h		86
				5b		86
С	Total number of participants with account balances as of the end of complete this item)	f the plan	year (defined benefit plans do not	5c		86 86
c 6a	Total number of participants with account balances as of the end of complete this item)	f the plan	year (defined benefit plans do not	5c		
c 6a	Total number of participants with account balances as of the end of complete this item)	f the plan le assets? an indepe	year (defined benefit plans do not (See instructions.)	5c	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	86
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6a b Pa 7	Total number of participants with account balances as of the end of complete this item). Were all of the plan's assets during the plan year invested in eligib. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information Plan Assets and Liabilities	f the plan le assets? an indepe and condit orm 5500	year (defined benefit plans do not (See instructions.) Indent qualified public accountant (IC ions.) SF and must instead use Form 55 (a) Beginning of Year	5c (PA)		86 X Yes No X Yes No
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Page	∠-	,	

Pa	ırt l'									
9a	lf t	he plan provides pension benefits, enter the applicable pension fe	ature codes from th	e List of Plan Charac	cteristic	Coc	les in	the instruct	ions:	
b	Ift	2E $2F$ $2G$ $2J$ $3Dhe plan provides welfare benefits, enter the applicable welfare fea$	ature codes from the	List of Plan Charac	teristic	Code	es in t	he instructi	ons:	
Pa	rt V	Compliance Questions	· · · · · · · · · · · · · · · · · · ·	<u> </u>						
10		uring the plan year:			Tv	es	No	,,	A	
		as there a failure to transmit to the plan any participant contributio	ns within the time p	eriod described in F		-	140		Amount	
	2	9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci	ary Correction Prog	ram)	10a		X			
ı	ο V	lere there any nonexempt transactions with any party-in-interest?	(Do not include tran	sactions reported	10b		х			
(> V	Vas the plan covered by a fidelity bond?			10c	x			5	500,000
(d t	id the plan have a loss, whether or not reimbursed by the plan's fic dishonesty?	lelity bond, that was	caused by fraud	10d		х			
•	in in	lere any fees or commissions paid to any brokers, agents, or other surance service or other organization that provides some or all of t structions.)	he benefits under the	ne plan? (See	10e	x				6,514
f	Н	as the plan failed to provide any benefit when due under the plan?			10f		Χ.			
ç	j D	d the plan have any participant loans? (If "Yes," enter amount as o	of year end.)		10a		х			
ŀ	1 If 25	this is an individual account plan, was there a blackout period? (Se 520.101-3.)	e instructions and	29 CFR	10h		X	emageans Santa di Santa di Viva Santa di		
i	lf e>	10h was answered "Yes," check the box if you either provided the ceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or o	ne of the	10i					
Par	t VI	Pension Funding Compliance								
11	ls 55	this a defined benefit plan subject to minimum funding requiremen	ts? (If "Yes," see in:	structions and comp	lete Scl	hedu	le SB	(Form	Ye	s 🗓 No
lf	gra you En	a waiver of the minimum funding standard for a prior year is being anting the waiver. completed line 12a, complete lines 3, 9, and 10 of Schedule & ter the minimum required contribution for this plan yearter the amount contributed by the employer to the plan for this plan	//B (Form 5500), an	d skip to line 13.		_ [1	ter th Day 2b	e date of th	e letter r Year	uling
d	l Su	btract the amount in line 12c from the amount in line 12b. Enter th gative amount)	e result (enter a mir	us sian to the left of	а	1	2d			
е	Wi	Il the minimum funding amount reported on line 12d be met by the	funding deadline?				<u> </u>	Yes	· No	N/A
Par					•					
13a	Ha	s a resolution to terminate the plan been adopted during the plan	year or any prior yea	ar?				•	Yes	s X No
	If "	Yes," enter the amount of any plan assets that reverted to the emp	loyer this year				l3a			
C	of If c	ere all the plan assets distributed to participants or beneficiaries, tr the PBGC? during this plan year, any assets or liabilities were transferred from					trol 		Yes	s X No
		ich assets or liabilities were transferred. (See instructions.) 1) Name of plan(s):				13c/	2) Eli	V(s)	130/	3) PN(s)
							_,	.(-)	1000	9) 11(0)
Cau	tion:	A namely for the late or incomplete filling of this return/years	tudit be seened			•	. 4 - 1- 15	- ht	<u> </u>	
Undo SB c	er pe or Sc	A penalty for the late or incomplete filing of this return/repor- nalties of perjury and other penalties set forth in the instructions, I hedule MB completed and signed by an enrolled actuary, as well a strue, correct, and complete.	declare that I have	examined this return	n/report	t. inc	ludina	. if applical	ole, a Sc nowledg	hedule e and
SIG	N	Hemi Uswa	9/30/10	Dennis Swan		-				
HEF		Signature of plan administrator	Date ,	Enter name of ind	ividual	signi	ng as	plan admir	istrator	
						<u> </u>				
SIG	N	(Smi / Sun	9/30/1	Dennis Swan						