	Form 5500-SF Short Form Annual Return/Report of Small Employee								
	Department of the Treasury Internal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe				2009			
Department of Labor Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).					This Form is Open to Public				
P	Pension Benefit Guaranty Corporation Inspection								
		entification Information	0		10/04/	2000			
	calendar plan year 2009 or fisca	al plan year beginning 01/01/2009		g	12/31/				
	This return/report is for:			mployer plan (not multiemployer)		one-participant plan			
B	This return/report is for:	first return/report	final retur	•					
•		an amended return/report		year return/report (less than 12 mc	nths)				
C	Check box if filing under:	Form 5558		extension		DFVC program			
Do	rt II Basia Blan Inform	special extension (enter descriptio							
	ITT II Basic Plan Inform	nation—enter all requested information	ation		1b	Three-digit			
	'S PIZZA INN, INC. 401(K) PLA	N				plan number			
						(PN) 🖡			
					1c	Effective date of plan 02/01/1997			
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 56-2363432			
	EVERGREEN WAY				2c	Plan sponsor's telephone number 425-353-4533			
	RETT, WA 98203				2d	Business code (see instructions) 722210			
	Plan administrator's name and DN FRANCHISE GROUP, LLC	address (if same as Plan sponsor, en 6932 EVERG			3b	Administrator's EIN 56-2363432			
OLOG		EVERETT, W			3c Administrator's telephone nu 425-353-4533				
4 I	f the name and/or EIN of the pla	n sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b	EIN			
I	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		40	PN			
5a	Total number of participants at	the beginning of the plan year			40 5a	16			
b		the end of the plan year			5a 5b	16			
	Total number of participants wi	th account balances as of the end of	the plan y	ear (defined benefit plans do not	50 50	16			
6a	1 /	uring the plan year invested in eligibl			50	X Yes No			
	-	e annual examination and report of a			PA)				
	,	See instructions on waiver eligibility a				X Yes No			
Pa	rt III Financial Informa	er 6a or 6b, the plan cannot use Fo ation	orm 5500-	SF and must instead use Form 55	00.				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets		. 7a	28501	1	367057			
b	Total plan liabilities		. 7b						
С	Net plan assets (subtract line 7	'b from line 7a)	7c	28501	1	367057			
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or recei	vable from:	8a(1)						
				2133	8				
				41					
b	.,	·		6029					
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			82046			
d		ollovers and insurance premiums	8d						
е	,	ive distributions (see instructions)							
f		s (salaries, fees, commissions)							
g	Other expenses		8g						
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h						
i	Net income (loss) (subtract line	e 8h from line 8c)	8i			82046			
j	Transfers to (from) the plan (se	e instructions)	8j						

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

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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: 2E 2G 2J 2T 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							
10	During the plan year:		Yes	No		Amo	ount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	n 10a		х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х				
С	Was the plan covered by a fidelity bond?	10c	Х					50000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraue or dishonesty?	10d		Х				
е	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		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х				
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 constructions an					🗌	Yes	No
lf y b c d e	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co (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 inst granting the waiver	uctions onth 3. ft of a	, and e	nter th Day 12b 12c 12d	ne date o	f the le Yea		
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		Г	 13a	1		Yes	× No
b	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 broug	it under	the co	ontrol			Vaa	
с	of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)						Yes	× No
1	3c(1) Name of plan(s):		13	c (2) El	N(s)		13c(3)	PN(s)
0	ion. A popular for the late or incomplete filing of this return/report will be accessed upless recess							

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	Filed with authorized/valid electronic signature.	10/13/2010	BRIAN T. OLSON
HERE	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

