

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A	This return/report is for: <div><div>☐ a multiemployer plan;</div><div>☒ a single-employer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a DFE (specify) _____</div></div>
B	This return/report is: <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>
C	If the plan is a collectively-bargained plan, check here. ☐
D	Check box if filing under: <div><div>☒ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan WENDY'S INTERNATIONAL, INC. HOURLY PROFIT SHARING AND 401(K) PLAN	1b Three-digit plan number (PN) ▶ 004
		1c Effective date of plan 01/01/1985
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) WENDYS INTERNATIONAL, INC. WENDYS/ARBYS GROUP, INC. 1155 PERIMETER CENTER WEST SUITE 1200 ATLANTA, GA 30338	2b Employer Identification Number (EIN) 31-0785108 2c Sponsor's telephone number 678-514-4100 2d Business code (see instructions) 722210

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 accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	ROBERT NORTON
	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			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

WENDYS/ARBYS GROUP, INC.

1155 PERIMETER CENTER WEST
SUITE 1200
ATLANTA, GA 30338**3b** Administrator's EIN

38-0471180

3c Administrator's telephone number

678-514-4100

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:**a** Sponsor's name**4b** EIN**4c** PN**5** Total number of participants at the beginning of the plan year**5**

13882

6 Number of participants as of the end of the plan year (welfare plans complete only lines **6a**, **6b**, **6c**, and **6d**).**a** Active participants.....**6a**

11436

b Retired or separated participants receiving benefits.....**6b**

0

c Other retired or separated participants entitled to future benefits.....**6c**

481

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

11917

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

0

f Total. Add lines **6d** and **6e**.....**6f**

11917

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g**

11014

h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h**

1177

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7****8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2J 2K 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**9a** Plan funding arrangement (check all that apply)(1) ☐

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

9b Plan benefit arrangement (check all that apply)(1) ☐

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)**a Pension Schedules**(1) ☒**R** (Retirement Plan Information)(2) ☐**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary(3) ☐**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary**b General Schedules**(1) ☒**H** (Financial Information)(2) ☐**I** (Financial Information - Small Plan)(3) ☐**A** (Insurance Information)(4) ☒**C** (Service Provider Information)(5) ☐**D** (DFE/Participating Plan Information)(6) ☐**G** (Financial Transaction Schedules)

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

<div>A Name of plan</div> <div>WENDY'S INTERNATIONAL, INC. HOURLY PROFIT SHARING AND 401(K) PLAN</div>	<div>B Three-digit plan number (PN)</div> <div>▶</div> <div>004</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>WENDYS INTERNATIONAL, INC.</div>	<div>D Employer Identification Number (EIN)</div> <div>31-0785108</div>

Part I

Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan WENDY'S INTERNATIONAL, INC. HOURLY PROFIT SHARING AND 401(K) PLAN	B Three-digit plan number (PN) ►	004
C Plan sponsor's name as shown on line 2a of Form 5500 WENDYS INTERNATIONAL, INC.	D Employer Identification Number (EIN) 31-0785108	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	19653	750
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1376246	1663635
(2) Participant contributions	1b(2)	18275	30827
(3) Other.....	1b(3)		5904908
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	360608	474218
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	6506946	3939107
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	8281728	12013445

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		12013445
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	12013445

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	8281728	0
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1898537	
(B) Participants	2a(1)(B)	829203	
(C) Others (including rollovers)	2a(1)(C)	10474	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2738214

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2095	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2095

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	259907	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		259907

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1671735
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4671951

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	939566	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	668	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		940234
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		940234

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3731717
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		12013445

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: DELOITTE & TOUCHE LLP

(2) EIN: 13-3891517

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X		

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** 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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
WENDYS/ARBYS GROUP, INC. 401(K) RETIREMENT PLAN	38-0471180	005

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>WENDY'S INTERNATIONAL, INC. HOURLY PROFIT SHARING AND 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WENDYS INTERNATIONAL, INC.</u>	D Employer Identification Number (EIN) <u>31-0785108</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6568107</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 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 ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Wendy's International, Inc. Hourly Profit Sharing and 401(k) Plan

**Financial Statements as of December 31, 2009
and 2008, and for the Year Ended December 31,
2009, Supplemental Schedules as of and
for the Year Ended December 31, 2009,
and Independent Auditors' Report**

WENDY'S INTERNATIONAL, INC. HOURLY PROFIT SHARING AND 401(k) PLAN

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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	

INDEPENDENT AUDITORS' REPORT

To the Retirement Board of and Participants in
Wendy's International, Inc.
Hourly Profit Sharing and 401(k) Plan:

We were engaged to audit the financial statements and supplemental schedules of Wendy's International, Inc. Hourly Profit Sharing and 401(k) Plan (the "Plan") as of December 31, 2009, and for the year then ended, listed in the Table of Contents. These financial statements and supplemental schedules are the responsibility of the Plan's management. Other auditors were engaged to audit the financial statement of the Plan as of December 31, 2008, and due to the same type of scope limitation described in the succeeding paragraph, their report, dated May 27, 2009, disclaimed an opinion on that statement.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by U.S. Bank, N.A., the trustee of the Plan, except for comparing the information with the related information included in the 2009 financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee that the information as of and for the year ended December 31, 2009, provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to express, and we do not express, an opinion on the accompanying 2009 financial statements and supplemental schedules taken as a whole. The form and content of the information included in the 2009 financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

As discussed in Note 1, the Plan was merged into the Wendy's/Arby's Group, Inc. 401(k) Retirement Plan effective January 1, 2010.

Deloitte & Touche LLP

October 14, 2010

WENDY'S INTERNATIONAL, INC. HOURLY PROFIT SHARING AND 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AS OF DECEMBER 31, 2009 AND 2008

	2009	2008
ASSETS:		
Nonparticipant directed cash and cash equivalents — at fair value:		
Money market funds	\$ 474,218	\$ 360,608
Noninterest bearing cash	750	19,653
	<u>474,968</u>	<u>380,261</u>
Nonparticipant directed investments — at fair value:		
Vanguard Total Bond Market Index Fund	3,939,107	2,923,462
Vanguard S&P 500 Index Fund	-	1,629,002
Vanguard Small Cap Index Fund	-	991,376
Vanguard Total International Stock Index Fund	-	963,106
	<u>3,939,107</u>	<u>6,506,946</u>
Receivables:		
Due from broker for securities sold	5,904,899	-
Employee contributions receivable	30,827	18,275
Employer contributions receivable	1,663,635	1,376,246
Investment income receivable	9	-
	<u>7,599,370</u>	<u>1,394,521</u>
Total receivables	<u>7,599,370</u>	<u>1,394,521</u>
Total assets	<u>12,013,445</u>	<u>8,281,728</u>
LIABILITIES — Due to affiliated plan	<u>12,013,445</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ -</u>	<u>\$8,281,728</u>

See notes to financial statements.

WENDY'S INTERNATIONAL, INC. HOURLY PROFIT SHARING AND 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEAR ENDED DECEMBER 31, 2009

ADDITIONS:

Contributions:

Employee	\$ 829,203
Employer	1,898,537
Rollovers	<u>10,474</u>

Total contributions	<u>2,738,214</u>
---------------------	------------------

Investment income:

Net appreciation in fair value of investments	1,671,735
Dividends and interest	<u>262,002</u>

Total investment income	<u>1,933,737</u>
-------------------------	------------------

Total additions	<u>4,671,951</u>
-----------------	------------------

DEDUCTIONS:

Benefit payments	939,566
Rollovers	668
Transfer to affiliated plan	<u>12,013,445</u>

Total deductions	<u>12,953,679</u>
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NET DECREASE IN NET ASSETS AVAILABLE FOR BENEFITS	(8,281,728)
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NET ASSETS AVAILABLE FOR BENEFITS — Beginning of year	<u>8,281,728</u>
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NET ASSETS AVAILABLE FOR BENEFITS — End of year	<u>\$ -</u>
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See notes to financial statements.

WENDY'S INTERNATIONAL, INC. HOURLY PROFIT SHARING AND 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2009 AND 2008 AND FOR THE YEAR ENDED DECEMBER 31, 2009

1. DESCRIPTION OF PLAN

The following description of the Wendy's International, Inc. Hourly Profit Sharing and 401(k) Plan (the "Plan") is provided for general information purposes. Participants should refer to the Plan document for a more complete description of the Plan.

General — The Plan was established on January 1, 1985 as a defined contribution plan covering all eligible "crew" and "shift" employees of Wendy's International, Inc. (the "Company"), and certain subsidiaries that had adopted the Plan.

Effective November 1, 2000, the Plan was amended to allow new participants to enter the Plan on the first day of the calendar quarter following attainment of age 21 and one year of eligibility service. A year of eligibility service was either the first 12-month period of employment or a calendar year during which the employee worked at least 1,000 hours. Participants were automatically enrolled in the Plan once the eligibility requirements were met. The vesting schedule was also amended for any person who became a participant after December 31, 2000, to provide full vesting after five years of service with the Company. A year of service was a calendar year in which the participant worked at least 1,000 hours. Under the amended Plan, the participant's Plan account received a contribution equal to 1% of the participant's pay provided he was an active participant on December 31, and met the annual service requirement. The participant's benefit, if vested, was equal to the profit-sharing contributions and investment earnings in his account. Nonvested benefits were forfeited when the participant left the Company.

On June 27, 2006, the Plan was amended and restated to rename it the "Wendy's International, Inc. Hourly Profit Sharing and 401(k) Plan" to add the ability to make unmatched 401(k) and catch-up contributions for shift employees beginning on their date of hire or promotion and for crew members on the first entry date after they worked at least 1,000 hours in a year and attained age 21, and to provide a Company matching contribution for deferring shift-level employees who worked at least 1,000 hours in a year and attained age 21. The matching contribution was established at 50% of each shift-level employee's contributions up to 5% of the employee's compensation and vested after the employee worked at least 1,000 hours in at least three years.

On September 29, 2008, the Company completed its merger with Triarc Companies, Inc., and became a wholly owned subsidiary of Wendy's/Arby's Group, Inc.

Effective as of midnight on December 31, 2009, the Plan was amended to adopt the same terms and conditions of the Wendy's/Arby's Group, Inc. 401(k) Retirement Plan as amended and restated January 1, 2010, thereby merging the Plan into the Wendy's/Arby's Group, Inc. 401(k) Retirement Plan (the "Wendy's/Arby's Plan"). In order to transfer the assets of the Plan from U.S. Bank N.A. ("U.S. Bank"), its trustee through December 31, 2009, to the trustee of the Wendy's/Arby's Plan, the nonparticipant-directed investments, with the exception of the Vanguard Total Bond Market Index Fund, were liquidated on December 31, 2009. The proceeds of the liquidated investments were received by the Wendy's/Arby's Plan on January 4, 2010 and, including the in-kind transfer of the Vanguard Total Bond Market Index Fund and the other assets of the Plan, the total net assets of \$12,013,445 were transferred

to the Wendy's/Arby's Plan primarily on various dates in January 2010. As of December 31, 2009, the proceeds of the liquidated investments are included in "Due from Broker for Securities Sold" in the Statement of Net Assets Available for Benefits.

The Plan was subject to and conformed to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was administered by a retirement board up until midnight on December 31, 2009.

Trust Arrangements — The Plan's assets were held by a trust established with U.S. Bank for the exclusive benefit of the Plan.

Tax Status — The Internal Revenue Service determined and informed the Company by a letter dated October 23, 2003, that the Plan constituted a "qualified" plan under Section 401 of the Internal Revenue Code (the "Code") for use by employers for the benefit of their employees. The Plan administrator believes that the Plan was operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes was included in the accompanying financial statements.

Contributions — The Company made a profit-sharing contribution equal to 1% of compensation to the accounts of eligible participants who were active Plan participants as of December 31 and who worked 1,000 hours during the calendar year. The Plan allowed eligible shift and crew participants to make contributions of 1% to 75% of their total compensation, subject to certain limits imposed by the Code. For eligible shift-level employees, the Company contributed an "employer match" of 50% of the first 5% of compensation that a participant contributed to the Plan. Participants also were permitted to contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

Vesting — Participants were immediately vested 100% in their contributions, plus actual earnings thereon. Participants became 100% vested in profit-sharing contributions after the completion of five years of service. Shift-level employees were vested in Company matching contributions after completion of three years of service. A year of service was credited for every calendar year in which an employee worked 1,000 hours or more.

Participant Loans — Loans were not permitted under the Plan.

Participant Accounts — Each participant's account was credited with the participant's contributions, the Company's contributions if applicable, and an allocation of investment earnings and charged with benefit payment, and allocations of investment losses and administrative expenses. Allocations of investment income (loss) were based on the relative percentage of each participant's investment balance to the aggregate investment in each fund. The benefit to which a participant was entitled was the vested benefit in the participant's account. Nonvested balances of terminated participants' accounts were forfeited and were used as described below under "Forfeited Accounts."

Forfeited Accounts — Forfeited nonvested accounts were not recorded as liabilities to the Company, but were permitted to be used to reduce contributions of the Company or to pay expenses of the Plan. Forfeited, nonvested accounts were not used to reduce employer contributions in 2009. There were no forfeited, nonvested amounts remaining at December 31, 2009 or 2008.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting — The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Benefits are recorded when paid.

Use of Estimates — The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Risks and Uncertainties — The Plan utilized various investment instruments, including mutual funds and investment contracts. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility.

Investment Valuation — The Plan's investments are stated at fair value. Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Money market funds are stated at cost plus accrued interest, which approximates fair value. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year-end.

Management fees and operating expenses charged to the Plan for investments in mutual funds were deducted from income earned on a daily basis and were not separately reflected. Consequently, management fees and operating expenses were reflected as a reduction of investment return for such investments.

The Plan invested in various investment securities with realized gains (losses) on the sale of investments based on the average cost method. Purchases and sales of securities were recorded on a trade-date basis. Income was recorded on the accrual basis. Dividends were recorded on the ex-dividend date.

New Accounting Standards Adopted — The accounting standards initially adopted in the 2009 financial statements described below affected certain note disclosures, but did not affect the statements of net assets available for benefits or the statement of changes in net assets available for benefits.

Subsequent Events — In May 2009, the Financial Accounting Standards Board (FASB) issued guidelines to establish general standards of accounting for and disclosing events that occur after the balance sheet date, but prior to the issuance of financial statements, and to provide guidance on when financial statements should be adjusted for subsequent events. The guidance requires companies to disclose subsequent events and the date through which subsequent events have been evaluated, and is effective for periods ending after June 15, 2009.

Updates to Fair Value Measurements and Disclosures — In April 2009, the FASB issued guidance that emphasizes that the objective of a fair value measurement does not change even when market activity for the asset or liability has decreased significantly. Fair value is the price that would be received for an asset sold or paid to transfer a liability in an orderly transaction (that is, not a forced liquidation or distressed sale) between market participants at the measurement date under current market conditions. When observable transactions or quoted prices are not considered orderly, then little, if any, weight should be assigned to the indication of the asset or liability's fair value. Adjustments to those transactions or prices should be applied to determine the appropriate fair value. The standard also requires increased disclosures. The guidance was applied prospectively in 2009, and the impact of adoption of this standard was not material to the Plan's net assets available for benefits.

3. FAIR VALUE MEASUREMENTS

The Plan classified its investments into Level 1, Level 2, and Level 3.

Level 1 refers to securities valued using quoted prices from active markets for identical assets. Level 2 refers to securities not traded on an active market, but for which observable market inputs are readily available. Level 3 refers to securities valued based on significant unobservable inputs.

Assets and liabilities were classified in their entirety based on the lowest level of input that was significant to the fair value measurement.

The following tables set forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value on a recurring basis as of December 31, 2009 and 2008. The tables include the major categorization for equity securities on the basis of the nature and risk of the investments as of December 31, 2009 as follows:

	Fair Value Measurements as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 474,218	\$ -	\$ -	\$ 474,218
Mutual fund — bond fund	<u>3,939,107</u>	<u>-</u>	<u>-</u>	<u>3,939,107</u>
Total	<u>\$4,413,325</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$4,413,325</u>

	Fair Value Measurements as of December 31, 2008			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 360,608	\$ -	\$ -	\$ 360,608
Mutual funds	<u>6,506,946</u>	<u>-</u>	<u>-</u>	<u>6,506,946</u>
Total	<u>\$6,867,554</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$6,867,554</u>

The valuation methods as described in Note 2 could have produced a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believed its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could have resulted in a different fair value measurement at the reporting date.

4. INVESTMENTS

The Plan's investments (which are nonparticipant directed) that represented 5% or more of the Plan's net assets available for benefits as of December 31, 2009 and 2008, were as follows:

	2009	2008
Vanguard Total Bond Market Index Fund	\$3,939,107	\$2,923,462
Vanguard S&P 500 Index Fund	*	1,629,002
Vanguard Small Cap Index Fund	*	991,376
Vanguard Total International Stock Index Fund	*	963,106
Vanguard Prime Money Market Investment	474,218	**

* Investments not held by the Plan at year-end.

** Investments did not exceed 5% of net assets available for benefits at year-end.

During the year ended December 31, 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

Vanguard S&P 500 Index Fund	\$ 595,190
Vanguard Small Cap Index Fund	525,389
Vanguard Total International Stock Index Fund	481,599
Vanguard Total Bond Market Index Fund	<u>69,557</u>
Net appreciation in fair value of investments	<u>\$1,671,735</u>

5. PLAN TERMINATION

The Company had the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event that the Plan had been terminated, participants would have become fully vested in their account balances.

6. ADMINISTRATIVE EXPENSES

The Company provided certain administrative and accounting services to the Plan at no cost and paid certain administrative expenses on behalf of the Plan. The participant paid certain investment manager fees, in-service and hardship withdrawals, and distributions following termination of employment and required minimum distributions.

7. INFORMATION CERTIFIED BY THE TRUSTEE

The following is a summary of the unaudited information regarding the Plan as of December 31, 2009 and 2008, and for the year ended December 31, 2009, included in the Plan's financial statements and supplemental schedules, that was prepared by or derived from information prepared by U.S. Bank, the trustee of the Plan, and furnished to the Plan administrator. The Plan administrator has obtained certifications from the trustee that such information is complete and accurate.

	2009	2008
Statements of net assets available for benefits — nonparticipant directed investments:		
Money market fund — at fair value	\$ 474,218	\$ 360,608
Interest in mutual funds — at fair value	<u>3,939,107</u>	<u>6,506,946</u>
	<u>\$4,413,325</u>	<u>\$6,867,554</u>
Statements of net assets available for benefits — receivables:		
Due from broker for securities sold	\$ 5,904,899	
Investment income receivable	9	
Statement of changes in net assets available for benefits — investment income:		
Net appreciation in fair value of investments	\$ 1,671,735	
Dividends and interest	262,002	

Supplemental schedules: All investment balances and information included in the supplemental schedule of assets (held at end of year) and the supplemental schedule of reportable transactions.

Note 3: All investment related information included in that note, except for the leveling within the fair value hierarchy.

Note 4: All investment related information included in that note.

8. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

The expenses of the Plan's investment managers and any expenses incurred with regard to the purchase or sale of securities were born by the Plan. Other trustee, accounting, legal, and administrative services are not reflected in the financial statements. Those services were provided by the Company without charge to the Plan. However, in certain circumstances, funds related to lost participants may have been used to pay these Plan expenses. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund.

9. SUBSEQUENT EVENTS

Effective January 1, 2010, the Plan was merged into the Wendy's/Arby's Plan. Participant account balances were transferred out of the Plan as into the Wendy's/Arby's Plan in January 2010 (see Note 1).

The Company has evaluated subsequent events from the statement of net assets available for benefits date through October 14, 2010, the date when the financial statements were available to be issued, and determined there were no other items to disclose.

* * * * *

SUPPLEMENTAL SCHEDULES

**WENDY'S INTERNATIONAL, INC. HOURLY PROFIT SHARING AND
401(k) PLAN**

EIN: 31-0785108; PIN: 004

FORM 5500, SCHEDULE H, PART IV, LINE 4(i) —

SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2009

(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Vanguard Prime Money Market Investment	Money market fund	\$ 474,218	\$ 474,218
Vanguard Total Bond Market Index Fund	Mutual fund	<u>3,838,153</u>	<u>3,939,107</u>
Total investments*		<u>\$4,312,371</u>	<u>\$4,413,325</u>

* As of December 31, 2009, there were additional assets of the Plan, which were being transferred to a new trustee and are included in "Due from Broker for Securities Sold" in the Plan's net assets as of that date.

See accompanying Independent Auditors' Report.

WENDY'S INTERNATIONAL, INC. HOURLY PROFIT SHARING AND 401(k) PLAN

EIN: 31-0785108; PIN: 004

FORM 5500, SCHEDULE H, PART IV, LINE 4(j) —

SCHEDULE OF REPORTABLE TRANSACTIONS FOR THE YEAR ENDED DECEMBER 31, 2009

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(h) Net Gain (Loss)
Single transaction in excess of 5% of net plan assets						
Vanguard	Total Bond Market Index Fund	\$ 610,629	\$ -	\$ 610,629	\$ 610,629	\$ -
Series of transactions in excess of 5% of net plan assets						
Vanguard	Total Bond Market Index Fund (80 separate transactions)	1,460,566		1,460,566	1,460,566	
Vanguard	Total Bond Market Index Fund (38 separate transactions)		514,478	508,335	514,478	6,143
Vanguard	Total International Stock Index Fund (65 separate transactions)	446,082		446,082	446,082	
Vanguard	Total International Stock Index Fund (30 separate transactions)		267,321	326,830	267,321	(59,509)
Vanguard	Small Cap Index Fund (68 separate transactions)	431,197		431,197	431,197	
Vanguard	Small Cap Index Fund (34 separate transactions)		296,773	314,132	296,773	(17,359)
Vanguard	S&P 500 Index Fund (69 separate transactions)	736,489		736,489	736,489	
Vanguard	S&P 500 Index Fund (31 separate transactions)		330,435	394,152	330,435	(63,717)

Note: Columns (e) and (f) were excluded as they are not applicable.

The data in this schedule has been certified as complete and accurate by U.S. Bank, N.A., the trustee of the Plan.

See accompanying Independent Auditors' Report

**WENDY'S INTERNATIONAL, INC. HOURLY PROFIT SHARING AND
401(k) PLAN**

EIN: 31-0785108; PIN: 004

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) —
SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2009**

(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
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WENDY'S INTERNATIONAL, INC. HOURLY PROFIT SHARING AND 401(k) PLAN

EIN: 31-0785108; PIN: 004

FORM 5500, SCHEDULE H, PART IV, LINE 4(j) —

SCHEDULE OF REPORTABLE TRANSACTIONS FOR THE YEAR ENDED DECEMBER 31, 2009

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(h) Net Gain (Loss)
Single transaction in excess of 5% of net plan assets						
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