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	Form 5500-SF	Short Form Annual	Return	/Report of Small I	Employe	e	C	MB Nos. 1		
	Department of the Treasury Internal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employ Boltzmant (section Section 2)							210-0089	
-	Freinen Berger Act of 1974 (ERISA) and section 6058/av				Employee 8(a) of the	fthe			1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 -	
	Pension Benefit Guaranty Corporation Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form to the form the instructions to the form the in					This Form is Open to				
	art I Annual Report Ide	HOLDCALION INTO MOTIAN	rdance w	th the instructions to the l	Form 5500-9	SF	unap		·	
Fo	calendar plan year 2009 or fiscal	plan year beginning	-	and en	dina				·····	
Α	This return/report is for:	single-employer plan	multiple	employer plan (not multiem		Пап	e-participan			
В	This return/report is for:	first return/report	and the second se	rn/report	progen		e-hauncibau	t pian		
		an emended return/report		in year return/report (less th	an 12 month	c)				
C	Check box if filing under:	Form 5558		ic extension		·	VC program			
		spacial extension (anter descript					v program	a		
-	art II Basic Plan Inform	ation-enter all requested inform		· · ·						
	Name of plan			3. 27	11	b Three	Minif			
ALF	YS PIZZA INN, INC. 401(K) PLAN	ł					number			
						(PN)		002		
- 20		η			1	¢ Effect	ive date of p 02/01/19			
OLS	Plan sponsor's name and addres ON FRANCHISE GROUP, LLC	a (employer, if for single-employe	r plan)		2	b Emplo	yər identific	ation Nun	nber	
						(EIN)	56-23634	132		
	2 EVERGREEN WAY				4	C Plans	Plan sponsor's telephone number 425-353-4533			
	RETT WA 98203				2	d Busine	722210		liona)	
3a	Plan administrator's name and ad	ddress (if same as Plan sponsor, i	enter *Sam	e")	3	b Admin	istrator's El	N		
SAM)E					56-2363432				
					3	c Admin	istrator's tel	ephone n	umber	
4	f the name and/or EIN of the plan	sponsor has changed since the la	ist return/m	port filed for this plan, enter	the 4	b EIN	425-353-	4033		
	name, EIN, and the plan number f	from the last raturn/report. Spons	or's name							
5a	Total number of participants at th	te beginging of the plan year			4	C PN	-			
ь	Total number of participants at th	a end of the nice year							16	
¢	Total number of participants with	account balances as of the end o	f the nien	vear (defined honeft plane a	da mat	b			16	
-	complete this item)					c			16	
6a b	Were all of the plan's assets dur	ing the plan year invested in eligit	ole assets?	(See instructions.)			1000011134	X Yes	No	
D	Are you claiming a walver of the under 29 CFR 2520,104-46? (Se	annual examination and report of the instructions on waiver eligibility	an Indeper	ndent qualified public account	ntant (IQPA)				<u>п</u>	
-	"I Ann growargn wh th Allust	oa or ou, ine bian cannot use F	orm 5500	SF and must instead use	Form 5500	*************		X Yes	U No	
Pa	rt III Financial Informat	lon						*		
7	Plan Assets and Liabilities			(a) Beginning of 1	(ear		(b) End of	Voor	1	
a	Total plan assets				285011				67057	
ь	Total plan liabilities						•••••••			
<u> </u>	Net plan assets (subtract line 7b		75		285011			3	67057	
8	Income, Expenses, and Transfer			(a) Amount			(b) Tot	a)		
а	Contributions received or receiva (1) Employers		0-10							
	(2) Participants									
	(3) Others (including rollovers)			· · · · ·	21338		3			
ь	Other Income (loss)				417					
c	Total Income (add lines 8a(1), 8a				60291	<u>.</u>		-	•••••••••	
d	Benefits paid (including direct roll to provide benefita)	overs and insurance premiums						8	32046	
e	Certain deemed and/or corrective			· · · · · · · · · · · · · · · · · · ·				а.,	19	
f	Administrative service providers (1.		10. 1	
g	Other expenses				<u>}</u>		ч			
h	Total expenses (add lines 8d, 8e,			1 A			- t	<u>a a</u>		
î	Net Income (loss) (subtract line 8								2040	
1	Transfers to (from) the plan (see	instructions)						E	2046	
For	aperwork Reduction Act Notice and Of	MB Control Numbers, see the Instruction	I Core	EE00-0#					A	

Form 5500-SF (2009) v.092308.1 Plan Characteristics

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Part IV

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9a	If the plan provides pension benefits, enter the applicable pansion feature codes from the List of Plan Char 2E 2G 2J 2T 3D	acter	stic Co	des li	1 the instri	uctions:	
ь							
Pa	t V Compliance Questions				- A		
10	During the plan year;						
5	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)		Yez	No		Amoun	<u>t</u>
k	Were there any nonexampt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10a		x	<u> </u>		
C	Was the plan covered by a fidelify bond?	10b 10c					
¢	Did the plan have a loss, whather or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10e	×		<u> </u>		50000
e	Were any feee 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.)		1	x	,		
f	Has the plan failed to provide any benefit when due under the plan?	10a		- 194-94 - 1942-94			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10f		<u>×</u>			
h	If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR 2520.101-3.)	10g	3	<u>×</u>			
1	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	<u>10h</u>	-	×			
Part	VI Pension Funding Compliance	101					
11	is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	plete S	Schedu	ule SB	(Form		·
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	*******		••••••		A designed in the second s	s No
а	If a walver of the minimum funding standard for a prior year to being amanimed to the structure	62W					s 🛛 No uling
	granting the waiver	h		Day		Year	<u> </u>
b	Enter the minimum required contribution for this plan year			12b		-	
¢	Enter the amount contributed by the amployer to the plan for this plan year			12c			- 4
d	regative amount)	fa	1	2d			
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		******		1.03	1 140	I N/A
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?						17
1	If "Yes," enter the emount of any plan assets that reverted to the employee this year					Y05	X No
	of the PBGC?	nder th	e con				
C	If during this plan year, any assets or llabilities were transferred from this plan to another plan(s), identify the which assets or llabilities were transferred. (See Instructions.)) plan	s) to				X No
1	3c(1) Name of plan(s):		13-0	2) EIN		40.10	
			100	-) -10	10)	136(3) PN(s)
			- hard-				
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	4					

assed 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 bellef, it is true, correct, and complete.

SIGN	X	10-12-10	BRIAN T. OLSON
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
neke	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor